

# Inspection Report

13 June 2024



## Our Lady's Home

Type of service: Nursing Home  
Address: 68 Ard-Na-Va Road, Falls Road, Belfast, BT12 6FF  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Macklin Care Homes Ltd</p> <p><b>Responsible Individual:</b> Mr Brian Macklin</p>	<p><b>Registered Manager:</b> Mrs Isabel Neves – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Isabel Neves</p>	<p><b>Number of registered places:</b> 84</p> <p>This number includes: A maximum of 28 patients in categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the general nursing unit.</p> <p>A maximum of 56 patients in category NH-DE to be accommodated in the dementia unit.</p> <p>One named patient in category NH-LD(E) in the Beechmount unit.</p> <p>This home is also approved to provide care on a day basis to four persons in the general nursing unit and one person in the dementia unit.</p>
<p><b>Categories of care:</b> Nursing (NH): I – old age not falling within any other category DE – dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – terminally ill</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 81</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 84 patients. The home is divided into three units over one floor; the Beechmount unit provides general nursing care and the Clonard and Donegal units provide care for patients living with dementia. Within each unit patients have access to individual bedrooms, communal lounges, dining rooms and outside spaces.</p>	

A residential care home is located within the home; separate management arrangements are in place for this home.

## 2.0 Inspection summary

An unannounced inspection took place on 13 June 2024 from 9.10 am to 5.45 pm by care inspectors.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

Patients were happy to engage with the inspectors and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Our Lady's Home was effective and compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

A poster was provided detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect. Patients said, “The staff are lovely”, “The food is alright”, “I enjoy going to Mass”, “My room is lovely and clean” and “I am very happy and content here”.

Relatives spoken with were complimentary about the care provided in the home. Comments included; “The staff are good, they know the patients well” and “The staff are wonderful”.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support. Staff told us “We try our best”.

There were no questionnaire responses received and no feedback was received from the staff online survey within the allocated timeframe.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 8 February 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 19 (3) (a) <b>Stated:</b> Second time	The registered person shall ensure that repositioning records are accurately, contemporaneously and consistently maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained oversight of staff compliance with their training requirements.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments. A number of these assessments were noted not to have been reviewed recently; the manager provided written confirmation that these were updated after the inspection.

A number of patients living in Our Lady's home have additional care needs; if required, care staff are employed from agencies to provide the patients with for example, enhanced care / supervision. Discussion with one agency staff member did not provide assurance that the staff member had received a handover or induction on commencement of their shift nor was the staff member provided with any information regarding the care needs of the patient they were caring for; this was of concern as this was their first time working in the home. This was immediately brought to the manager's attention for her appropriate action. The home also has a system in place where a care information file is created for enhanced care patients; review of the information contained within these files confirmed they needed reviewed and enhanced to provide care workers with all the appropriate information regarding care delivery and management of the individual patient. This was discussed with the manager and an area for improvement was identified.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. It was observed that staff provided care in a caring and compassionate manner.

Staff were prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients were well presented in their appearance and told us that they were happy living in the home.

The serving of the lunchtime meal was observed. Staff ensured that patients were comfortable throughout their meal. The daily menu was displayed showing patients what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising.

An effective system was in place to identify which meal was for each individual patient, a meal time champion is identified and there was evidence of the implementation of a "safety pause" to ensure patients were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us that they enjoyed their meal. Patients told us they enjoyed their meal; they said the food was "lovely" and "nice".

It was observed that no patients within the Beechmount unit dined in the dining room; discussion with patients and the manager confirmed this was due to individual choice. A number of patients within this unit were assessed as requiring "general supervision" at mealtimes; we discussed this assessed need with the management team and how practically this was to be managed especially as most patients chose to dine in their rooms. The management team provided assurance that they will review the dining experience within this unit. This will be followed up on the next care inspection.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Care records were generally well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Care records for those patients who chose to remain in their room lacked sufficient detail to direct the care in relation to their social interaction and activity needs. Detailed feedback was provided to the management team to address and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails, alarm mats and continuous supervision.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well maintained.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were generally well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required. However, review of the neurological observation records did not provide assurance that the observations were always recorded in line with best practice guidance. An area for improvement was identified.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items. A number of areas throughout the home were noted in need of refurbishment or redecoration; RQIA were advised of an ongoing redecoration and refurbishment plan. Progress with this will be followed up on the next care inspection.

Concerns were identified in regard to the management of risks to patients; shortfalls were identified in all three units of the home. These matters were discussed with the staff who took immediate action to remove the risks identified. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided, although shortfalls in staff practice were noted. Some staff members were not observed to carry out hand hygiene at appropriate times and to use PPE correctly, in addition some staff were seen wearing nail polish. An area for improvement was identified.

### 5.2.4 Quality of Life for Patients

Staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of monthly activities was displayed in several areas of the home advising patients of forthcoming events. Patients' needs

were met through a range of individual and group activities. Activity records were maintained which included the patient engagement with the activity sessions.

Staff were observed to be chatty, friendly and polite to the patients at all times and to communicate effectively with patients, including with those who had a cognitive impairment.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Isabel Neves has been the manager of Our Lady's home since June 2021. Mrs Neves confirmed she will be submitting an application to become registered with RQIA as soon as possible.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, falls, wounds, accidents/incidents, complaints, the environment and IPC practices including hand hygiene.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Regional Manager is the safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Systems were in place to ensure that complaints were managed appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	4

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 13 June 2024	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> dSnibs on Key code devices disabled. Further lockable storage made available in the units.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 13 June 2024	The registered person shall ensure staff providing one to one care receive a comprehensive induction and handover report and are appraised with any other significant information regarding the patient they are assigned to care for.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Care staff meeting and registered nurses meeting conducted to address the above. Senior cover file reviewed - nurse in charge of the home to work together with senior staff to ensure processes in place are followed.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2024</p>	<p>The registered person shall ensure care records are patient centred. Care plans should be sufficiently detailed, updated and reviewed to reflect the patient's needs.</p> <p>This is stated in reference but not limited to social interaction and activity care plans.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 June 2024</p>	<p><b>Response by registered person detailing the actions taken:</b> Activity therapists reviewing life history booklets and completing Life history assessments on EpiCare providing detailed and relevant information about each resident. Allocated nurses and management completing monthly audits of care plans and spot checks, ensuring that resident of the day is completed and that the care plans are person centred upon assessment of each resident's needs.</p> <p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Meeting held with registered nurses, supervisions and training completed with registered nurses trained on how to approach and document if resident refuses CNS observations.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 June 2024</p>	<p>The registered person shall ensure that the appropriate use of Personal Protective Equipment (PPE) and hand hygiene training is embedded into practice.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Training reviewed on the online platform. Staff repeated same. Donning and doffing competencies renewed. Increased frequency of hand hygiene audits until well embedded.</p>

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