

Inspection Report

Name of Service: Malone

Provider: Malone Residential Home

Date of Inspection: 24 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Malone Residential Home
Responsible Individual:	Mr Kevin McKinney
Registered Manager:	Mrs Julie-Ann Russell Date registered: 31 July 2015
Service Profile:	
<p>This home is a registered Residential Care Home which provides health and social care for up to 28 residents. The home is registered to provide general health and social care for those over 65 years of age, up to 10 residents living with dementia and up to 3 residents under 65 years of age.</p> <p>Residents bedrooms are located over two floors in the home. The lounge, dining room and conservatory are located on the ground floor. The home has a large external garden for residents to enjoy.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 24 April 2025, from 10.00 am to 2.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 25 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection four areas for improvement from the previous care inspection on 25 April 2024 were assessed as having been addressed by the provider. Three areas for improvement were not assessed and these will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents told us they were happy living in the home; they felt well looked after and listened to by staff and management. Residents comments included; "staff are very kind", "staff are great" and "I feel safe here".

One relative spoken with confirmed they are happy with the care and services provided in the home.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Four questionnaire responses were received from residents and their relatives following the inspection. This confirmed they were satisfied with the care and services provided in the home.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

There were no activities planned on the day of inspection because the activity co-ordinator was on leave. An activity planner was in place, however it was not in date. Therefore residents and their representatives were unable to determine what activity provision had been organised. An area for improvement has been identified.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Julie-Ann Russell has been the Registered Manager in this home since 31 July 2015.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

On the day of inspection there were a number of records not available for review. Records must be made available at all times for inspection purposes. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* the total number of areas for improvement includes two regulations and one standard that have been carried forward for review at the next inspection

Areas for improvement and details of the Quality Improvement Plan were discussed with Julie-Ann Russell, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time To be completed by: 25 July 2023	The Registered Person shall ensure the controlled drug record book is accurately maintained. Ref: 2.0 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 29 Stated: Second time To be completed by: 25 April 2024	The Registered Person shall ensure that monthly monitoring reports are robust in identifying issues, such as IPC deficits, within the premises of the home. The reports should also include evidence of consultation with relatives. Ref: 2.0 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2 December 2022)	
Area for improvement 1 Ref: Standard 1.5 & 25.8 Stated: First time To be completed by: 1 August 2024	The Registered Person shall ensure that action plans are created following staff and resident's meetings which include details of the actions agreed and plan to address any areas of concern, who is responsible for the action and date the action is achieved by. Ref: 2.0 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2025</p>	<p>The Registered Person shall ensure that the programme of activities is kept up to date so that residents and their representatives know what is scheduled.</p> <p>Ref: 3.3.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22.3</p> <p>Stated: First time</p> <p>To be completed by: 24 April 2025</p>	<p>Response by registered person detailing the actions taken: Home to ensure the programme of activities is kept up to date and displayed so residents and their representatives know what is scheduled.</p> <p>The Registered Person shall ensure that records required for inspection purposes are available in the home at all times.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Home to ensure records are available at all times for inspection purposes.</p>

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