

Inspection Report

25 April 2024



Malone

Type of service: Residential Care Home
Address: 188 Upper Malone Road, Belfast, BT17 9JZ
Telephone number: 028 9061 1745

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Malone Residential Home</p> <p>Responsible Individual: Mr Kevin McKinney</p>	<p>Registered Manager: Mrs Julie-Ann Russell</p> <p>Date registered: 31 July 2015</p>
<p>Person in charge at the time of inspection: Julie-Ann Russell</p>	<p>Number of registered places: 28</p> <p>A maximum of three persons accommodated in category RC-PH (under 65 years). Maximum of 10 persons in RC-DE category of care</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection:</p> <p>27</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 28 residents. Residents bedrooms are located over both floors in the home. The lounge, dining room and conservatory are located on the ground floor. The home has a large garden with a raised patio area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 25 April 2024, from 9.15 am to 3.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident that staff had a good understanding of residents needs and treated them with kindness and respect. Residents looked well cared for and 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. Staff were respectful and promoted the dignity of the residents in all their interactions with them.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Comments received from the residents and staff are included in the main body of the report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 7.0.

Based on the inspection findings RQIA were assured that the delivery of care and service provided in Malone was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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

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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, 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.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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 manager at the conclusion of the inspection.

4.0 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 great”, “this is a wonderful home” and “staff look after me so well”.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager is supportive, knowledgeable and promotes staff learning.

Six questionnaire responses were received from residents and their family members following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

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 15 August 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: Second time	The registered person shall ensure the controlled drug record book is accurately maintained. Action taken as confirmed during the inspection: 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.	Carried forward to the next inspection
Area for improvement 2 Ref: Regulation 14(5) Stated: First time	The registered person shall ensure that residents’ freedom of movement is promoted and is not inappropriately restricted. Care plans regarding the home’s locked door/keypad policy should be reviewed to ensure they reflect the assessed needs of individual residents.	

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and will be re-stated for a second time.</p>	
<p>Area for improvement 3 Ref: Regulation 14(5) Stated: First time</p>	<p>The registered person shall ensure that staff fully understand what constitutes a restrictive practice in order to appropriately promote residents' freedom of movement.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and will be re-stated for a second time.</p>	Partially met
<p>Area for improvement 4 Ref: Regulation 13(7) Stated: First time</p>	<p>The registered person shall ensure that all areas of the home are maintained in a suitably clean and hygienic condition. Housekeeper staffing levels should be sufficient to meet the domestic cleaning requirements in the home.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 5 Ref: Regulation 29 Stated: First time</p>	<p>The registered person shall ensure that 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.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and will be re-stated for a second time.</p>	Partially met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 6</p>	<p>The registered person shall ensure that where pressure relieving equipment is recommended and in use relevant care plans are developed and kept under review.</p>	Met

<p>Stated: Second time</p>	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 2 Ref: Standard 6.2 Stated: First time</p>	<p>The registered person shall ensure that relevant risk assessments are completed on admission in as part of the care planning process in order that care plans are reflective of the current and up to date assessed needs of the resident.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 3 Ref: Standard 27 Stated: First time</p>	<p>The registered person shall ensure that a redecoration/refurbishment plan is developed and kept under review. The plan should identify a timeframe for completion and the person who is responsible for the action.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and will be restated for a second time.</p>	Not Met
<p>Area for improvement 4 Ref: Standard 27 Stated: First time</p>	<p>The registered person shall ensure that sluice rooms are kept clean, tidy and uncluttered.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 5 Ref: Standard 20 Stated: First time</p>	<p>The registered person shall ensure that environmental IPC audits are robust, clearly identify deficits and include action plans with a timeframe for completion and who is responsible.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. A review of staff records confirmed that all staff had completed an induction within the home.

A review of the staff training matrix evidenced a high standard of mandatory training compliance. However, advice was provided to the manager to arrange for senior care staff to complete Deprivation of Liberty Safeguards (DoLS) Level 3 training. This will be reviewed at the next care inspection.

The staff duty rota accurately reflected the staff working in the home and advice was provided to the manager to ensure the person in charge of the home in absence of the manager is highlighted on the rota. This will be reviewed at the next care inspection.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager.

Staff received supervision sessions and an annual appraisal and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

Staff told us there was good teamwork, communication is good and they felt well supported in their roles. Staff also told us that they felt there is enough staff on duty to meet the needs of residents in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, 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.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team (SALT).

Care records were well maintained, regularly reviewed by staff and consistent in meeting resident's needs. Information was held in the care plans on what or who was important to the resident and input was provided by family where appropriate.

At times some residents may be required to use equipment that can be considered as restrictive. For example, bed rails and door alarms. It was established that safe systems were in place to manage this aspect of care.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Some residents had been assessed as not having the capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place. However; the information did not always reflect the care required to ensure the DoLS was being adhered to. Staff demonstrated a lack of understanding regarding the need for a DoLS and sometimes viewed this as a restrictive practice. Two areas for improvement have been stated for a second time.

Daily records were kept in relation to how each resident spent their day and the care and support provided by staff. These records were person centred in detail and well maintained.

Residents' care records were held confidentially.

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.

Staff ensured that residents were comfortable, had a pleasant experience and a meal that they enjoyed.

There was a choice of meals offered, the food was attractively presented and looked appetising. There was a daily menu available for residents and their representatives to view.

Staff told us how they were made aware of residents' nutritional needs and confirmed that accurate residents care records were important to ensure residents received the right diet.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings. There were no malodours detected in the home.

The home had a number of facilities for residents to access, for example, a large conservatory with views over a well maintained garden, spacious dining room and a communal lounge.

The domestic staff was observed completing their duties and confirmed that there is a good supply of cleaning products in the home.

Discussion with the manager and review of records confirmed that maintenance work in the home is required, for example replacing the carpet in the hallway, stairs and living room. There was also evidence that doors and skirting in the home require repainting/repair due to damage and wear and tear. An area for improvement has been stated for a second time.

The Fire Risk Assessment for the home was completed on 22 August 2023. However, there was one action that remained outstanding from this assessment. This was discussed with the manager and an area for improvement has been identified.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supply of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products.

There was a raised toilet seat in one bathroom that had rusted and could not be effectively cleaned. This was brought to the attention of the manager who arranged for it to be removed.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, some residents preferred to have a lie in and have their breakfast later in the morning.

Residents spent time in the communal lounge and conservatory chatting to each other and watching TV. Other residents engaged positively in a knitting activity with staff which they all really enjoyed. Some residents preferred to spend time alone reading, relaxing or having visits with their loved ones.

Activities offered in the home included, bingo, exercises, beauty, music and arts and crafts. Residents told us that they enjoy taking part in activities in the home.

5.2.5 Management and Governance Arrangements

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

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

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 manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would deal with any concern promptly.

Staff 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 residents, care practices or the environment.

Staff and residents' meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that there were no action plans being created following meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. This was discussed with the manager and an area for improvement has been identified.

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

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by the registered provider or a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, a review of these records highlighted that for a period of three months there was no consultation with relatives. It also highlighted that for a period of six months where action plans for improvement were identified there was no evidence that actions had been addressed. An area for improvement has been identified for a second time.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	5*	2*

* the total number of areas for improvement includes three regulations and one standard that has been stated for a second time and one regulation which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 25 July 2023</p>	<p>The registered person shall ensure the controlled drug record book is accurately maintained.</p> <p>Ref: 5.1</p>
	<p>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>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: Second time</p> <p>To be completed by: 25 April 2024</p>	<p>The registered person shall ensure that residents' freedom of movement is promoted and is not inappropriately restricted. Care plans regarding the home's locked door/keypad policy should be reviewed to ensure they reflect the assessed needs of individual residents.</p> <p>Ref: 5.1 & 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Care plans will be kept under review to ensure that residents freedom of movement is promoted at all times, and reflects the assessed needs of individual residents.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: Second time</p> <p>To be completed by: 25 April 2024</p>	<p>The registered person shall ensure that staff fully understand what constitutes a restrictive practice in order to appropriately promote residents' freedom of movement.</p> <p>Ref: 5.1 & 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Discussions carried out with all staff to ensure they fully understand what constitutes a restrictive practice and that they actively promote residents freedom of movement.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p>	<p>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.</p>

<p>Stated: Second time</p> <p>To be completed by: 25 April 2024</p>	<p>Ref: 5.1 & 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Monthly monitoring reports will be developed to ensure that deficits are identified and will show clear evidence of discussions with relatives.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2024</p>	<p>The registered person shall ensure that actions from the Fire Risk Assessment are completed in line with the assessment timescale.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: A survey has been carried out and works are due to commence to address the action identified in the Fire Risk Assessment.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 27</p> <p>Stated: Second time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall ensure that a redecoration/refurbishment plan is developed and kept under review. The plan should identify a timeframe for completion and the person who is responsible for the action.</p> <p>Ref: 5.1 & 5.2.3</p>
<p>Area for improvement 2</p> <p>Ref: Standard 1.5 & 25.8</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>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.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Action plans will be implemented following all future resident and staff meetings.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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