

Inspection Report

21 August 2024



Palmerston

Type of service: Residential (RC)
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| <p>Organisation/Registered Provider: Abbeyfield and Wesley Housing Association Limited</p> <p>Responsible Individual Mr Patrick Thompson</p> | <p>Registered Manager: Mr Paul Johnston</p> <p>Date registered: 18 October 2019</p> |
| <p>Person in charge at the time of inspection: Mr Paul Johnston</p> | <p>Number of registered places: 39</p> <p>Maximum number of 26 residents in Category RC-DE. Maximum of 2 residents in Category RC-SI</p> |
| <p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH(E) - Physical disability other than sensory impairment – over 65 years. SI – Sensory impairment.</p> | <p>Number of residents accommodated in the residential care home on the day of this inspection: 38</p> |
| <p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Residential Care Home which provides health and social care for up to 39 residents. The home is divided into two units over two floors, the Ellis unit and the Lewis unit. The Lewis unit provides care for those residents who have higher assessed needs.</p> <p>Residents' bedrooms all have en suite facilities. Residents have access to communal lounges and dining rooms and an extensive enclosed garden area.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 22 August 2024, from 9.05 am to 6.30 pm by a care inspector.

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

The home was bright and welcoming, the atmosphere was warm and residents were observed to be seated comfortably in communal areas across the home, or in their bedrooms based on their individual preference.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting and joking with them a respectful manner.

Residents said that living in Palmerston was a good experience. Residents and their relatives confirmed that they would be confident in raising any concerns or complaints to staff and that these would be managed appropriately. Specific comments received from residents, relatives and other professionals are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were trained to deliver safe and effective care.

Areas for improvement were identified and will be managed through the home's Quality Improvement Plan (QIP) details of which are in section 6.0.

RQIA were assured that the delivery of care and service provided in Palmerston 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 Palmerston.

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 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 management team at the conclusion of the inspection

4.0 What people told us about the service

Residents told us that they were happy living in Palmerston. Residents’ comments included, “The carers’ are wonderful, they go to so much trouble for us,” and “I am very happy here, the staff are very good.”

Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

One residents’ relative said, “Mum has settled so well here, the transition to the home was very good and very well organised.”

One staff member said, “I am very happy here, there is very good teamwork,” another staff member said, “There is good very good teamwork here, good teamwork and communication are important for the residents.”

A professional visiting the home said, “This is a good home, it is always clean and tidy and the care is very person centred.”

Four questionnaires were received from residents’ relatives, all respondents confirmed that they were happy with the care provided in the home, one respondent said, “Excellent care, the staff are very helpful,” a second respondent said, “Staff here are amazing.”

No additional feedback was received from staff following the inspection.

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 medicines management inspection on 11 May 2024 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 14 (2) (a) Stated: First time | The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to access to and supervision of the cleaning trolleys with in the home. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was met. | |

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| Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time | The registered person shall ensure fully complete and accurate records of the administration of medicines are maintained. | Carried forward to the next 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. | |
| Area for Improvement 3 Ref: Regulation 13 (4) Stated: First time | The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. | Carried forward to the next 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. | |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 4 Stated: First time | The responsible person shall ensure care plans are in place for patients prescribed medicines for the management of distressed reactions. The reason for and outcome of administration should be consistently recorded. | Carried forward to the next 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. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

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

The manager had a system in place to monitor staff's professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were registered with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. Staff had completed a range of mandatory training including deprivation of liberty safeguards (DoLS) and fire safety.

Review of records and discussion with staff evidenced that inductions were completed for all staff working in the home, including, care staff and domestics. Discussion with staff confirmed that they found the inductions helpful and informative. Staff confirmed that they felt supported and were paired with more experienced staff so that they could become familiar with the policies and procedures in the home and with residents' preferred routines.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The daily handover sheets identified the person in charge when the manager was not on duty.

Staff said there was good teamwork and that they felt well supported in their role. Staff confirmed that there was good communication between staff and management. One member of staff commented, "The support here is so good, I am comfortable in my role."

One residents' relative said, "The staff are very approachable, there is a good vibe here."

Residents, relatives and staff spoken to expressed no concerns regarding staffing arrangements within 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 the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. A detailed handover sheet was made available to all staff at each shift changeover.

It was evident that staff promoted the dignity and well-being of residents, this was observed through staff's interactions with residents and also in the feedback from residents and their relatives regarding care delivery. Staff provided care in a compassionate manner. Residents said that staff members were helpful and pleasant in their interactions with them. One resident said, "The staff are great crack."

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

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 resident, to ensure residents were served the right consistency of food and their preferred menu choice. There was a variety of drinks available.

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

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. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain, there was evidence that concerns regarding residents' weights were discussed with the appropriate professional.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place to reflect this, however, some care records had not been updated to reflect recent changes in resident's needs in relation to DoLS. This was discussed with the management team during feedback and an area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

One residents' relative said, "the care here is very good, I am very pleased."

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. Corridors were clean and free from clutter or hazards, fire door were unobstructed.

Residents' bedrooms were personalised with photographs and other items or memorabilia. Residents en suites were supplied with wash hand basins and supplies of liquid soaps however there were no disposable towels, this was discussed with the manager during feedback, the manager agreed to put a plan in place with staff to ensure that disposable towels were available for staff in all areas where personal care was delivered. Therefore, an area for improvement was not identified at this time and this will be reviewed at the next inspection.

Residents confirmed that their rooms were regularly cleaned and expressed no concerns with regards to the cleanliness in the home. One resident said, "I am very happy with the cleanliness."

It was noted that some areas in the home were showing signs of wear and tear, for example armchairs were ripped and in need of replacing/recovering and some flooring in residents' en suites needed to be replaced. This was discussed with the management team during the inspection. The identified chairs were replaced and evidence was provided that new flooring had been ordered. Therefore, an area for improvement was not identified at this time and this will be reviewed at the next inspection.

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

The latest fire risk assessment was completed on 10 October 2023 the risk was identified as tolerable. Staff were aware of their responsibilities in these areas and of how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infections. For example, a review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of Personal Protective Equipment (PPE) had been provided. Staff use of PPE and hand hygiene was regularly monitored by the senior team and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents and their relatives and feedback from the returned questionnaires confirmed that the activities provided were, “very suitable and encouraged interaction.”

There was a range of activities provided for residents by staff including; social, community, religious and creative events. The activity schedule was on display for residents to observe and there was evidence of activities taking place on the day of inspection, including a reminisce/discussion session. Summer barbecues had been arranged for residents’ and their relatives and residents commented on how much they had enjoyed the most recent one. Some residents told us they preferred to be private and remain in their rooms, but felt supported by staff to have these wishes maintained. Residents had access to books and television, or their other preferred choice.

Residents’ relatives confirmed that they always felt welcome when they visited the home. One relative commented, “we are always made feel welcome, the staff are very friendly.”

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Paul Johnston has been the manager in this home since 18 October 2019.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Managerial oversight of audits was discussed with the management team during feedback and evidence was provided post inspection that this is now in place. Therefore, an area for improvement was not identified at this time and this will be reviewed at the next inspection.

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 community engagement officer 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 adults at risk.

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. 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.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative of the registered provider. Reports of these visits were completed. However, these reports were not robust, for example action plans were not detailed and had not been fully reviewed to ensure the necessary improvement were made. Furthermore, in the three reports reviewed there was no evidence of consultation with residents, their relatives or staff. This was discussed with the management team during feedback and an area for improvement was identified.

6.0 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 | 3* | 2* |

* 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 the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 11 June 2024 | The registered person shall ensure fully complete and accurate records of the administration of medicines are maintained. Ref: 5.1 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 13 (4) Stated: First time | The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 5.1 |

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| To be completed by: 11 June 2024 | 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 3 Ref: Regulation 29 Stated: First time To be completed by: 30 September 2024 | <p>The registered person shall ensure that the reports of the monthly monitoring visits are clear on the actions required to drive the necessary improvements and evidence consultation with residents, their relatives or staff.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Person carries out monitoring visits every month, and has regular engagement with residents, relatives and staff on an ongoing basis, not just during the monitoring visits. While not viewed at the inspection, there are reports from the previous year that do evidence engagement with residents, relatives and staff. The paperwork has been reviewed and updated to capture actions more clearly for management use. The RI will capture regular narrative regarding engagement with residents, relatives and staff.</p> |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) | |
| Area for Improvement 1 Ref: Standard 4 Stated: First time To be completed by: 11 June 2024 | <p>The responsible person shall ensure care plans are in place for patients prescribed medicines for the management of distressed reactions. The reason for and outcome of administration should be consistently recorded.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> |
| Area for Improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: 30 September 2024 | <p>The registered person shall ensure that all care records are kept up-to-date and reflect the resident's current needs.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: In liaison with the Home Manager and Deputy Home Manager, additional checks of care records have been implemented to ensure a more robust audit. A tool was supplied to the inspector post-inspection to best evidence action had been taken. The RI will continue to review sample care plans on an ongoing basis as part of the monitoring visits.</p> |

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