

# Inspection Report

21 May 2024



## Redlands

**Type of service: Residential Care Home**  
**Address: 20 Adelaide Park, Belfast BT9 6FX**  
**Telephone number: 028 9066 1526**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation:</b> Whiteabbey Proprietors Ltd	<b>Registered Manager:</b> Ms Irene Caroline Best
<b>Responsible Individual:</b> Mr Mark John Uprichard	<b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Irene Best	<b>Number of registered places:</b> 17
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 14
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides health and social care for up to 17 residents. The home is divided in three floors; bedrooms are located on each floor. Residents have access to communal areas in the home such as lounges and dining areas the bathrooms and kitchen on first floor.	

## 2.0 Inspection summary

An unannounced inspection took place on 21 May 2024, from 9.30 am to 2.00 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.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Additional 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. RQIA were assured that the delivery of care and service provided in Redlands was safe, effective, compassionate and 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 excellent", "staff are like my extended family" and "staff are kind".

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 and available for advice and guidance.

One relative spoke highly of the care provided in the home, stating that they are happy with the care and support being provided to their loved one.

Five questionnaire responses were received from residents 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?**

The last inspection to Redlands was undertaken on 11 July 2023 by a Care inspector; no areas for improvement were identified.

## **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. Staff training compliance in the home was of a good standard. A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Advice was provided to the manager to ensure the duty rota consistently identifies the person in charge when the manager is not on duty. This will be reviewed at the next care inspection.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager. However, some of the assessments in place had not been reviewed. This was discussed with the manager and an area for improvement has been identified.

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 that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff told us there was good teamwork, communication is good and they enjoy working 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 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.

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 to be restrictive. For example; bed rails and alarm mats. 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.

Daily progress 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. The outcome of visits from any healthcare professional was recorded. 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.

There was a choice of meals offered, the food was attractively presents 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 is an older, period style building that has been converted into a residential care facility. The home was warm and comfortable for residents. Bedrooms were clean, tidy and personalised with photographs and other personal belongings. Communal areas were well decorated, suitably furnished and homely.

It was apparent that work was required in parts of the home to ensure the homes environment was maintained and decorated to a good standard. Flooring in parts of the home was worn and stained and needed to be effectively cleaned or replaced. Doors, rails and skirting throughout the home need re-painted or replaced. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The Fire Risk Assessment for the home was due for review and the manager confirmed in writing, post inspection, that the review had been arranged for 5 June 2024.

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.

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 spend their day.

Residents spent time in the communal lounges chatting to each other. Some residents preferred to spend time alone relaxing, watching television or having visits with loved ones.

Residents spoke positively about the provision of activities in the home and on the day of inspection some residents went to the Opera House in Belfast to watch a show. Activities offered in the home included, singing, crafts, games, coffee mornings and religious services.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Irene Best has been the manager in this home since 1 April 2005.

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 the residents, care practices or the environment.

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

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 Manager told us that complaints were seen as an opportunity to for the team to learn and improve.

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.

There were no records of monthly monitoring visits by the responsible individual available during the inspection. This was discussed with the responsible individual and an area for improvement has been identified.

**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
<b>Total number of Areas for Improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager 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 Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2024	The responsible individual shall ensure that records of monthly monitoring visits are completed in a timely manner and the completed reports are made available for the purpose of inspection and monitoring.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> R29 reports recommenced

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.3  <b>Stated:</b> First time  <b>To be completed by:</b> 1 August 2024	The registered person shall ensure that a competency and capability assessment is completed with any staff member who is left in charge of the home in the absence of the manager. These assessments should be reviewed within a meaningful timeframe.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The In-charge competency due for review on 2 March 2024 has been completed on 29 May 2024
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> 1 November 2024	The registered person shall ensure that the homes environment is well maintained and decorated to a standard acceptable to residents. This is specifically related to flooring in the home and painting of identified areas.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The homes woodwork is being repainted progressively The ceiling requiring repainting following resident's flooding is in hand following drying out The flooring for Room 6 has been changed to lino as was scheduled The carpets in the common areas are regularly professionally cleaned

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