

Inspection Report

24 May 2024



Hanna Street

Type of service: Residential Home
Address: 8 Hanna Street, York Road, Belfast, BT15 1GQ
Telephone number: 028 9504 2810

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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

<p>Organisation: Belfast Health and Social Care Trust (BHSCT)</p> <p>Responsible Individual: Dr Catherine Jack</p>	<p>Registered Manager: Mrs Barbara McGarrity</p> <p>Date registered: 1 April 2005</p>
<p>Person in charge at the time of inspection: Deirdre Young – Deputy Manager</p>	<p>Number of registered places: 2</p>
<p>Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 2</p>
<p>Brief description of the accommodation/how the service operates: This is a two bedded residential care home that provides health and social care for people living with a learning disability. The residential care home is located within the same building as a domiciliary care agency, which provides supported living accommodation for service users living with a learning disability or other complex needs.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 May 2024, from 12.55 pm to 3.30 pm by a care inspector.

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

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

Staff said that they feel well supported by the management team and thoroughly enjoy working in Hanna Street.

RQIA were assured that the delivery of care and service provided in Hanna Street was provided in a safe, effective and compassionate manner by staff who knew and understood the needs of the residents.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' 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 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 Deirdre Young, Deputy Manager at the conclusion of the inspection.

4.0 What people told us about the service

Staff spoken with said that Hanna Street was a good place to work and that the management team was very approachable. They said that they had the appropriate training to look after the residents enabling them to meet their needs. Staff also confirmed they had a good relationship with the families of residents who attend for short breaks.

Staff told us "Coming into work is like an extension of my home life" and "I love coming to work".

Four staff also completed the online survey and answered positively regarding working in Hanna Street, some additional comments included in the survey were; "This is a very person centred service and this is reflected in the happiness of the service users" and "Hanna Street works in a very person centred way with service users and all their needs are met daily."

Four questionnaires were returned from residents who live in Hanna Street or who had recently stayed in Hanna Street for a short break. Comments included; “I love coming into Hanna Street, the staff are very good and they care for me well”, “The staff always help me and talk to me”, “The staff are all very nice”, “I feel safe” and “I am happy here”.

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 24 August 2023		
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 33 Stated: First time	The registered person shall ensure that written confirmation of all new residents’ medicines is obtained from the prescriber at or prior to admission to the home.	Met
	Action taken as confirmed during the inspection: 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 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. Records showed good compliance with training and the Manager had good oversight of all staff training compliance.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

Senior care staff who take charge of the home in the absence of the Manager had completed relevant competency and capability assessments.

The staff duty rota accurately reflected all of 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 Deputy Manager confirmed that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Staff told us that there was good team work, that they felt well supported in their role, communication was good from management and that the residents' needs and wishes were very important to them.

5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual residents' needs, their daily routine, wishes and preferences. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to the residents' needs.

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

Review of the care records for an identified resident evidenced the care plans were developed in consultation with the resident, their next of kin and their key worker to direct staff on how to meet their needs. The resident's wishes, interests and preferences were reflected in care records. The care records accurately reflected the resident's needs.

We discussed the importance of reviewing the care needs of residents prior to each short break admission to ensure they continued to meet the resident's assessed needs. It was noted that a form was in use previously but staff were not always completing it; this was discussed with the Deputy Manager who agreed to review and revise this form and reintroduce it for completion by the care staff going forward. This will be followed up on the next inspection.

The staff have been trained and are preparing for the introduction of the new Encompass information system which is being rolled out by the Belfast Health and Social Care Trust in the next few weeks.

We discussed mealtimes for the residents. The staff told us the residents were encouraged to contribute to menu planning and staff are consulting with the residents presently to prepare a summer menu.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and well maintained. Both bedrooms contained the required equipment to facilitate residents who may use these rooms.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

5.2.4 Quality of Life for Residents

The staff advised how the residents are encouraged to join in with planned activities dependant on their likes and dislikes and staff make every effort to make them feel welcome.

There are two lounge areas where residents can spend time relaxing or watching TV. The home has made use of available outside space, a seating area is available for use by the residents and the garden is decorated with seasonal plants and gnomes. An enclosed covered area also houses a pool table which the residents enjoy using. The staff commented how the residents love to spend time outside in this area.

Photographs are displayed in communal areas of residents enjoying activities and special events.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Barbara McGarrity has been the Manager in this home since 2005.

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

There was a system in place to manage complaints. Discussion with the Deputy Manager provided assurance that complaints were managed correctly.

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. Both the Manager and Deputy Manager are the appointed safeguarding champions 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 maintained records of regular staff meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by a representative of the registered provider 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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Deirdre Young, Deputy Manager, the person in charge as part of the inspection process and can be found in the main body of the report.



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