The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Hanna Street**

Provider: **Belfast Health and Social Care Trust**

Date of Inspection: **29 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:	Belfast Health and Social Care Trust (BHSCT)
Responsible Individual:	Mrs Maureen Edwards
Registered Manager:	Mrs Barbara McGarrity
Service Profile – This home is a one bed 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.	

2.0 Inspection summary

An unannounced inspection took place on 29 April 2025, from 11.30 am to 3.00 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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.

As a result of this inspection one new area for improvement was identified. Details can be found in the main body of this report.

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

At the time of the inspection the resident accommodated in the respite unit was out of the home. They were due to return later in the afternoon.

The inspector met with care staff and the senior management team. Staff told us they were happy working in the home, the staffing levels were good and they felt supported by the manager. Staff said that they had the appropriate training to look after residents and meet their needs. Staff spoken with stated they had a good relationship with the families of residents who attend for respite care.

Some comments provided from a recent short break family / carer questionnaire survey included; "Knowing xx is so well cared for in Hanna Street means we can have a relaxed break with no worries" and "The staff are more than helpful" and "Great carers".

A staff member completed the online survey and told us; "8 Hanna Street is a fabulous place to work, everyone is encouraged to be their own person and enjoy amazing experiences in a safe and well cared for environment. "

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.

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.

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.

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

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.

Discussion with the manager confirmed that a range of activities were offered. Residents' needs were met through a range of individual and group activities; the activity board is kept up to date. Photographs are displayed in communal areas of residents enjoying activities and special events.

A range of communal areas inside and an enclosed garden outside offers the residents choice in how and where they spent their day or how they want 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.

Where a resident was at risk of falling, measures to reduce this risk were put in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The daily menu is displayed and respite resident's dietary needs are included in their care plans; this will include any special instructions and support the resident may need from staff.

3.3.3 Management of Care Records

The care records for respite residents are kept securely to ensure that they were confidential.

The records were written in a professional manner and used language which was respectful of residents.

Systems are in place to ensure prior to any respite period that any changes in the resident's support or care needs is captured and the appropriate care records updated.

3.3.4 Quality and Management of Residents' Environment

The home was warm, clean and well maintained. The respite bedroom contained the required equipment to facilitate residents who may use this room. However, the call bell was noted not to be working effectively; this was reported to the estates team immediately by the staff on duty. The manager provided assurance that the call bell was fixed and in full working order the following day.

The bed within the respite bedroom was observed in need of replacement, written confirmation was received after the inspection from the manager that a new bed was on order and delivery was anticipated very soon.

It was also observed that there was no call bell facility in the communal areas of the home, for example; the lounges and dining area for residents to call for assistance if required. Call bell points for residents should be available in every room used by the residents. An area for improvement was identified.

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 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.

3.3.5 Quality of Management Systems

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.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Barbara McGarrity, 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 Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 **Ref:** Standard E8 **Stated:** First time	The registered person shall review the home and ensure that call points are accessible to residents in every room that is used by residents. Ref: 3.3.4
To be completed by: 29 October 2025	**Response by registered person detailing the actions taken:** The registered person has reviewed the home. The nurse call system is currently being extended to provide call points in all rooms which are accessible to short break users. It is expected that this will be completed by the 23rd June 2025.

Please ensure this document is completed in full and returned via the Web Portal

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

Twitter: @RQIANews