

# Inspection Report

11 April 2024



## Aaron House

Type of Service: Residential Care Home  
Address: 40 Rosneath Gardens, Ballyoran,  
Dundonald, Belfast, BT16 1UN  
Telephone number: 028 9041 0045

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness	<b>Registered Manager:</b> Julie Lisa Gibson
<b>Responsible Individual(s):</b> Mr Dermot Parsons	
<b>Person in charge at the time of inspection:</b>  Julie Lisa Gibson	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC): LD – learning disability LD(E) – learning disability – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b>  16
<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 16 residents. The home is a purpose built bungalow situated over one floor with individual bedrooms, communal lounge, dining and bathroom areas. There are mature gardens and seating areas for residents to spend time in if they choose.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 April 2024, from 9.20 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 appeared comfortable in their surroundings. 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 the staff are included in the main body of the report.

There were no new areas for improvement identified during this inspection.

Based on the inspection findings RQIA were assured that the delivery of care and service provided in Aaron House was safe, effective, compassionate and well led.

### **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 management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Due to the nature of a learning disability, residents may have different ways of communicating and/or have difficulty making their views and opinions known. Residents who were able to verbally communicate told us they "love living in the home", "staff make me feel safe" and that they felt well looked after.

Residents who were not able to verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy living in the home. Staff were observed supporting residents to get ready to attend day care and residents were observed smiling and engaging with staff while waiting on their transport. Staff were observed managing residents distressed reactions quickly and sensitively particularly during transitional times of the day such as getting ready for lunch time and returning to the home after day care.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us there was a lovely atmosphere working in the home, team work is good and they feel well supported in their roles.

Two questionnaire responses were received from residents and family members and they confirmed they were satisfied with the care provided in the home.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 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 29/06/2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 27(4)(a) Stated: Second time	The registered person shall ensure a current written risk assessment plan is in place and actions required are completed within time scales. <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 2</b>	The registered person shall ensure the IPC issues identified during the inspection are addressed.	<b>Met</b>

<b>Ref:</b> Regulation 13(7) <b>Stated:</b> Second time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 14(2)(a) <b>Stated:</b> Second time	The registered person shall ensure all parts of the residential care home to which residents have access are free from hazards to their safety. <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>

## 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 new staff had completed an induction within the home.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected 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.

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

Staff received supervision sessions and an annual appraisal and records were maintained. Advice was provided to the manager about the benefit of keeping one stand-alone record to monitor supervision and appraisal compliance throughout the year. The manager agreed to implement this and it will be reviewed at the next care inspection.

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 spoke positively about teamwork, and confirmed that management support them to fulfil their role and that communication between staff and management was good.

## 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.

Staff supported residents in a person centred way during transitional times throughout the day, for example when leaving the home to go to day care and during lunch time. These times of the day can be difficult for people with a learning disability to navigate and process. However, staff utilised excellent skills to support residents to move from one activity to another and supported them to manage their behaviour in a positive way.

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 to be restrictive. For example, bed rails and wheel chair lap belts. 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 capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and residents care plans reflected this.

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. The outcome of visits from any healthcare professional was recorded. Residents current care records were held confidentially.

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.

There was a choice of meals offered throughout the day to residents and staff confirmed that they use visual aids to assist residents in making choices about what they would like to eat or drink. There was a daily menu available for residents and their representatives to view.

### 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 items important to residents. Bedrooms and communal areas were well decorated, suitably furnished and comfortable for residents. There were no malodours detected in the home.

Discussion with the manager and review of records confirmed that maintenance work in the home has been planned, for example replacing carpets throughout communal areas. There was evidence that skirting and rails in the home require repainting/repair due to damage and wear and tear. This will be reviewed at the next care inspection.

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 completed on 11 January 2024 and evidence that actions from this were being completed in line with recommendations.

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 spent their day.

The majority of residents went out to day centres and staff supported them to get ready in time for their transport arriving and then welcomed them home on their return. For residents who remained in the home, staff were proactive in engaging them in activities of their choice.

An activity planner was in place and this included a diverse range of fun and meaningful activities for residents to take part in. This included, cinema, bowling, overnight stays in local hotels, concerts, animal therapy and music nights.

Residents meetings took place regularly and a list of person centred agenda items were discussed with residents including, menus, activities, holidays and home improvements. A plan was developed following meetings for completion of agreed actions, this is good practice.

The atmosphere throughout the home was welcoming and friendly. It was clear that staff knew the residents well and could communicate effectively with them, including with those residents who had difficulties in this area.

### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Julie Lisa Gibson has been the Registered Manager for this home since 6 April 2023.

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 regional 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.

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 incidents 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 a brilliant mentor, approachable and always available for guidance and support.

The home was visited each month by 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. 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 residents, their representatives, the Trust and RQIA.

### **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.



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