

Inspection Report

2 July 2024



Adelaide House

Type of service: Residential Care
Address: 24-26 Adelaide Park, Belfast, BT9 6FX
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Presbyterian Council of Social Witness</p> <p>Responsible Individual Mr Dermot Parsons</p>	<p>Registered Manager: Mrs Lisa Gibson</p> <p>Date registered: 19 April 2023</p>
<p>Person in charge at the time of inspection: Mrs Lisa Gibson</p>	<p>Number of registered places: 45</p> <p>The home is also approved to provide care on a day basis only to 1 person. 8 existing residents only in DE category of care and 1 existing resident in MP (E) category of care.</p>
<p>Categories of care: Residential Care (RC)</p> <p>MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. DE - Dementia I – Old age not falling within any other category.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 43</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 45 residents. Residents' bedrooms are located over three floors.</p> <p>Residents have access to communal bathrooms, lounges, a dining room and a garden/courtyard area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 2 July 2024, from 10.05 am to 5.45 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 warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner throughout the day.

Residents said that they were happy in living in Adelaide House and said that the staff were 'very good'. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Residents and relatives spoken with confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents and their relatives are included in the main body of this report.

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

Four new areas for improvement were identified regarding evidence of resident collaboration in their care plans, the general environment, the storage of substances hazardous to health (COSHH) and the wearing of personal protective equipment.

RQIA were assured that the delivery of care and service provided in Adelaide House was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Adelaide House.

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 Mrs Lisa Gibson, manager at the conclusion of the inspection

4.0 What people told us about the service

Residents said they were happy living in Adelaide House. Residents' comments included, "This is my home now, the staff are brilliant," and "We are all well looked after here."

Residents' relatives told us, "This place great, the care here has brought us great relief, the staff are brilliant."

Staff said, "There is good teamwork here, we help each other out," and "This is a very rewarding job, I love working here."

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments included, "Thank-you for your kindness," and "Thank-you for all your care and attention"

No additional feedback was provided by residents, relatives or 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 inspection on 31 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 13.1 & 13.2 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that the home offers a structured programme of varied activities and events. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 2 Ref: Standard 23.3 Stated: First time	The registered person shall ensure that staff are trained for their roles and responsibilities. Ref: 5.2.1	Met

To be completed by: With immediate effect	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 28.3 Stated: First time To be completed by: With immediate effect	The registered person shall ensure the home is maintained in a safe manner. Ref: 5.2.2 Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Standard 35.7 Stated: First time To be completed by: With immediate effect	Hand hygiene must be a priority for the home and every effort applied to promoting high standards of hand hygiene among patients, staff and visitors. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	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.

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 wide range of mandatory training.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management. One new member of staff commented, "I had a good induction when I started, everyone was very welcoming."

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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, staff were observed supporting residents throughout the day with their preferred activities.

Resident's spoke positively about the staffing in the home, comments included, "The staff are brilliant, it is a very difficult job but they are all so good." One residents' relative said "This place is great; the staff are very helpful."

Residents and their relatives expressed no concerns regarding staffing arrangements within the home. Some staff comments with regards to the staffing levels were passed on to the manager for review. The manager told us that interviews for care staff had been arranged for the following week.

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. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. For example, after lunch one resident appeared to become distressed, staff adapted their communication in order to support this resident.

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.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was a choice of meals offered, the food was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. One resident said, "The food here is tremendous, there is a good choice of food."

There was evidence that residents' weights were checked regularly to monitor weight loss or gain.

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' 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.

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. Residents care records were held confidentially.

There was no evidence of resident involvement in the planning of their own care, this was discussed with the manager during feedback. An area for improvement was identified.

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.

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. Residents bedrooms were personalised with photographs and other items or memorabilia.

However, some parts of the home were showing signs of wear and tear. For example, the sealant in one of the shower rooms needed replacing and paintwork on identified handrails needed to be refreshed. The outside courtyard was in need of weeding and unused, damaged furniture and mop buckets required removal. The manager confirmed that plans were in place to address these issues but there was no timeframe for this work to be completed. An area for improvement was identified.

Areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured. However, shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, supervision of the domestic cleaning trolley containing cleaning chemicals. Assurances were provided by the manager that supervision would be arranged with the identified staff to review their knowledge of Care of Substances Hazardous to Health (COSHH) regulations. 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.

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. However; a staff member was observed completing tasks, not wearing the appropriate Personal Protective Equipment (PPE). Assurances were provided by the manager that supervision would be arranged with the identified staff to review their knowledge of the appropriate usage of PPE. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time. Residents' comments included, "We have lots to do, we went on an outing not long ago I really enjoyed that," and "Staff are very good, they are always in and out and there is always plenty to do." Residents' commented positively about activity co-ordinator, describing him as kind and caring.

The activity co-ordinator discussed the importance of a person centred approach when it came to activities for the residents. An activities planner was made available to the residents. Activities included a range of one-to-one activities and group activities. Residents were observed enjoying a visiting musician on the day of the inspection.

Staff recognised the importance of maintaining good communication with families, a visiting family member confirmed that the communication from the home was very good.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Lisa Gibson has been the manager of the home since 19 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 homes safeguarding policy. The Head of Safeguarding for the organisation was identified as the appointed safeguarding champion. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk.

Residents and relatives spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address this. 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.

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.

Staff commented positively about the manager and described her as very supportive, comments included, "Lisa is so understanding, she is great."

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.

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	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Lisa Gibson, 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 Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 2 July 2024</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The Home Manager completed supervisions with all housekeeping staff that included a focus the cleaning trolleys; ensuring that cleaning trolleys, when not in use, are to be stored appropriately within a locked secure room.</p> <p>All staff were requested to refresh their training with regards to COSHH. The COSHH training module within the online Strategic Thinking platform was reset and all staff have again completed the mandatory COSHH training.</p> <p>The Home Manager, Deputy Manager or senior staff complete daily walk arounds, to ensure that all parts of the home to which the residents have access to are free from hazards.</p> <p>Records are maintained of the walk arounds and any findings are shared at flash meetings.</p> <p>A relatives' meeting was held on the 17th July 2024. The agenda included discussion about items being brought into the</p>

	<p>home, specifically referring to items such as Paracetamol or other over the counter medications.</p> <p>Relatives were reminded to consult with staff prior to bringing any items into the home, to minimise the risk for the individual resident or any other resident in the home.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p>	<p>The registered person shall ensure that there is evidence of resident involvement in the care planning process where appropriate.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A review of all the residents care needs is currently underway. All residents care plans are being rewritten to a new format. As each individual file is completed this is reviewed with the resident or the resident's representative, to ensure the resident feels involved within the care planning process. This is then signed by either the resident or the resident's representative.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p>	<p>The registered person shall ensure that the areas identified at this inspection in regard to the home's environment are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The newly appointed maintenance officer commenced after the inspection on 22/07/24. A plan has been devised to commence, redecoration (painting) of the individual residents' bedrooms. The courtyard has had significant works completed, with new slim line oil tanks being installed, the garden tidied and flower beds weeded. The residents have also been involved in the planting of new plants in the raised flower beds and individual pot plants.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 2 July 2024</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment <p>Ref: 5.2.3</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The Home manager completed a supervision with all staff, with regards to donning and doffing of personal protective equipment.</p> <p>All staff have been required to resit the Infection Control module within the Strategic Thinking online learning platform. The Infection Control Policy was reissued to staff, who were required to read and sign, signifying their refreshed knowledge with regards to their role in minimising the spread of infection. A general staff meeting, for all staff, has been arranged for the 22nd August, COSHH and Personal Protective Equipment are listed on the agenda items.</p> <p>The Home Manager, Deputy Manager or senior staff complete daily walk arounds to ensure a good standard of the use of PPE is evident. Records are maintained of these walk arounds. If any issues were to be observed, this will be addressed with individual staff team members and also discussed at flash meetings.</p>
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