



Unannounced Care Inspection Report 12 December 2019



Malone

Type of Service: Residential Care Home
Address: 188 Upper Malone Road, Belfast BT17 9JZ
Tel no: 028 9061 1745
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 28 residents.

3.0 Service details

Organisation/Registered Provider: Malone Residential Home Responsible Individual: Kevin McKinney	Registered Manager and date registered: Julie-Ann Russell, 31 July 2015
Person in charge at the time of inspection: Jordan Oliver, Senior Care Assistant 09.30 - 10.00 Julie-Ann Russell, Registered Manager, 10.00 onwards	Number of registered places: 28
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Total number of residents in the residential care home on the day of this inspection: 24

4.0 Inspection summary

An unannounced inspection took place on 12 December 2019 from 09.30 to 11.50.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to engage with residents to obtain their views on the care provided within Malone Residential Care Home. Information was also obtained and shared with a pharmacist inspector to validate the area for improvement identified in the home during the last medicines management inspection.

No new areas for improvement were identified. Elements of one area for improvement, relating to the home's environment, were stated for a second time.

Residents described living in the home in positive terms. Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and with staff.

Comments received from residents and their relatives during and after the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*1

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Julie-Ann Russell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 3 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 3 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the last care and medicines management inspections, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home.

During the inspection a sample of records was examined which included:

- staff training schedule and training records
- staff registrations with the Northern Ireland Social Care Council (NISCC)
- policy and procedure relating to staff registrations with NISCC
- records of fire drills
- residents' activities
- the home's Statement of Purpose and Residents Guide

- personal medication records for four residents
- reports of visits by the registered provider from September to December 2019

Areas for improvement identified at the last care and medicines management inspections were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 3 June 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered person shall ensure the following: <ul style="list-style-type: none"> • All staff complete mandatory training. • The system of managerial oversight is reviewed so that any gaps in mandatory training can be identified and addressed in a timely manner. 	Met
	Action taken as confirmed during the inspection: The manager had changed the system for recording staff training and this supported enhanced managerial oversight of this area. Review of staff training records confirmed that mandatory training for all staff was up to date.	
Area for improvement 2 Ref: Regulation 20 (1) (c) (ii) Stated: First time	The registered person shall ensure the following: <ul style="list-style-type: none"> • The system of managerial oversight is reviewed to support staff to maintain their registration with their professional body at all times. • A policy and procedure is developed to guide staff regarding registration with their professional body. 	Met

	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that the registered manager maintained a record of staff registrations with NISCC and checked these regularly. This supported enhanced managerial oversight of this area. A suitable policy and procedure was developed.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 29 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the visits made on his behalf, designed to provide assurance regarding the governance arrangements employed in the home, provide sufficient detail of all necessary areas to include, but not limited to:</p> <ul style="list-style-type: none"> • mandatory staff training • staff registration with NISCC • the home's environment • staff meetings 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of recent reports of the visits by the registered provider established that these now cover the necessary areas.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 29.4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that unannounced practice fire drills are carried out regularly to ensure that all staff participate in a fire drill at least annually.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager advised that all staff participate in a fire drill during fire training. In addition, a number of unannounced fire drills take place which are attended by staff.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • All external railings are repainted. • Fire escapes have rust and debris removed and are repainted. • The sluice room is tidied. • Bathrooms receive regular high dusting. • The hairdressing room is thoroughly 	Partially met

	<p>cleaned after each use.</p> <ul style="list-style-type: none"> • The undersides of toilet frames are cleaned daily. • The rail on the main staircase is cleaned regularly. • The damage to paintwork on the ceiling of the lounge is repaired. • Pressure cushions on chairs need to be removed or replaced. 	
	<p>Action taken as confirmed during the inspection: Inspection of the premises established that external railings at ground level were repainted, fire escapes were cleared, the hairdressing room was cleaned after use, the ceiling was repainted and any pressure cushions on chairs were in good condition. All other areas had either not been addressed or the improvements not sustained.</p> <p>Elements of this area for improvement are therefore stated for a second time.</p>	
<p>Area for improvement 3 Ref: Standard 13.9 Stated: First time</p>	<p>The registered person shall ensure that the records of activities for individual residents are kept up to date.</p> <p>Action taken as confirmed during the inspection: Inspection of the records of activities for residents confirmed that this was addressed.</p>	Met
<p>Area for improvement 4 Ref: Standard 20.6 Stated: First time</p>	<p>The registered person shall ensure that the home's Statement of Purpose is reviewed to include more detailed information regarding the management of complaints.</p> <p>Action taken as confirmed during the inspection: Inspection of the home's Statement of Purpose confirmed that this was reviewed to include more detailed information regarding the management of complaints.</p>	Met
<p>Area for improvement 5 Ref: Standard 20.9 Stated: First time</p>	<p>The registered person shall ensure that the home's Residents Guide is reviewed to include information regarding the management of complaints, the staffing arrangements and organisational structures in the home.</p>	Met

	<p>Action taken as confirmed during the inspection: Inspection of the home's Residents Guide confirmed that this was reviewed to include information regarding the management of complaints, the staffing arrangements and organisational structures in the home.</p>	
<p>Area for improvement 6 Ref: Standard 25.8 Stated: First time</p>	<p>The registered person shall ensure that staff meetings are held on at least a quarterly basis.</p>	Met
	<p>Action taken as confirmed during the inspection: Inspection of the records of staff meetings confirmed that these were now held on at least a quarterly basis.</p>	

Areas for improvement from the last medicines management inspection dated 25 February 2019

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 31 Stated: First time</p>	<p>The registered person shall ensure that the necessary improvements to the personal medication records are implemented and sustained.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of a sample of the personal medication records evidenced that the areas identified for improvement had been addressed.</p> <p>Obsolete personal medication records had been cancelled and archived. The allergy status of each resident and the date of discontinuation of medicines had been recorded.</p>	

6.2 Inspection findings

The progress with the areas for improvement identified in the home during the last care inspection is noted in section 6.1 above. We spoke with residents who told us that the care in Malone was good. Residents made the following comments:

- “I am very well looked after here. The staff are wonderful...I get everything I want or need. I have call bell but I forget to use it, but the staff check on me all the time and that suits me well. The food is really lovely. I don’t know what I would do without this place!”
- “It’s all very good here, I have no complaints – if I had any, I would go and see the manager, but I haven’t had to do that. I have been here around two years and I enjoy it. I feel safe as I know there is always staff around and I have lots of company from the other residents. I can go out with my family and my visitors are always made welcome. The food is very good and I get so much to eat that I have put on weight. The staff are lovely, very attentive.”
- “It’s lovely here...these girls (staff) are great, I love them and I love living here.”
- “This is a good place to live.”

Two questionnaires were returned by residents’ relatives and both respondents indicated a high level of satisfaction with the care and services provided in Malone. A relative commented “We feel that the care our mother receives in Malone meets all her needs. Staff are always cheerful and go out of their way to make her feel safe and cared for. She is always treated with dignity and respect.”

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie-Ann Russell, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 2020</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • All external railings on the first floor are repainted. • Fire escapes are repainted. • The sluice room is tidied. • Bathrooms receive regular high dusting. • The undersides of toilet frames are cleaned daily. • The rail on the main staircase is cleaned regularly.
	<p>Response by registered person detailing the actions taken:</p> <p>Painting of the external railings and fire escapes is underway. Sluice rooms have been tidied. Regular cleaning of all identified areas has been incorporated into cleaning schedule.</p>

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



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