

Unannounced Care Inspection Report 24 October 2017



Malone

Type of Service: Residential Care Home
Address: 188 Upper Malone Road, Belfast, BT17 9JZ
Tel No: 028 9061 1745
Inspector: Kylie Connor

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with a total of 28 places which can comprise a combination of the following: 28 places for adults who are over the age of 65 years old; 10 places for adults with a diagnosis of Dementia and three places for adults under 65 years old with a physical disability other than sensory impairment.

3.0 Service details

Organisation/Registered Provider: Malone Residential Home Responsible Individual: Mr Kevin McKinney	Registered Manager: Mrs Julie-Ann Russell
Person in charge at the time of inspection: Julie-Ann Russell	Date manager registered: 17 November 2015
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia (for a maximum of 10 persons) PH - Physical disability other than sensory impairment (for three persons)	Number of registered places: 28 places comprising: I - 28 DE - 10 PH - 03

4.0 Inspection summary

An unannounced care inspection took place on 24 October 2017 from 10:00 to 15:20.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified since 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.

Evidence of good practice was found in relation to communication between residents, staff and other key stakeholders, staff recruitment

Areas requiring improvement were identified in regard to the décor in the dining room and the upstairs corridor, care plans, staff meetings, induction records for ancillary staff and the activity programme.

Residents and their representatives said that the standard of care and of the food was very good and that staff were compassionate. Residents said that the activity programme needed improvement following the planned long term leave of the activity co-ordinator.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	5

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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous care inspection report and returned QIP; notifications of accidents and incidents submitted since the previous inspection.

During the inspection the inspector met with the registered provider, the registered manager, nine residents, two care staff and two representatives of a resident.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eight questionnaires were returned within the requested timescale from four staff and four residents' representatives.

The following records were examined during the inspection:

- Induction records for two staff
- Staff supervision and annual appraisal records
- Staff training schedule/records
- Three staff recruitment records
- Three resident's care records
- Minutes of recent staff meetings held during 2017
- Complaints and compliments records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings held during 2017
- A sample of monthly monitoring reports
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 most recent inspection dated 9 May 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 9 May 2017

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 27(2)(t) Stated: First time	The registered provider must ensure that all radiators are individually risk assessed in accordance with current safety guidelines with subsequent appropriate action taken.	Met
	Action taken as confirmed during the inspection: Records inspected were up to date and discussion with the registered manager confirmed that a schedule was in place to fit radiator covers. The radiator in the living room had been fitted with a cover and the registered manager advised that the two radiators in the conservatory would be prioritised to have covers fitted without delay. Following the inspection, the registered manager reported that one of these radiators had had a cover fitted and a schedule was in place for the second cover to be fitted.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 9.6 Stated: First time	The registered provider should ensure that the home's checks of wheel-chairs, walking aids and hoists are carried out and records retained.	Met
	Action taken as confirmed during the inspection: Inspection of records confirmed that this had been addressed.	
Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered provider should ensure that the floor and skirting in the dining room is deep cleaned; the dining room is redecorated; the lift is deep cleaned; the wooden trim/panelling effect in the lift and upstairs corridor is re-painted.	Partially met
	Action taken as confirmed during the inspection: Inspection of the environment revealed that three of the five identified areas for improvement had been addressed. Two areas have been stated for the second time.	
Area for improvement 3 Ref: Standard 28 Stated: First time	The registered provider should ensure that pull cords for blinds are safely secured to the wall to prevent choking.	Met
	Action taken as confirmed during the inspection: Inspection of the environment confirmed that this had been addressed.	
Area for improvement 4 Ref: Standard 20.11 Stated: First time	The registered provider should ensure that: monthly monitoring reports record in a confidential manner the views of residents, staff and residents' representatives, regarding the quality of care and the service provided; the report template is updated to Version 2, January 2014.	Met
	Action taken as confirmed during the inspection: Inspection of six monthly monitoring reports confirmed that this had been addressed.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised of the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. However, an issue was raised regarding activity provision following the planned long-term leave of the activity co-ordinator and this is addressed in section 6.6 of the report.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all care staff, relevant to their specific roles and responsibilities. Whilst the registered manager described the induction received by a new ancillary staff member, an induction record had not been completed. An area for improvement was identified and action is required to comply with the standards to ensure that an induction record is completed with ancillary staff.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

Discussion with the registered manager and review of three staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff stated that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that whilst there had been no suspected, alleged or actual incidents of abuse, any that might occur would be fully and promptly referred to the

relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager advised there were restrictive practices employed within the home, notably keypad entry systems, wheelchair lap belts and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment and records of maintenance and cleaning records of individual equipment and aids supplied were up to date.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. There was evidence of improvements being made to hand rails and decor in the upstairs corridor. The dining room had been cleaned but had not been redecorated and an area for improvement was stated for the second time in this regard.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

Review of staff training records confirmed that staff had last completed fire safety training in June 2017. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- "We've just had it (supervision). It's good, you come out feeling a wee bit better."
- "It's (induction) been very thorough, I'm settling in."

A resident's representative commented:

- “They have offered to redecorate her room but she doesn't want it done. Julie-Ann is very receptive. Whatever needs done is done.”

Eight completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and supervision.

Areas for improvement

One area for improvement was identified in regard to induction records for ancillary staff. One area for improvement was stated for the second time in regards to the environment.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. Two care records did not contain a photograph of the resident and the registered manager stated that these would be obtained from the chemist immediately. Whilst one care plan included reference to diabetes, a diabetes management care plan was not in place and an area for improvement was identified and action is required to comply with the standards. Following the inspection, the inspector provided the registered manager with a copy of the Public Health Agency (PHA) Best Practice Guidance, Management of Diabetes in Nursing and Residential Homes, February 2017.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records were not being audited and the registered manager gave assurances that this would be addressed.

The registered manager stated that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Inspection of the records of staff meetings held during 2017 revealed that two meetings had taken place in February, one in August and one in September 2017. An area for improvement was identified and actions are required to ensure that staff meetings take place on a quarterly basis. The registered manager and staff advised that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of the last resident meetings, dated 4 July 2017 were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

A resident's representative spoken to stated:

- "They (the staff) call me for the slightest thing."

Eight completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

One staff commented:

- "At the moment with no activity programme, some residents get bored. We as care staff try to do something to rectify this but it is hard when we have our own jobs to fulfil."

The comment was shared with the registered manager and is addressed in section 6.6.

A resident's representative commented:

- "I have observed the staff's responsiveness to (my relative's), and others residents, care needs and find the staff knowledgeable to individual needs and responsive to these needs."

Areas of good practice

There were examples of good practice found throughout the inspection in relation communication between residents, staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified in regard to ensuring that a diabetes management plan was in place for every resident diagnosed with the condition and that staff meetings take place on a quarterly basis.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and representatives confirmed that residents' spiritual and cultural needs were met within the home. Inspection of accident and incident records revealed that following a fall, staff were aware to observe for signs of pain or discomfort and take action in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with the registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff were aware of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff advised that residents were listened to, valued and communicated with in an appropriate manner. Residents stated that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. The registered manager stated that satisfaction questionnaires in regard to the quality of care and the environment would be undertaken with residents and their representatives in January 2018 and an evaluation report and action plan completed. Other systems included residents meetings, annual reviews and monthly monitoring reports.

Discussion with staff, residents, and review of the returned questionnaires confirmed that the activity programme had decreased due to planned long-term leave of the activity co-ordinator. Residents in particular talked about missing getting out for regular walks. Whilst a number of activities continued to be delivered by external persons and included yoga and musical entertainment, no other temporary arrangements had been put in place in the absence of the activity co-ordinator. An area for improvement was identified and action is required to comply with the standards. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents, staff and a resident's representative spoken with during the inspection made the following comments:

- "I think that it's excellent (the standard of care) I really do. The food is good, the bed is good. I can't speak highly enough about it." (resident)
- "I get my paper, they are very good. The staff are lovely, very kind." (resident)
- "If I want to lie on they bring me a cup of tea." (resident)
- There is an atmosphere of love and caring. We have lost our activity girl and no sign of any replacement." (resident)
- "Its (standard of care) really good." (staff)
- "It (quality of the food) has improved greatly. They are eating better now that they get smaller portions and are offered extra." (staff)
- "They know her ways and are very respectful of that." (resident's representative)

Eight completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Residents' representatives commented:

- "I observe compassionate care every time I visit."
- "I have been very impressed with the dignity and respect shown to both the residents and their families."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

One area for improvement was identified in regard to the activity programme.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and

procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager stated that a regular audit of accidents and incidents was undertaken. Learning from accidents and incidents was disseminated to all relevant parties to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Eleven staff had attended training in dementia awareness during the months of May, June and July 2017. The registered manager stated that she had discussed training gaps with staff and was using a matrix to ensure these gaps were addressed.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including face to face conversations.

The inspector discussed with the registered provider and registered manager separately the intention to undertake building work in the home. The inspector advised that a variation should be submitted to RQIA in a timely manner to enable the proposal to be considered and that approval must be given by RQIA prior to any work commencing.

The registered manager stated that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider largely responds to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager stated that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager stated that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager stated that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Eight completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

One resident's representative commented:

- "Not only is the home well managed – it is a happy home! There are times I have felt so comfortable there that I didn't want to leave! Everyone is welcoming."

Areas of good practice

There were examples of good practice found throughout the inspection in relation management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No 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	
Area for improvement 1 Ref: Standard 27.1 Stated: Second time To be completed by: 1 March 2018	<p>The registered provider should ensure that the dining room is redecorated; the wooden trim/panelling effect in the upstairs corridor is re-painted.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A programme for the upgrade and redecoration of the Home is in place and continues to be followed.</p>
Area for improvement 2 Ref: Standard 23.1 Stated: First time To be completed by: 30 January 2018	<p>The registered person shall ensure that an induction record is completed for ancillary staff relevant to their role and responsibilities.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A programme of induction is completed for all new staff upon commencement of employment.</p>
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 10 December 2017	<p>The registered person shall ensure that a diabetes management care plan is in place for all residents diagnosed with the condition.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A diabetes management plan is completed for all residents with the condition.</p>
Area for improvement 4 Ref: Standard 25.8 Stated: First time To be completed by: 1 January 2018	<p>The registered person shall ensure that staff meetings take place regularly and at least on a quarterly basis.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff meetings will be carried out on a regular basis.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2017</p>	<p>The registered person shall ensure that the activity programme is improved to ensure that it provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home is continuing to develop a varied programme of activities based on residents interests and needs that include a variety of music, arts, crafts and exercise.</p>

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



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