



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Malone, 1317

Date of Inspection: 27 October 2014

Inspector's Name: Kylie Connor

Inspection ID: 16620

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Malone
Address:	188 Upper Malone Road Belfast BT17 9JZ
Telephone number:	028 9061 1745
E mail address:	maloneresidential@btconnect.com
Registered Organisation/ Registered Provider:	Mr Kevin McKinney
Registered Manager:	Mr Kevin McKinney (Acting)
Person in charge of the home at the time of inspection:	Rhonda Spence, Person in Charge
Categories of care:	RC-I, RC-PH, RC-DE
Number of registered places:	28
Number of residents accommodated on Day of Inspection:	26
Scale of charges (per week):	From £461
Date and type of previous inspection:	26 March 2014 Secondary Unannounced Inspection
Date and time of inspection:	27 October 2014 12:40 pm to 6:50 pm
Name of Inspector:	Kylie Connor

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge and the registered provider / registered manager(acting)
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and observation of others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard: Standard 9 Health and Social Care.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Malone Residential Home is a large, detached house, formerly a private residence situated in a rural location within a quiet cul-de-sac. It is owned and operated by Mr Kevin McKinney. It has large private grounds and car parking at the front. It is situated within the Belfast Health and Social Care Trust area, approximately four miles from Belfast City centre and one and a half miles from Finaghy. Mr Kevin McKinney, Registered Provider is also, for a temporary period the registered manager (acting).

The home has been decorated and furnished to a high standard. It has been equipped and improved appropriately to meet the needs of residents. The accommodation inside and outside is pleasant and corridors, stairways, living and dining room accommodation are well positioned. The communal areas overlook a large garden area to the rear, with mature shrubs and trees.

7.0 Summary of inspection

This secondary unannounced care inspection of Malone was undertaken by Kylie Connor on 27 October 2014 between the hours of 12:40am and 6:50pm. Rhonda Spence, person in charge was available during the inspection and for verbal feedback at the conclusion of the inspection. Mr Kevin McKinney, Registered Provider and Registered Manager (Acting) was also available during the inspection and received some feedback prior to the conclusion of the inspection.

Rhonda Spence has recently returned from an extended planned period of leave and informed the inspector that she was on induction prior to taking up the registered manager (acting) post again. She confirmed that the projected completion of QCF Level 5 would be by the 31 May 2015.

The focus of this unannounced inspection was on Standard 9, Health and Social Care. Malone was found to be compliant with this standard. There were processes in place to ensure the effective management of the areas within the standard inspected. One requirement has been made in regard to residents' weights. Two recommendations have been made pertaining to information in the care record and care plans regarding residents dentists and the care and support required to maintain good oral health.

The five recommendations made as a result of the previous inspection were also examined. Review of documentation identified that that the home has addressed two recommendations. Three recommendations have been stated for the second time in areas pertaining to care reviews, person-centred training and residents' meetings.

During the inspection the inspector met with residents, staff, the registered provider and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector observed care practice, an organised activity, the lunch-time experience, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents' they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. One recommendation has been made in regard to bins and toilet roll holders.

A number of additional areas were also examined including activities and accident and incident notifications. Further details of can be found in section 10.0 of the main body of the report.

One requirement and five recommendations were made as a result of the secondary unannounced inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered provider/registered manager (acting), person in charge and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 26 March 2014

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	11	The home should review the care record of the identified resident and obtain any outstanding care review record or request a care review if it is overdue.	Discussions with the person in charge verified that the home uses a matrix to manage this process. It was identified that a number of residents are overdue a care review. This is not fully addressed.	Substantially compliant
2	19.6	The registered manager should ensure that residents, or where appropriate their representatives, are involved in the recruitment process where possible.	The registered provider confirmed that a relative has participated in an interview panel. The person in charge stated that this is on the agenda for the next residents meeting. This is addressed.	Compliant
3	1.2	<p>Residents' views are taken into account in all matters affecting them, and the home has forums or systems where residents and their representatives can express their views and be consulted about the running of the home.</p> <p>Residents meetings should be undertaken and specifically consulted about the new hairdressing service and current activity provision.</p>	Records identified that the most recent residents meeting took place on 1 August 2014. The minute prior to this was dated 23 July 2013. The registered provider stated that he had spoken to the hairdresser and a number of residents and there have been no further issues raised. The recent residents meeting vitrified residents are satisfied with activity provision. This is partly addressed.	Moving towards compliance

4	12	The menu provided for residents with identified nutritional needs should be reviewed with residents.	There was evidence of a range of actions taken and of a meeting involving kitchen staff, most recently on 2 October 2014. Staff stated that client choice forms are currently being completed with residents to inform the menu planning. This is addressed.	Compliant
5	23	Training should be provided for all care staff in person-centred care. The effect of training on practice is evaluated afterwards.	This was discussed with the person in charge who confirmed that this has not taken place. This is not addressed.	Moving towards compliance

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
Inspection Findings:	
The inspector reviewed the care records of three residents. In all cases the name and contact details of each resident's General Practitioner and optometrist was present. Arrangements are in place for all residents to have oral screening and there was confirmation that staff are attending training in oral health. A process is in place re-registering with a new GP on admission and relevant policies and procedures are in place. Details of residents' dentists were not detailed in care records and a recommendation has been made.	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
Discussions with staff in relation to specific residents' needs indicated that they were knowledgeable of the residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they receive updates during staff handovers of any changes in a resident's condition. There was confirmation that care plans are updated. Other training undertaken was identified to include oral hygiene, incontinence, diabetes and sensory awareness. The person in charge stated that she is planning training on hearing loss. Any changes for each shift are recorded on a client information sheet, in a communication diary and in the resident care file.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: The three care records examined, identified that a needs assessment had been undertaken which informed care plans and risk assessments. There was confirmation that the information is reviewed and quarterly evaluations undertaken are to be replaced with monthly evaluations. There was evidence of liaison with a wide range of primary health and social care services and all contacts were clearly recorded in the medical notes section of each resident's record. Staff on duty were able to describe the referral systems should a resident require the services of health care professional. It was identified that a number of residents had recently been referred for continence assessments and pads are delivered and ordered in accordance with this. Staff confirmed that there are no issues in accessing adequate pads or bed linen. A review of records of residents' weights revealed that they had not been completed from June 2014. The person in charge gave assurances that this would recommence immediately. A recommendation has been made.</p>	Substantially compliant
<p>Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: Review of care records and discussion with the person in charge and staff members confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records. The home has a communication sheet for relatives, however this was not being used appropriately and the person in charge had raised the importance of documenting information passed on/received from relatives at a recent staff meeting. It was confirmed that families accompany residents to appointments. The home can arrange transport via a GP and arrange for staff to accompany residents who do not have family who can attend or live locally. The person in charge stated that staff contact the family by telephone and provide an update.</p>	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
An examination of three care records confirmed there are arrangements in place to monitor the frequency of residents' health screening and appointments. It was confirmed that optimise contact the home two weeks to arrange appointment which are due and the home keeps an optimise file with all appointment records. A record book is maintained for residents who receive private podiatry appointments in the home. It was confirmed that referrals are made through the trust to the sensory team for equipment or via the GP to audiology for assessment or review. The home orders batteries for hearing aids via the audiology department via email. The annual review process monitors residents' health in these areas. There was confirmation that a system is in place in regard to managing incontinence. It was identified that arrangements are in place for dental screening.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
The person in charge confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff. Care plans reviewed demonstrated some support was needed from staff but care plans reviewed did not detail support required regarding dentures/teeth. Following oral screening the home has received assessments including the need to see a dental hygienist.	Compliant

INSPECTORS OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with six residents individually, discretely observed lunch and observed a large group participating in a reminiscence activity. Dining tables were observed to be set with table-cloths, napkins, salt and pepper and a variety of cold drinks were available. Staff were observed providing assistance and were attentive to residents needs throughout. Residents were observed enjoying their lunch. It was observed that residents who chose not to have their lunch in the dining room were accommodated.

In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "The girls are lovely."
- "I'm quite happy here."
- "They keep it very tidy. The staff are very good."
- "I enjoy it (the meals)."

10.2 Relatives/representative consultation

No relatives were spoken to during this inspection.

10.3 Staff consultation

The inspector spoke with three staff members, the person in charge and the registered provider/registered manager (acting). Discussion with staff identified that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and appeared to have a high level of commitment to caring for the resident group. One issue was raised in regard to residents' with high dependency needs where behaviours were impacting on other residents. This was discussed with the person in charge who confirmed that a number of residents had had their medication reviewed recently and changes in behaviours were being monitored. It was confirmed that if there was no change, a care review would be organised.

Comments received included:

- "I think it's very good care and support. Everyone works well together. And we help each other out."
- "The activity co-ordinator gets boxes from the museum and does reminiscence. They play min-golf, paint and trips out. A man came to talk about the war and they really enjoyed it. Some went to a tea dance and when they came back they laughed and laughed and laughed. They enjoyed being out."
- "Seniors and staff go out of their way to meet residents' needs and get things done."

10.4 Visiting professionals' consultation

No professionals were spoken to during this inspection.

10.5 Environment

Upon arrival, a person employed by the home was observed to be tidying up plant pots at the entrance of the home and new flower baskets were in place. The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of good standard. It was observed that a number of vacant rooms had been re-decorated. It was observed that toilet rolls were available in facilities but that wall mounted containers were not being used and a number of bins are not pedal operated. A recommendation has been made.

10.6 Activities

It was identified that residents' receive a monthly programme and activity provision is discussed at residents meetings and satisfaction was evident at the most recent meeting. Staff and residents confirmed satisfaction with the activity programme. The inspector observed a reminiscence activity taking place at 3:00pm in the living room. The focus of the activity was 1950 houses with discussion taking place of household activities, routines and clothing. Residents were observed enjoying the activity.

10.7 Incidents and accidents

The person in charge stated she has reviewed accident and incident records from January 2014 to date and had made a number of retrospective notifications. A random number were reviewed from 11 September 2014 to date of the inspection. No issues were identified.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Kevin McKinney and Rhonda Spence as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Kylie Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Malone

27 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Kevin McKinney and Rhonda Spence either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	13 (1) (a) (Section 9.5 of the report refers)	<p>The registered person shall ensure that the residential care home is conducted so as to promote and make proper provision for the health and welfare of residents</p> <ul style="list-style-type: none"> • Ensure that with their consent, residents weights are recorded and evaluated at suitable intervals with appropriate action taken • Review the system in place to ensure that a lapse does not re-occur 	One	<p>Client consent has been sought, weights are recorded and evaluated regularly. Appropriate action is taken when necessary.</p> <p>System has been reviewed, regular system running to avoid lapses.</p>	From the date of the inspection and on-going

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	11 (Section 9 of the report refers)	The registered manager (acting) should request a care review or arrange a care review for those which have been identified as overdue.	Two	All clients have had a care review carried out or meeting requested with their care managers. Clients with-out care managers are having meetings arranged with the home.	By return of QIP
2.	1.2 (Section 9 of the report refers)	Residents' views are taken into account in all matters affecting them, and the home has forums or systems where residents and their representatives can express their views and be consulted about the running of the home. <ul style="list-style-type: none"> • Residents meetings should take place in a timely manner 	Two	Client meetings are being carried out the last week of each month to enable clients to express their views and opinions . Questionnaires are being given to clients, relatives and staff to seek their views and opinions on the home.	By return of QIP
3.	23 (Section 9 of the report refers)	Training should be provided for all care staff in person-centred care. The effect of training on practice is evaluated afterwards.	Two	All mandatory training has been arranged for staff and evaluations carried out afterwards.	1 March 2015
4.	9.1 9.6	The registered manager (acting) should ensure that care records detail residents' dentists and care plans detail assistance required to maintain oral health and clean teeth/dentures.	One	All client care plans have been reviewed , dentists have been confirmed and recorded. Level of assistance required for each client has been documented and a care plan has been included in each client care file.	By return of QIP
5.	35	The registered manager (acting) should ensure that toilet roll holders are fitted/used and that all bins are pedal operated.	One	All holders and bins being checked and replaced were necessary.	By return of QIP

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Rhonda Spence
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr Kevin McKinney

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Kylie Connor	30/12/14
Further information requested from provider			