



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 5 September 2019



Belmont Cottages

Type of Service: Residential Care Home
Address: Racecourse Road, Londonderry, BT48 7RD
Tel No: 028 7137 2350
Inspector: John McAuley

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 16 residents within the categories of care detailed in its certificate of registration and 3.0 of this report. The home is divided into four units containing four beds.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual(s): Sheena McCallion	Registered Manager and date registered: Seamus Crossan Awaiting registration
Person in charge at the time of inspection: Seamus Crossan	Number of registered places: 16
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 4 plus 12 residents in attendance at day care placements

4.0 Inspection summary

This unannounced inspection took place on 5 September 2019 from 09.45 to 14.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the governance arrangements, staffing, training, support and maintenance of care records. Good practice was also found in relation to the upkeep in the environment and general observations of care practices and atmosphere in the home.

No areas requiring improvement were identified during this inspection.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people who visit them and staff 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	0

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

4.2 Action/enforcement taken following the most recent inspection dated 19 November 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 November 2018.

No further actions were required to be taken following the most recent inspection on 19 November 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, such as notification reports.

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. No responses were received from any of these questionnaires in time for inclusion to this report.

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

- staff duty
- staff training schedule and training records
- staff member's induction records
- two residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident / incident records
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

Areas for improvements identified at the last care inspection 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 23 September 2018

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: Standard 25.1 Stated: First time	The registered person shall undertake a review of the night duty staffing levels. This review needs to take account of the resident dependencies and the layout of the home.	Met
	Action taken as confirmed during the inspection: The night duty staffing levels has been reviewed accordingly.	
Area for improvement 2 Ref: Standard 10.1 Stated: First time	The registered person shall undertake a review of an identified resident's provision of comfort.	Met
	Action taken as confirmed during the inspection: This issue of comfort has been reviewed and is now care planned for.	

6.2 Inspection findings

6.3 Is care safe?

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

Throughout this inspection residents in the home at the time of this inspection indicated that they felt safe in the home and that staff were responsive to their needs and were kind and supportive. Staff also advised that there was adequate staffing in place to take account of resident dependencies and the size and layout of the home.

Staffing

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection.

The manager advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. The staffing levels on night duty had been increased to meet the resident dependencies and accommodate the layout of the home. Discussions with staff confirmed that they felt there was adequate staffing in place to meet residents' needs.

A competency and capability assessment is completed for any member of staff with the responsibility of being in charge in the absence of the manager. A sample of one of these assessments was inspected and found to be appropriately in place.

Staff induction, supervision and appraisal

Discussions with staff and an inspection of a sample of an induction record confirmed that they had received a comprehensive programme of induction on appointment. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

Staff training

Inspection of staff training records found that mandatory requirements and other training needs were being met. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required.

Safeguarding

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were displayed.

Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained, such as new furnishings in the dining rooms. It was reported that plans are in place to replace the flooring throughout the home.

Residents' bedrooms were comfortable and personalised. Communal areas were nicely facilitated and provided a relaxing space for residents to enjoy. The grounds of the home were very well maintained.

There was good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

Fire safety

An inspection of the home's most recent fire safety risk assessment, dated 5 April 2019, was undertaken. There were four recommendations made as a result of this assessment, which had corresponding evidence of actions taken.

An inspection of fire safety records confirmed that all staff were in receipt of up-to-date fire safety training and drills. Fire safety checks on the environment were also carried out by staff on a regular and up-to-date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, support and the environment.

Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Discussions with the manager and staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of two residents' care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, such as, safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

Progress records were well written and included statements of care/treatment given in response to issues of assessed need.

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.

Both records inspected had evidence of resident/representative consultation in the care planning and review process, by signatures of participation.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Care practices such as infection prevention and control were found to be maintained in line with good practice.

Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care or with assistance with dietary needs.

Residents were dressed well in matching clean attire.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintenance of care records and general observations of care practices.

Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Staff interactions with residents were found to be friendly, polite and supportive. A nice ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents' Views

Discussions were undertaken with the four residents in the home at the time of this inspection. In accordance with their capabilities, residents confirmed that they were happy with the provision of care, the kindness and support received from staff and the provision of meals. One of the comments made included the following statement;

- "I love my home here. I feel very lucky. Everyone is great".

Dining experience

The dining rooms were suitably facilitated with tables nicely set with choice of condiments. The choice of lunchtime meal was appetising, wholesome and nutritional. Staff attended to residents' needs in a caring unhurried manner. A nice ambience was in place for residents to enjoy their meal. Feedback from residents throughout this inspection on the provision of meals was all positive.

Care practices

Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. Care duties and tasks were organised in an unhurried manner, and staff interactions were polite and friendly.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 inspector was met on arrival to the home by the manager, who was available throughout this inspection to facilitate information and discussion.

Monitoring visits

An inspection of the last three months' (30 June 2019, 30 July 2019 and 21 August 2019) monitoring visits on the behalf of the responsible individual was undertaken. These reports were recorded in informative detail with good evidence of governance. One of these visits was done on an out of hour's basis. This is good practice.

Complaints

An inspection of the record of complaints together with discussions with the manager confirmed that expressions of complaint or dissatisfaction are taken seriously and managed appropriately. The records contained details of the complaints, action taken, resolution and confirmation on whether the complainant was satisfied with the outcome.

Accidents and Incidents

An inspection of accidents and incidents reports from 1 June 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Staff meetings

An inspection of the most recent staff meeting (3 September 2019) found that it gave a good platform for management and staff to discuss issues of pertinence in the home and agree ways forward. These records were maintained well.

Staff views

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Staff confirmed that there were good morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and feedback from staff.

Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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