

Unannounced Care Inspection Report 7 February 2018



Belmont Cottages

Type of Service: Residential Care Home
Address: Racecourse Road, Londonderry, BT48 7RD
Tel No: 028 7137 2350
Inspector: Laura O'Hanlon

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 16 beds registered to provide care for residents under categories of care detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Apex Housing Responsible Individual: Gerald Kelly	Registered Manager: Gail McLean
Person in charge at the time of inspection: Seamus Crossan	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 16

4.0 Inspection summary

An unannounced care inspection took place on 7 February 2018 from 10.20 to 15.15.

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 during and 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 staff training, communication between residents and staff and the culture and ethos of the home.

Areas requiring improvement were identified in regards to care records and the monthly monitoring reports.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Seamus Crossan, person in charge, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 August 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 inspection report, the returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with two residents and five care staff of various grades.

A total of six questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The staff were encouraged to access the on line service for questionnaire completion. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- One staff competency and capability assessment
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of cleaning arrangements, food, laundry, medication, record keeping, medication
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 10 August 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 10 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the duty roster clearly identifies the person in charge in the absence of the manager. Ref: section 6.4	Partially met
	Action taken as confirmed during the inspection: A review of the duty roster identified that the person in charge was not consistently identified. Advice was given to the person in charge to ensure this was consistently recorded.	
Area for improvement 2 Ref: Standard 27.5 Stated: First time	The registered person shall ensure the following issues are addressed: <ul style="list-style-type: none"> • ensure that the broken toilet seat is replaced • ensure items stored in bathrooms are kept in enclosed washable cabinets • ensure that the broken lead hanging from a socket point in one identified sitting room is repaired. Ref: section 6.4	Met
	Action taken as confirmed during the inspection: An inspection of the environment identified that these matters were addressed.	

Area for improvement 3 Ref: Standard 20.13 Stated: First time	The registered person shall to ensure that the employer's liability insurance certificate is displayed appropriately. Ref: section 6.7	Met
	Action taken as confirmed during the inspection: Observations during the inspection confirmed that the employer's liability insurance certificate was displayed appropriately.	

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 person in charge confirmed 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 and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Induction records were reviewed at the last care inspection. As there were no new staff recruited to the home, this area was not reviewed and will be reviewed at the next inspection.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Supervision and appraisal records were reviewed at the last inspection and were not reviewed at this inspection. A schedule for mandatory training was maintained and was reviewed during the inspection.

The person in charge and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One completed staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion was established.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Discussion with the person in charge, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Discussion with the person in charge identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The person in charge confirmed there were restrictive practices employed within the home, notably locked cupboard and wardrobe doors and keypad entry systems. Discussion with the person in charge regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the statement of purpose and residents guide identified that restrictions were adequately described.

The person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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. The person in charge advised that a programme of redecoration is planned within the home.

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.

The home had an up to date fire risk assessment in place dated June 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed on 15 January 2018. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the person in charge 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 maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. It was noted that there were two residents where weight loss was identified. However there was no care plan in place to manage this identified need. This was identified as an area for improvement to ensure that care plans are maintained on an up to date basis and provide clear direction for staff.

During the review of accident and incident records one incident was identified. It was noted that this incident was not recorded in the progress notes. This was identified as an area for improvement to ensure that a contemporaneous record is maintained of any care or treatment provided to the resident and the effect of same.

Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred. 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 reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

Records were stored safely and securely in line with data protection.

The person in charge confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of the cleaning arrangements, food, laundry, medication, record keeping and medication were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The person in charge confirmed 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. The person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with, review of care records and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings 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.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in regards to care records.

	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 person in charge confirmed 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.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records.

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.

The person in charge and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff

confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

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

Discussion with staff, residents 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. Such systems included daily discussions with the staff, residents' meetings, care management reviews and the monthly monitoring visits by the responsible person.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection a number of the residents were out at day care. However the care records reflected evidence of activities completed by residents.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Discussion with the staff confirmed that family were welcome to visit the home at any time.

During the inspection the inspector met with two residents. These residents were observed to be relaxed in their environment and positive interactions were noted.

Comments made by staff during the inspection were:

- "There is good staff here and everyone gets on well. The staffing levels are good and the residents are well cared for."
- "The staff team are very dependable and everyone works well together. The care is excellent and its very homely for the residents. I really enjoy my work."
- "I really like working here, I can always call on another member of staff if help is needed. It's a good staff team."
- The manager is very approachable and the staffing levels are good. It's a good staff team and we all work for the good of the residents. The residents have a good quality of life."

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 person in charge 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. The person in charge confirmed that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. 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.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

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

The records of the monthly monitoring visits were reviewed. The most recent report available was completed in September 2017. The reports for the period from October 2017 were emailed to the inspector following the inspection. This was identified as an area for improvement to ensure these reports are 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. This was outlined in the home's Statement of Purpose and Residents Guide.

The person in charge confirmed 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 was displayed.

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

Review of records and discussion with the person in charge and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The person in charge confirmed that there were effective working relationships with internal and external stakeholders. The person in charge confirmed that staff could also access line management to raise concerns 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. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to the monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Seamus Crossan, person in charge, 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 6.2 Stated: First time To be completed by: 7 March 2018	<p>The registered person shall ensure that care plans are maintained on an up to date basis and provide clear direction for staff.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A care plan has been implemented instructing staff what to do should there be a weight loss of more than 6-7lbs in the month. MUST training has also been requested from the training dept to provide staff with a greater understanding of the scoring system.</p>
Area for improvement 2 Ref: Standard 8.2 Stated: First time To be completed by: 7 March 2018	<p>The registered person shall ensure that a contemporaneous record is maintained of any care or treatment provided to the resident.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The importance of ensuring the daily recording is completed at the same time as the incident report and the body map has been discussed with the staff member involved.</p>
Area for improvement 3 Ref: Standard 20.11 Stated: First time To be completed by: 8 February 2018	<p>The registered person shall ensure that the monthly monitoring reports completed by the registered provider are made available for residents, their representatives, staff, trust representatives and RQIA to read.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The file path for the monthly monitoring reports was changed by administrative staff but not communicated to the Registered Manager. This has now been resolved.</p>

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



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