

# Unannounced Care Inspection Report 25 October 2016



## 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](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Belmont Cottages took place on 25 October 2016 from 10.30 to 15.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

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

Two areas for improvement were identified at this inspection. A recommendation was made to address the malodour in one identified bedroom. A second recommendation was made to ensure that policies in regard to infection prevention and control are systematically reviewed every three years.

A recommendation was stated for the second time to ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice.

### **Is care effective?**

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

No requirements or recommendations were made in relation to this domain.

### **Is care compassionate?**

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.

No requirements or recommendations were made in relation to this domain.

### **Is the service well led?**

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

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Gail McLean, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 18 May 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Apex Housing, Mr Gerald Kelly	<b>Registered manager:</b> Gail Mc Lean
<b>Person in charge of the home at the time of inspection:</b> Gail Mc Lean	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 16

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the accident/incident notifications.

During the inspection the inspector met with six residents, one member of the domestic staff, three members of the care staff and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose

- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- 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
- Individual written agreement
- Policies and procedures manual

A total of eight questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 18 May 2016

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 18 May 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27 (4) (a) <b>Stated:</b> First time <b>To be completed by:</b> 1 June 2016	The registered person must ensure the fire safety risk assessment is maintained on an up to date basis. <b>Action taken as confirmed during the inspection:</b> A fire risk assessment dated 25 May 2016 was available for inspection.	<b>Met</b>
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time <b>To be completed by:</b> 18 August 2016	The registered person should ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice. <b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that this policy	<b>Not Met</b>

	remains in the process of review. This recommendation will be stated for the second time.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 27.1 & 27.3  <b>Stated:</b> First time  <b>To be completed by:</b> 18 June 2016	The registered person should ensure that: <ul style="list-style-type: none"> <li>• A review of the cleaning arrangements in the home is undertaken</li> <li>• The radiator cover in a main corridor area is repaired.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and an inspection of the environment confirmed that a review of the cleaning arrangements in the home was undertaken. The home was found to be clean and the radiator cover in a main corridor area was repaired.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be completed by:</b> 11 June 2016	The registered person should ensure that a care management review is undertaken for one resident to ensure the placement appropriately meets the needs of this resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of this individual's care record confirmed that a care management review was completed on 1 June 2016.	

#### 4.3 Is care safe?

The registered manager 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.

Discussion with staff 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.

The registered manager 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. Samples of completed staff competency and capability assessments were reviewed and found to satisfactory.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. However the registered manager provided a matrix on staff recruitment which ensures compliance with the legislation and standards.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

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

The adult safeguarding policy and procedure in place included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures (relating to the establishment of a safeguarding champion). A recommendation was stated for the second time to ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The registered manager described how any suspected, alleged or actual incidents of abuse 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 confirmed 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. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems and locked cupboards. 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.

A review of the statement of purpose and residents guide identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager confirmed there were risk management policies and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment validated this.

Review of the infection prevention and control (IPC) policies found them to be dated January 2010. A recommendation was made to ensure that policies in regard to infection prevention and control are systematically reviewed every three years. 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 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. An odour was found in one identified bedroom. A recommendation was made to ensure the malodour was addressed.

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 25 May 2016 and the registered manager confirmed that all recommendations were appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 10 October and 21 June 2016. 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 monthly and were regularly maintained.

### **Areas for improvement**

Two areas for improvement were identified at this inspection. A recommendation was made to address the malodour in one identified bedroom. A second recommendation was made to ensure that policies in regard to infection prevention and control are systematically reviewed every three years.

A recommendation was stated for the second time to ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	3
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#### 4.4 Is care effective?

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 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 statement of health and well-being of the resident. 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.

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

The registered manager 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 care records, accidents and incidents (including falls), environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

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

Observation of practice evidenced that staff were able to communicate effectively with residents.

Minutes of resident and/or their representative 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 for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.5 Is care compassionate?

The registered manager 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 staff, confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. End of life care plans were in place. The registered manager and staff shared their experience of a recent bereavement in the home and the support offered at this time.

Discussion with staff and review of care records confirmed that action was taken to manage any pain and discomfort 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 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.

The registered manager 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, care management reviews, residents' meetings and the monthly monitoring visits. A suggestion box was present in the home.

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. One resident shared information about her holiday in Portrush. Activity programmes were displayed throughout the home. Arrangements were in place for residents to maintain links with their friends, families and wider community. Relatives are welcome to visit the home at any time.

One resident commented:

- "I am happy in here. The girls are all good. Louise (carer) bought me my jewellery."

Care staff spoken with during the inspection made the following comments:

- "Everyone is very good to the residents. All the staff gets on well with the residents. There is good communication among the staff team."
- "The residents are happy and content. There is good support among the staff team. The manager is 100% approachable and I am confident that any concerns would be

addressed. The residents are involved in all aspects of their life and definitely get a choice. The staffing levels are fine.”

- “Gail (manager) is very supportive and bends over backwards for staff. The staffing levels are fine.”

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. A recommendation as outlined in section 4.3 was made to ensure that policies in regard to infection prevention and control are systematically reviewed every three years.

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 and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents and 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

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

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. This was outlined in the home’s Statement of Purpose and Residents Guide. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the

registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

The registered manager 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 RQIA Quality Improvement Plan (QIP) confirmed that the registered provider respond 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 confirmed 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 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.

The registered manager confirmed 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.

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gail McLean, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 21.5</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2016</p>	<p>The registered person should ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The organisation is currently reviewing its Adult Safeguarding Policy and considering resources required and the appointment of a Safeguarding champion. the deadline for completion of the policy is 31/03/2017</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2017</p>	<p>The registered provider should ensure that policies in regard to infection prevention and control are systematically reviewed every three years.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The infection prevention and control policies will be reviewed and updated by 25/01 2017</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 9 November 2016</p>	<p>The registered provider should address the malodour in one identified bedroom.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Bedroom has had a deep clean and new bedding acquired. Freshenrs are in situ and staff monitor for any malodour on a daily basis . No malodour noted at present</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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