



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 30 January 2020



Belmont Cottages

Type of Service: Residential Care Home
Address Racecourse Road, Londonderry, BT48 7RD
Tel no: 028 7137 2350
Inspector: Priscilla Clayton

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 learning disability category of care.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Sheena McCallion	Registered Manager and date registered: Seamus Crossan 08/11/2019
Person in charge at the time of inspection: Seamus Crossan, registered manager	Number of registered places: 16 Total number 16 comprising: RC - LD RC – LD (E)
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: 15

4.0 Inspection summary

An unannounced inspection took place on 30 January 2020 from 11.30 hours to 15.30 hours.

This inspection was undertaken by the care inspector.

The inspection 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 the open culture including effective communication with and between staff, residents, representatives and the wider multi-professional staff team. There were also examples of good practice found in relation to record keeping, staff supervision and appraisal, staff training and care reviews.

No areas requiring improvement were identified.

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 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 5 September 2019.

No further actions were required to be taken following the most recent inspection on 5 September 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home including registration information, and any other written or verbal information received, for example serious adverse incidents.

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. A poster was provided for staff detailing how they could complete an electronic questionnaire. Nine questionnaires were completed and returned to RQIA following the inspection.

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

- staff duty rotas from 16 December 2019 until 30 January 2020
- staff training schedule and training records
- two residents' records of care
- complaint records
- compliment records
- accident/incident records from December 2019 – 30 January 2020
- reports of monthly visits conducted on behalf of the registered provider
- RQIA registration certificate
- Liability insurance certificate

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 5 September 2019

There were no areas for improvements made as a result of the last care inspection.

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.

On arrival at the home we were welcomed by the manager who remained on duty throughout the inspection.

The residential accommodation is spread over four adjoining cottages with four resident accommodated within each.

The atmosphere within the home was calm and welcoming. Several residents had left the home to attend day care while those remaining were participating in arranged therapeutic activity organised by staff. Residents were observed to be content and appropriately dressed with their personal care needs attended.

The staffing levels for the home were discussed with the manager who explained that these were satisfactory and kept under review to ensure that the residents' needs were met. Staff and residents who spoke with us confirmed there was enough staff to provide safe care. No issues or concerns were raised or indicated in this regard.

A review of the staff duty rota from 20 February 2020 to 30 January 2020 evidenced that the planned staffing levels for care delivery were adhered to. Observation of the delivery of care evidenced that residents' needs were met by the skill mix of staff on duty. Staff were observed providing assistance and support to residents in a timely and caring manner.

The manager explained how all new staff undertook a programme of induction training which included aims and objectives of the service, policies and procedures and other core competencies which must be achieved before the staff member is deemed competent to work in the home. An identified senior care assistant undertakes the role of mentor to provide support and guidance over the new staff member's induction period.

A review of records evidenced that there were effective arrangements for the monitoring and reviewing of staff registrations and annual retention with Northern Ireland Social Care Council (NISCC).

The manager explained the current restrictive practices in use which were in the best interest of the health, safety and well - being of residents. These included key pad entry and exit doors. Plans were being developed on how the trust would undertake the Mental Health Act - Capacity Assessments - Deprivation of Liberty Safeguards (DoLS) which came into effect on 2 December 2019. Currently restrictive practices in use are being managed as agreed and approved by the residents' representatives and trust care manager prior to this date. Following this date a referral to the trust DoLS capacity assessment team would be made for new admissions which may require restrictive practice. Remaining residents will be assessed at a later date when the home is notified.

Review of accidents and incident records and discussion with the manager confirmed that appropriate action was taken and recorded to address accidents/incidents. The notification of accidents and incidents to RQIA was discussed and clarified with the manager. The manager explained that notifications of accidents and incidents were also forwarded to the organisation's senior management and to the commissioning trust for monitoring purposes. Regular audits of accidents and incidents were undertaken by the manager in order to identify recurring trends and patterns when review of associated care plans, interventions and risk assessment would be undertaken.

The manager explained that mandatory training and other professional development training was provided to ensure all staff had the necessary knowledge and skills to provide the expected standard of care. We noted that training records reviewed reflected mandatory training provided alongside additional training including, Makaton signage and DoLS training. Other forms of training undertaken by staff included various levels of Qualifications Credit Framework (QCF) in accordance with their role and responsibilities. Staff told us that training was ongoing and that they were encouraged and supported by the manager to avail of additional training when this becomes available.

A general inspection of the home was undertaken. All areas were well maintained, fresh smelling, clean and appropriately heated. There was ample seating and furnishings throughout the four cottages. Residents' bedrooms were comfortably furnished and found to be personalised with art work, photographs and memorabilia.

There was evidence of a good supply of infection, prevention and control resources readily available to staff. All washrooms were clean with seven step wash hand pictorial notices displayed.

Residents, who were able to verbally communicate, and staff spoken with made the following comments:

- "I like it here, staff are good" (resident)
- "Good staff training, I feel well trained for the job" (staff)
- "Happy that staffing levels are meeting the needs of residents" (staff).

Nine pictorial satisfaction questionnaires were completed by residents and returned to RQIA following the inspection. All respondents indicated they felt safe in the home.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection of 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.

We spoke with staff and residents regarding the delivery of care. Staff explained the daily routine which commenced each morning when they received a hand over report from night staff. This provided them with an update on any changes to residents care plans. General work activity for the day was discussed and various aspects of care delegated accordingly.

Two care records reviewed were noted to be individualised with necessary documentation including needs assessments which were complemented with risk assessments, care plans, daily evaluations and care reviews. Care records were signed and dated by staff and each resident's representative. There was recorded evidence of collaboration with thrust professional staff in prescribed care.

The management of challenging behaviours and action taken to minimise recurrence was discussed with the manager who explained how the commissioning trust behavioural support team undertook assessments, developed behavioural management plans and monitored the effectiveness of care accordingly. Care plans reflected interventions including trigger points and diversional therapy. Staff spoken with were aware of how to respond to residents care needs, for example, what action to take in respect of safe behavioural and falls management.

The manager explained that systems were in place for the monitoring of residents health screening including, dental, optometry and other health or social care services appointments and referrals were made, if necessary to the appropriate service.

It was evident from discussions with staff that they knew their roles and responsibilities and how to provide the right care at the right time.

Nine pictorial satisfaction questionnaires were completed by residents and returned to RQIA following the inspection. All respondents indicated they felt that the care was good.

Areas of good practice

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

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 compassionate?

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

Observation of practice and discussion with residents established that staff in the home responded appropriately to and met the assessed needs of residents. Staff were observed to be cheerful, supportive, helpful and responsive to the needs of residents.

Residents' views and opinions were taken into account, as evidenced by review of minutes of residents meetings held on 28 October 2019 and 14 January 2020. We could see that staff were able to communicate with residents by way of verbal, Makaton or non-verbal signage. When we spoke with staff they had a good knowledge of each resident's ability and level of decision making; staff knew how to respond because they knew the residents well.

We observed staff greeted every resident by name, and there was jovial, relaxed atmosphere throughout the inspection. Staff were observed to spend individual time with each resident which demonstrated flexibility and the facilitation of a person centred individualised approach to care.

The notice board reflected information on the daily individual and group therapeutic activity programme. Activities included for example, arts and crafts, movie nights, bowling, and jig saw Quiz and games. Social outings included bus trips and outings to Portrush. Records of all therapeutic activity provided and residents who participated were retained. Residents who were able to verbally articulate their views told us they could choose if they wanted to participate or not. Arrangements were in place for residents to maintain links with their families, friends and wider community.

The provision of residents' meals and dietary arrangements were discussed with staff. Special diets were provided as required and the rotation pictorial menu displayed showing choice of meals. Staff explained that each resident's likes, dislikes and preferences were considered when planning seasonal menus. Residents who attend day centre have their lunch provided there with meals cooked within each cottage for residents who remained at the home. Records relating to food and fridge temperature controls were retained and recorded as required. Staff training in food hygiene was provided with records of training retained. Resident's weights were undertaken, recorded and monitored on a monthly basis. Weight loss or excessive gain would be referred to the general practitioner (GP) for onward referral to the dietician if applicable.

Nine pictorial satisfaction questionnaires were completed by residents and returned to RQIA following the inspection. All respondents indicated they felt that staff were kind.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	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 manager advised that there have been no changes in the management arrangements within the home since the last care inspection on 5 September 2019.

The home's RQIA registration certificate was positioned within a prominent position in the hallway. The manager confirmed that residents accommodated were within the categories of care in which the home was registered.

The manager explained that he was very well supported in his role by senior management and at operational level by a mixed skill team of care and ancillary staff. Regular meetings with senior management take place which provides the manager with the opportunity to discuss any issues arising, suggested improvements, staffing complement to meet the needs of residents and other governance matters including risk management.

The home retains a wide range of policies and procedures which were observed to be readily available to staff.

Staff supervision and annual appraisal schedules were in place. Staff told us they found these meetings to be beneficial with good support and guidance given. Staff also confirmed that the manager was very approachable and operated an "open door" to everyone. Should any issues or concerns arise they have direct access to the manager for guidance.

Staff confirmed that staff and residents meetings were held. Minutes of meetings held were retained.

Review of complaints records retained evidence that no complaints were received since the previous inspection.

The manager confirmed that monthly monitoring visits were undertaken on behalf of the registered provider. Reports of visits for November 2019 and December 2019 were in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Staff spoken with told us they felt that the care provided to residents was safe, effective and compassionate and well managed. They confirmed that the manager provided the necessary resources to ensure they were competent and capable to do their work in accordance with their roles and responsibilities.

Nine pictorial satisfaction questionnaires were completed by residents and returned to RQIA following the inspection. All respondents indicated they felt that the home was well organised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care