



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 3 June 2019



Belmont

Type of Service: Nursing Home
Address: Parklands Close, 81 Tillysburn Park
Belfast, BT4 2PD
Tel No: 028 9076 3408
Inspector: Heather Sleator

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 48 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Aleyamma George Registration pending
Person in charge at the time of inspection:	Number of registered places: 48
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 40

4.0 Inspection summary

An unannounced inspection took place on 3 June 2019 from 09.30 hours to 17.00 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 provision and training of staff and the environment was safely managed without detracting from the homely atmosphere. There were examples of good practice found throughout the inspection in relation to patients being attended to by their GP and other healthcare professionals as they required. We observed that patients were offered choice within the daily routine and that the activities provided had a positive impact on the patients. There were stable management arrangements with systems in place to support senior staff and provided an oversight of the services delivered.

Areas for improvement were identified in relation to considering the views of patients and staff regarding the staffing arrangements, ensuring that the nurse call bell is readily accessible to patients when they are in their bedrooms and ensuring that patients' personal care and grooming needs are met.

Patients described living in the home in positive terms. Comments received included, "Food's great, I've put on weight." and "Staff are very good, I can't complain." Those unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from patients, 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 patients' 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 Aleyamma George, 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.

4.2 Action/enforcement taken following the most recent inspection dated 2 May 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 2 May 2019.

No further actions were required to be taken following the most recent inspection on 2 May 2019.

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 including registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, 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 patients 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. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 6 May to 2 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- monthly quality monitoring reports from March to May 2019
- RQIA registration certificate.

Areas for improvement identified at the last 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 last care inspection dated 21 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Stated: First time	The registered person shall ensure that induction records for all new staff working in the home are completed and records are retained within the home.	Met
	Action taken as confirmed during the inspection: The review of induction records and discussion with staff evidenced that induction training was undertaken when starting in the home.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that bathroom areas are not used for the inappropriate storage of equipment.	Met

	Action taken as confirmed during the inspection: Observation of the premises evidenced that there was no inappropriate storage of items in the bathrooms.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that the dining room is appropriately supervised at all times when patients are eating and that food leaving the dining room is suitably covered.	Met
	Action taken as confirmed during the inspection: Observation of the serving of the midday meal evidenced that staff were consistently present in the dining room. Patients who were having tray service had their meal covered during transit.	

6.2 Inspection findings

6.3 Is care safe?

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

Staffing levels within the home were reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients, their visitors and staff about staffing levels with mixed comments being received. Several patients spoke positively about the home to the inspector, including comments such as:

- “I would recommend this home.”
- “Think staff are always rushing, there’s a lot of agency staff.”

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Care Standards for Nursing Homes, April 2015. One staff member told the inspectors: “Just love it here, everything is for the patients.”

In discussion with staff it was also stated:

- “Think we could do with another member of staff in the morning upstairs, we never stop.”
- “Need more staff in the morning, staff are exhausted by lunchtime.”

The comments received regarding the staffing arrangements were shared with the manager. It was agreed that the manager would review the staffing arrangements, dependency needs of the patients and the daily routines to ensure that patients’ needs were being fully met. This has been identified as an area for improvement.

Discussion with both the manager and staff provided assurance that staff were effectively supported by the manager through informal conversation and a process of bi-annual supervision and annual appraisal. Four staff were spoken with individually and each one expressed satisfaction with the support they received from the manager. Staff comments included:

- “I would be confident going to the manager if I needed to, she’s very approachable.”

Feedback from staff and a review of one staff personnel record provided assurance that new members of staff undergo a formal, structured period of induction.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual’s monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The management of adult safeguarding within the home was discussed with the manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients’ bedrooms, lounges and dining rooms were found to be warm, comfortable, clean and tidy.

We observed that the nurse call system in a number of patients’ bedrooms were not readily accessible for patients’ to use. This was discussed with the manager who agreed that this was not acceptable. The manager stated that staff would be informed of the need to place the nurse call bell conveniently to the patient and that they would monitor the situation. This has been identified as an area for improvement.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients’ needs.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme. Staffs’ compliance with fire safety drills was being monitored by the regional manager and had been detailed in the monthly quality monitoring reports selected for review.

The most recent fire risk assessor's report of 17 December 2018 was viewed and any recommendation made in the report had been addressed.

In relation to medicines management the most recent medicines management inspection was 2 May 2019 and no areas for improvement were identified at the inspection.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to reviewing the staffing arrangements with patients and staff and ensuring that nurse call bells are readily accessible to patients in their bedrooms.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

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

Feedback from both the manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT). The care records also evidenced that staff regularly communicated with patients' families or representatives and also used a range of risk assessments to help inform the care being provided.

We observed the use of potential restrictive practices. A patient had an alarm mat in their bedroom. We review the patient's care records and it was good to note that appropriate and comprehensive risk assessments had been completed which clearly indicated that this practice was both necessary and proportionate in helping to keep the patient safe. The patient's history was clearly noted along with an appropriate and person centred care plan. A monthly audit was completed by the manager regarding the use of any potential restrictive practices, including bedrails; the audit was validated and signed by the regional manager when carrying out their monthly quality monitoring visit.

Wound care, which was being provided to an identified patient, was also considered. Wound care documentation evidenced that the multidisciplinary team (MDT) had been involved in the patients' care and treatment and that any recommendations made by the MDT had been incorporated into the patients care plan. Wound care management was in accordance with professional guidelines. Wound care management audits were completed by the manager on a monthly basis; audits were also validated and signed by the regional manager when carrying out their monthly quality monitoring visit.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the use of potentially restrictive practices, wound care management and post falls management.

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.

We arrived in the home at 09.30 and were met immediately by staff who offered us assistance. Patients’ were present in the dining rooms, having breakfast or in their bedroom, as was their personal preference.

We met with 10 patients individually, and with others in smaller groups and patients’ confirmed that they were happy and content living in Belmont Care Home. Comments received from patients’ included:

- “Staff are very good, can’t complain.”
- “If I need anything I just say to staff and they sort it.”
- “The food’s great, I’ve put on weight.”
- “Staff don’t keep me waiting too long when I need them.”
- “There’s enough staff when they all come in.”
- “Sometimes staff knock when they come into my room and sometimes they don’t.”
- “They do try and have the same faces of agency staff which is good.”
- “Good food here and I like it.”

We spoke with the relative of two patients. The relative was satisfied that the care given by staff was safe, effective and compassionate and that the service was well led. The relative commented;

- “It’s good here, they’re fed, clean and safe.”

The opinions of patients, staff and relatives are sought on a regular basis. The manager or designated staff member completes an electronic feedback survey with one patient and/or one relative daily and completes and records the findings of a daily walk around the home. The information garnered is automatically forwarded to a quality assurance team within the

organisation who generate an action plan where a shortfall had been identified. The findings of any audit completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit. The manager also invited relatives to a meeting in March 2019 to give relatives the opportunity to meet her and discuss any issues; there were no specific areas of concern raised at the meeting.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed in the home for patients, staff and visitors to see. These are some of the comments included:

- “The Belmont staff, from to have been outstanding.”
- We would like to thank all the staff of Belmont for all the care and kindness given to my, really was treated as one of the family and everyone looked after so well.”

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients’ social, religious and spiritual needs. The planned activities programme was displayed in the home. The personal activities leader (PAL) had worked in the home for a number of years and we observed that she was well known and welcomed by patients and visitors during the inspection. Recent activities included the planting of raised flower beds in the courtyard, church services, visiting drama groups, home baking (every Thursday) and the PAL stated that morning are kept to meet with patients on a one to one basis. Patients commented on how attentive the PAL was and looked forward to chatting with her.

We observed the serving of the midday meal. The meal service was relaxed and not rushed in any manner. Patients, including those who needed a softer diet were offered a choice at mealtimes and the chef had provided extra portions of the meal for any patients who would like some. Staff were knowledgeable regarding the specific dietary requirements of patients. The dining room was supervised by staff at all times.

For those patients who were unable to voice their opinion or who stayed in their bedrooms staff are expected to knock on patients doors prior to entering and provide a good explanation of the reason for their visit or the care they were about to deliver. One patient, as previously discussed stated that not all staff knocked on their bedroom door or even said, for example ‘good morning’. These comments were related to the manager for consideration. We observed that a number of patients did not have socks/stockings on whilst we were meeting with them. This gave the impression that staff hadn’t assisted patients fully with personal care in the morning and had the potential for patients’ legs to be cold. Staff should ensure that patients are appropriately dressed and this was discussed with the manager. This has been identified as an area for improvement.

In addition to speaking with patients’, a relative and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients’ relatives/representatives’ to complete. Four relatives completed and returned questionnaires. All the respondents indicated that they were very satisfied that the care afforded in Belmont was safe, effective and compassionate and that the service was well led. Additional comments received included:

- “Staff from the manager down are excellent; The activities coordinator is such a bonus and takes care ofactivities needs. We are delightedis in Belmont.”
- “Would like to pass on to all concerned gratitude and thanks for my relatives kind care since he has been in Belmont.”
- “Very attentive staff who cannot do enough for the residents.”

A poster was also displayed for staff inviting them to provide online feedback to RQIA and none was received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the comments received from patients and staff and the activities programme.

Areas for improvement

An area for improvement was identified in relation to ensuring patients are appropriately dressed when being assisted by staff in the mornings.

	Regulations	Standards
Total number of areas for improvement	0	1

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 is the person in day to day operation of the home; the current manager had been recently appointed to the home and has submitted her registration application to RQIA. The manager reported that they were well supported by the organisation and the regional manager, the administrator and stated that a deputy manager had just been appointed. A review of the duty rota evidenced that the manager's hours were clearly recorded. Staff reported that the manager was very approachable and available to speak to. One staff member commented, "I would be confident in going to the manager, she's very approachable."

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included staff practice with hand washing, cleanliness of the environment and care records. Complaints and accidents are reviewed monthly to identify trends and any common themes.

The regional manager on behalf of the responsible individual is required to check the quality of the services provided in the home and complete a report. This was done through a monthly visit. The reports included the views of patients', relatives' and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available and the reports of March to May 2019 were reviewed and had been satisfactorily completed. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the response and outcome to their complaint.

Examples of written compliments received and comments from patients', relatives' and staff have been provided in section 6.6 of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Aleyamma George, Manager, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 7.5</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2019</p>	<p>The registered person shall ensure that the staffing arrangements in the home and comments made during the inspection are considered and discussed with patients and staff.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The staffing arrangements are in place to deliver appropriate care to the Residents as per the allocated budget from FSHC in line with CHESS/dependency etc. Recently the staffing level was reviewed, and is reflected in the duty schedule. Any deficit is covered using agency staff, and Home uses/books staff who have worked and are familiar with the Home and Residents to enhance continuity and quality of care.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate action</p>	<p>The registered person shall ensure that the nurse call bell in patients' bedrooms is readily accessible to patients at all times.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The nurse call buzzer is kept within reach of Residents and is being audited. Out of hours visit - night and early morning rounds have also been conducted and found all residents had nurse call access. Daily audits also were conducted and found the buzzer lead/call system in access for Residents. Staff meeting was held and the information shared with staff.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p> <p>To be completed by: Immediate action</p>	<p>The registered person shall ensure that patients' personal care and grooming needs are fully attended to when being assisted by staff.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Resident's care needs, dressing and grooming needs are attended to appropriately and careplans are updated to reflect the choice of clothes and accessories to be worn. Socks, stockings etc to be worn as per choice and comfort needs.</p>

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



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