



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Belmont Cottages (1112)
Date of Inspection: 4 September 2014
Inspector's Name: Priscilla Clayton
Inspection ID: IN016981

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Home:	Belmont Cottages Residential Care Home
Address:	Racecourse Road Londonderry BT48 7RD
Telephone Number:	(028) 7137 2350
E mail Address:	g.mclean@apexhousing.org
Registered Organisation/ Registered Provider:	Mr Gerald Kelly
Registered Manager:	Mrs Gail McLean
Person in Charge of the home at the time of Inspection:	Cynthia Brown, Residential Worker. (6:45 – 8:00) Gail McClean, Registered Manager.
Categories of Care:	LD LD(E)
Number of Registered Places:	16
Number of Residents Accommodated on Day of Inspection:	16
Scale of Charges (per week):	£702.00
Date and type of previous inspection:	18 June 2014 Secondary Unannounced
Date and time of inspection:	4 September 2014 6:45 – 10:30
Name of Inspector:	Priscilla Clayton

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager and Apex Housing and Care Services manager (acting)
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff.
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised at the previous inspection conducted on 18 June 2014 and subsequent serious concerns meeting held in RQIA on 9 July 2014 and to establish the level of compliance achieved with respect to the requirements and recommendations.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Belmont Cottages Residential Care Home is registered to provide care for up to 16 adults who have a learning disability and a range of complex needs.

The home is operated by Apex Housing Association and is situated on the Racecourse Road, close to local shops, schools, churches and community facilities. The home consists of four bungalows all linked with internal walkways set in mature and secure grounds with seating and patio areas provided.

The first three of these bungalows were opened in 1992, while the fourth was added towards the end of 2006.

Each bungalow is self-contained comprising of four bedrooms, sitting room, dining room, kitchen, laundry, bathroom, shower and toilet facilities. The bungalows are staffed separately and operate semi-independently, although staff co-operate and support each other as necessary between the bungalows. Residents identify with their own houses.

The registered manager has been in post since 2006.

The home is registered to provide care for a maximum of 16 persons (four residents within each bungalow) under the following categories of care:

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

7.0 Summary of inspection

The secondary unannounced care inspection of Belmont Cottages was undertaken by Priscilla Clayton on 4 September 2014 between the hours of 6.45am and 10.30am. On arrival at the home the inspector was welcomed by Cynthia Brown, residential care worker (night duty). Gail McLean, registered manager, came on duty at 8.20am, was available throughout the inspection and for verbal feedback at the conclusion of the inspection.

The focus of this inspection was on progress made to address requirements and recommendations made as a result of the previous inspection conducted on 18 June 2014 and subsequent serious concerns meeting held in RQIA on 9 July 2014 with the manager and representatives from Apex Housing.

There was good supporting evidence that the home has addressed all issues, with the exception of one requirement, within the timescales specified. One requirement was made for a second time in regard to the notification of any accident occurring to RQIA. The manager readily agreed to submit the unreported notifications, retrospectively to RQIA. The detail of the actions taken by the registered manager, Gail McLean, to address all requirements and recommendations made at the inspection conducted on 18 June 2014 can be viewed in the section 8.0 of this report.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents who were able to state their views, they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that the additional staff member had made a real difference to their work load and overall provision of care. Staff also confirmed that additional training had been provided in regard to safeguarding and modes of communication

Resident and staff views are included in section 9.0 of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and general furnishings were found to be well maintained.

One requirement relating to notification of all accidents to RQIA was reiterated for a second time as a result of this secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff and registered manager, Gail McLean for their warm welcome and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 18 June 2014

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 30 (1) (d)	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.	<p>Examination of records retained were cross referenced with RQIA data and discussed with the manager. Four minor accidents were not notified to RQIA.</p> <p>The manager explained that RQIA was notified of accidents when injury occurred or medical attention sought and was not aware of the necessity to report all accidents.</p> <p>This requirement is restated in the appended Quality Improvement Plan (QIP).</p>	Not compliant
2	Regulation 16 (1) (2) (b)	The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met and the resident's care plan is kept under review.	Examination of four care records evidenced that review had taken place with holistic care plans developed in consultation with the resident / representative and commissioning trust care manager.	Compliant

3	Regulation 15 (2) (a) (b)	The registered person shall ensure that the assessment of the resident's needs is kept under review; and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.	<p>The manager explained that there was no trust care manager from February 2014 until June 2014 when a new care manager had been appointed.</p> <p>Examination of care records evidenced that trust care reviews had taken place with needs assessments, complemented with risk assessments and care plans reviewed/revised.</p>	Compliant
4	19 (2) Schedule 4 (7)	The registered person shall ensure that a copy of the duty roster of persons working at the home, and a record of whether the staff duty roster was actually worked be maintained.	The home's staff duty roster was available, examined and discussed with the manager. The roster reflected daily rotas of staff on duty and shifts worked. Indicators were also made of staff in charge when the manager is off duty. Staff report hand over time each day was recorded.	Compliant
5	14 (4)	The registered person shall make arrangements, by training staff or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.	<p>Examination of staff training records evidenced that training in safeguarding and written communication had taken place. This was also confirmed by staff who spoke with the inspector.</p> <p>Behavioural risk assessments had been undertaken. Behavioural support team intervention had been commissioned and care plan developed reflecting behavioural management plans. Resident body mapping charts were in place.</p>	Compliant

<p>6</p>	<p>20 (1) (c) (i)</p>	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents ensure that the persons employed by the registered person to work at the home receive appraisal, mandatory training and other training appropriate to the work they are to perform.</p> <p>The registered person must ensure that the following training is provided and fully embedded into practice:</p> <ul style="list-style-type: none"> • Further training in safeguarding vulnerable adults is to be provided to the care staff team. This training should be sufficiently comprehensive to ensure that the care staff team are knowledgeable in the identification and management of safeguarding issues. • Record keeping • The reporting of notifications in accordance with Regulation 30 of the Residential Care Homes Regulations (Northern Ireland) 2005. 	<p>Examination of staff training records and discussion with the manager and staff evidenced that additional staff training in safeguarding had been provided.</p> <p>Staff demonstrated good knowledge and understanding of safeguarding issues and the procedure to follow.</p> <p>Annual staff appraisal is being provided as required.</p> <p>Staff training in communication including record keeping had been provided as evidenced in training records retained and from the manager and staff who spoke with the inspector.</p> <p>Training provided included aspects of communication including, report writing, care plans, reviews, accident / incident recording, reporting and regulatory requirements.</p> <p>Records examined included accidents / incidents, assessments and care plans, all of which evidenced improvement in regard to recording.</p> <p>Examination of accident / incident records evidenced that four minor accidents were not notified to RQIA. Staff were unaware that any accident occurring must be notified to RQIA. Additional training in this area is therefore required. Body mapping charts were being utilised as required.</p>	<p>Substantially Compliant</p>
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7	13 (1) (a)	<p>The registered person shall ensure that the residential care home is conducted so as to promote and make proper provision for the health and welfare of residents.</p> <ul style="list-style-type: none"> • The registered person must appropriately liaise and report to the respective Trust any concerning behaviours displayed by a resident and seek guidance on the approach, response and management of the resident should this behaviour reoccur. • It is required that the registered manager requests an urgent review of an identified residents needs through the trust care manager and relevant multidisciplinary professionals including the resident's representative to ascertain the appropriateness of this residents continued placement in the home. 	<p>The home has a policies / procedures on safeguarding and challenging behaviour.</p> <p>The manager and staff demonstrated good understanding of the procedure to follow when a resident's behaviour becomes challenging. The behavioural support team has provided support in this regard with care plans showing management of challenging behaviour including "triggers". The manager confirmed that behaviours indicating a safeguarding issue would be notified to the trust safeguarding designated officer for screening and action as required.</p> <p>Trust care management review of the identified resident's care took place in June 2014 with a further follow up meeting held in July 2014. Placement within Belmont Cottage was confirmed as suitable by the trust care manager – suitability is based on adequate provision of staff supervision and management of behaviours.</p> <p>Care reviews were signed by the care manager and senior social worker.</p>	
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8	13 (1) (b)	<p>The registered person shall ensure that the residential care home is conducted so as to make proper provision for the care and where appropriate, treatment and supervision of residents.</p>	<p>This requirement related to the early morning routine in the home with residents getting up early, washed and dressed by 7:00 (18 June 2014).</p> <p>On arrival at the home (6:45) on the day of inspection five residents were also up washed and dressed, having breakfast in the dining room. The staff on duty explained that residents choose to get up early. Residents who were able spoke with the inspector and confirmed they liked to get up at this time. Examination of five care plans evidenced their sleep pattern in their needs assessments, with approximate choice of getting up reflected in care plans.</p> <p>Staffing levels has been reviewed and increased at weekends and evenings when all residents are in the home. An additional staff member on night duty, 20:00 – 8:00 has also been appointed.</p> <p>Staff who spoke with the inspector commented that the increased staffing has made a real difference in the provision of care for residents.</p>	Compliant
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9	14 (2) (c)	<p>The registered person must ensure that residents receive care which is safe and effective.</p> <p>Preventative measures must be implemented to reduce the number of accidents and incidents occurring in the home.</p> <p>Following each accident /incident</p> <ul style="list-style-type: none"> • A root cause analysis must be undertaken to determine the circumstances and identify causes. • A post incident review should be completed confirming the specific action taken to reduce and minimise risks to residents. 	<p>Records of accidents / incidents were examined and discussed with the manager.</p> <p>New templates in regard to review, root cause analysis has been established.</p> <p>Reviews of all accidents take place with measures established to minimise the risks and where necessary lessons learned and care plans reviewed and revised to include measures in place to minimise the risk.</p> <p>Records of review were retained.</p>	Compliant
10	Regulation 19 (1) (a) Schedule 3 (3) (k)	<p>The registered person shall maintain in respect of each resident a record which includes a contemporaneous note of all care and services provided to the resident, including a record of his / her condition and any treatment or other intervention.</p>	<p>Staff training in recording has taken place. Examination of four care records evidenced that assessments had been reviewed and updated to include holistic individualised needs, including sleep patterns. Assessments were complemented with risk assessments. Care plans examined evidenced that these were individualised with need identified in assessments reflected in care plans with objectives and interventions recorded. Daily progress notes were recorded, dated and signed.</p>	Compliant

11	Regulation 24 (3) (4)	The registered person shall ensure that any complaint made under the complaints procedure is fully investigated. The investigation must be undertaken within 28 days after the date on which the complaint was made, or a shorter period as may be reasonable in the circumstances. The registered person must also inform the person who made the complaint of the investigative process and the outcome and action (if any) that is to be taken.	<p>The home has a policy on complaints which reflects the procedure including timescales including response to the complaint. The procedure is also contained within the home's Statement of Purpose.</p> <p>The manager demonstrated good knowledge of the correct procedure to follow in accordance with Regulation 24.</p> <p>No complaints have been received since the previous inspection.</p>	Compliant
12	Regulation 20 (1) (a)	The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.	<p>Staffing levels has been reviewed and increased at weekends and evenings when all residents are in the home. An additional staff member on night duty, 20:00 – 8:00 has also been appointed. Revised staffing rota was examined and discussed with the manager. Staff who spoke with the inspector commented that the increased staffing has made a real difference in the provision of care for residents.</p> <p>Competency and capability assessments of staff in charge of the home during the manager's absence were in place.</p>	
13	Regulation 27 (4) (d) (iv)	The registered person shall make adequate arrangements for the maintenance of all fire equipment.	Fire extinguishers within each bungalow are now positioned within a protective fire safety extinguisher container.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 25.7	It is recommended that the registered manager reviews the procedures for the handover of report to ensure confidentiality is maintained at all times.	During the inspection staff hand over reports were undertaken in the staff office. Staff confirmed that this was now procedure.	Compliant
2	Standard 6.2	It is recommended that body mapping charts be completed as appropriate.	Body mapping charts were available and where required contained and recorded by staff.	Compliant
3	Standard 24.5	<p>Recommendation carried forward from inspection conducted on 26 March 2014.</p> <p>It is recommended that the policy on performance appraisal be reviewed and updated to include the areas highlighted within the report.</p>	A draft policy on staff appraisal has been developed which included frequency of appraisal and process.	Compliant.

9.0 Additional Areas Examined.

9.1 Management Arrangements

Gail McLean is the registered manager of Belmont Cottages and had been in post since 2006.

The manager is supported in her role by Ellen Hall, Apex Housing and Care Services Manager (acting) who visits the home on a regular basis. At operational level support is provided by a mixed skill care team and ancillary staff.

Competency and capability assessments were in place for staff in charge of the home during any period of the manager's absence.

9.2 Staffing

Staff review has taken place with increased staffing levels at weekends, evenings and night duty. Staff reported that the additional staff member has made a real difference to their work load and to the overall provision of care to residents as there was better supervision of residents and they now had time to provide care and attention to residents.

The manager confirmed that consistent bank staff is commissioned to provide cover for staff leave. Induction training is provided with records of same retained.

9.3 Staff views

The inspector spoke to staff on duty. Staff confirmed that they felt well supported by the manager and that the recent additional training had provided them with increased knowledge and understanding of safeguarding, challenging behaviour and importance of good record keeping. Staff also commented that the increased staffing had made a real difference to their workloads and overall provision of care and supervision of residents.

Staff confirmed that residents choose when to get up each morning and that staff were never expected to waken residents. Staff also confirmed that they do not undertake household tasks.

No issues or concerns were indicated or raised by staff who met with the inspector.

9.4 Resident views

The inspector spoke with several residents individually and with others in group format. All residents were observed to be suitably clothed, neat and tidy in appearance. Residents who were able to respond spoke freely with the inspector and indicated they liked living in Belmont Cottages and that the staff was good. Residents confirmed they choose when to get up each day and go to bed at night.

No issues or concerns were raised or indicated by residents.

9.5 Environment

Inspection of the four cottages was undertaken and observed to be well maintained and suitably decorated with good natural lighting throughout. All areas were clean, organised, tidy and fresh smelling throughout. Resident's bedrooms were personalised with items of memorabilia displayed.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Gail McLean, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Belmont cottages

4 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager, Gail McLean on conclusion of the inspection.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 30 (1) (d) (f)	<p><u>Notifications</u></p> <p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>(Any accident occurring must be notified)</p>	Twice	All staff have been informed by the O.I.C. that they have a responsibility to report all accidents or incidents that affect the welfare of a resident to the RQIA and other relevant bodies without delay	Immediate and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Gail Mc Lean
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ellen Hall

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Priscilla Clayton	07 October 2014
Further information requested from provider			