

Inspection Report

2 September 2021



Belmont Cottages

Type of Service: Residential Care Home (RCH)
Address: Racecourse Road, Londonderry, BT48 7RD
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager: Mr.Seamus Crossan Date registered: 18 November 2019
Person in charge at the time of inspection: Mr Seamus Crossan	Number of registered places: 16
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 15
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 16 residents. The home is divided in four cottages all of which are interlinked with a shared outdoor garden.	

2.0 Inspection summary

This unannounced inspection took place on 2 September 2021, from 10am to 2.30pm by a care inspector.

The inspection assessed progress with the one area of 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.

The home was clean, tidy, with décor and furnishings well maintained and free from malodour.

Staffing levels were found to be in keeping with resident dependencies and the size and layout of the home.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their roles with training and resources.

Residents were seen to be well cared for. There was clear evidence of attention to personal care and dressing.

Feedback from residents confirmed that they were satisfied with the care and service provided for in Belmont Cottages.

One area of improvement was identified during this inspection. This was in relation to notification of incidents.

RQIA were satisfied that the delivery of care provided for in Belmont Cottages was safe, effective, compassionate and well-led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

In accordance with their capabilities, residents told us that felt safe and that they were satisfied with the care delivery in the home. They spoke positively with their relationship with staff, the provision of meals and the provision of activities. Observation during the inspection found that that residents' needs were met.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff further advised that they felt well supported by the manager.

No responses to the resident/ relative questionnaires or staff questionnaires were received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 25 September 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 21.5 Stated: First time	The registered person shall review its policy and procedure on bus outings in lieu of the COVID-19 pandemic. This review should be undertaken in consultation with the Public Health Agency, the aligned health and social care trust and residents or their next of kin.	Met
	Action taken as confirmed during the inspection: The home's policy and procedure on bus outings has been reviewed accordingly.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the senior in charge when the manager was not on duty. A competency and capability assessment was in place for any member of staff with the responsibilities of being in charge of the home in the absence of the manager.

There were systems in place to ensure staff were trained and supported to do their job. A matrix is in place to identify dates of when staff have received their mandatory training and also dates when these areas of training are due to be reviewed.

Staff said there was good team work and that they felt supported in their role and they were satisfied with the level of communication between staff and management.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

One resident said; "I love the home and the staff."

Review of records provided assurances that all relevant staff were registered with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were seen to seek residents' consent when delivering personal care with statements such as: "Would you like to..." or "Can I help you with..." and knocking of bedroom doors to seek permission of entry.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs. These include any advice or directions by other healthcare professionals. Residents' care records were held confidentially. Progress records were well written and any issues of assessed need had a recorded statement of care given with effect of same recorded.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, measures such as alarm mats were in use, where deemed necessary. Resident areas were free from clutter, and staff were seen to support or supervise residents with limited mobility. Those residents who were at risk from falls had care plans in place.

Records confirmed that in the event of a resident falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral, where required, such as Occupational Therapy or the HSC Trust's falls prevention team. Following a fall, relevant persons such as the resident's next of kin, their aligned named worker and where appropriate RQIA, were informed. A monthly falls analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of falls.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was also a variety of drinks available. This resulted in the dinnertime meal being a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were also kept of what residents had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was well maintained. A new floor covering had been installed throughout the home with nice effect. Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy and comfortable.

Corridors were observed to be clear of clutter and obstruction.

The home's most recent fire safety risk assessment was completed on August 2020. Corresponding evidence was recorded to confirm that any recommendations from this assessment had been attended to. The manager reported that he is awaiting a date in the next couple of weeks for this assessment to be reviewed.

Fire safety training and fire safety drills were maintained on a regular and up-to-date basis, as were the routine fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges. Residents were observed to be comfortable and at ease in their environment and in interactions with staff. Activities were facilitated mostly on a one to one basis or in small groups. Residents commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

The genre of music played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection; Mr. Seamus Crossan has been the manager since 18 November 2019.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern to the manager.

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion and recorded as when completed.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff. An area of improvement was identified with a number of incidents of distressed behaviours which should have been notified to RQIA but were not.

Monthly visits on the Responsible Individual's behalf are conducted and result in a monthly report which focuses on the quality of services and care provided within the home. Any concerns or corrective actions were noted within the reports. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

There were systems to monitor all aspects of the running of the home. There was a clear organisational structure and staff were aware of their roles within the structure.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that Belmont Cottages is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

Residents were seen to be well cared for and staff were skilled in communicating with residents and responding to their needs. There was a nice atmosphere in the home and residents were comfortable and at ease in their interactions with staff and their environment.

One area of improvement was identified in respect of notification of incidents. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The one area of improvement and details of the Quality Improvement Plan was discussed with Mr. Seamus Crossan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30(1)(d) Stated: First time To be completed by: 3 September 2021	The registered person shall ensure that any incidents of distressed behaviours that have an impact on the well-being of other residents are notified to RQIA. Ref: 5.2.5 Response by registered person detailing the actions taken: All incidents will be reported to RQIA.

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



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