



The Regulation and  
Quality Improvement  
Authority

Belmont Cottages  
RQIA ID: 1112  
Racecourse Road  
Londonderry  
BT48 7RD

Inspectors: Laura O'Hanlon  
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**Unannounced Care Inspection  
of  
Belmont Cottages**

**8 September 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 8 September 2015 from 10.15 to 14.30. We found the home was delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection.

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

### 1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/ Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

One recommendation from the inspection dated 30 June 2015 was carried forward for review at the next inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Apex Housing Mr Gerald Kelly	<b>Registered Manager:</b> Gail Mc Lean
<b>Person in Charge of the Home at the Time of Inspection:</b> Gail Mc Lean	<b>Date Manager Registered:</b> 1 November 2006
<b>Categories of Care:</b> RC-LD, RC-LD(E)	<b>Number of Registered Places:</b> 16
<b>Number of Residents Accommodated on Day of Inspection:</b> 16	<b>Weekly Tariff at Time of Inspection:</b> £766.00

## 3. Inspection Focus

On 11 August 2015 a telephone call was received by RQIA from an anonymous source raising concerns regarding the provision of care within the home and the environment. Further to this, on 12 August written correspondence was received by RQIA detailing these concerns. Two specific residents were identified.

The information received was passed to Western Health and Social Care Trust adult safeguarding team for investigation. In response to this whistleblowing information, an inspection was undertaken. The inspection sought to assess progress with the issues raised in regard to potential breach of regulations during and since the previous inspection and to determine if the following standard had been met:

**Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.**

## 4. Methods/ Process

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

Prior to inspection the following records were analysed: the previous inspection report and quality improvement plan and accident and incident notifications.

During the inspection we met with eight residents, three care staff and the registered manager.

The following records were examined during the inspection: duty rotas, records of staff training, complaints and compliments records, visits by the registered provider, four resident's care records, fire safety records and policy on whistleblowing.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 30 June 2015. The completed QIP was returned and was approved by the care inspector. The QIP was not examined during this inspection; it will be examined during the next inspection.

Review of Requirements and Recommendations from the last Care Inspection

#### For review at next inspection

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 31 August 2015</p>	<p>It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following;</p> <ul style="list-style-type: none"> <li>• DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005).</li> </ul>

### 5.2 Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.

#### Is Care Safe? (Quality of Life)

Staffing levels at the time of this unannounced inspection consisted of: one residential officer and three residential workers. The registered manager was not in the home at the start of the inspection. However the registered manager came to the home for the duration of the inspection. The registered manager confirmed that there are six residential workers on duty in the evenings.

The registered manager confirmed that the staffing levels were assessed as appropriate to meet the needs of the residents. The staffing levels took account of the size and layout of the home, the Statement of Purpose and fire safety requirements.

The registered manager confirmed to us that there was usage of agency staff to cover absence and annual leave. From our discussions with the registered manager we confirmed that they prefer to use agency staff who had previously worked in the home so as to ensure consistency for the residents.

In our discussions with staff, they confirmed to us that they felt the staffing levels in the home were adequate and safe.

### **Is Care Effective? (Quality of Management)**

In our discussions with staff, they confirmed to us that they felt there was good managerial support and availability at all times. Staff also informed us that they would have no hesitation about reporting concerns to management. Staff were aware of the policy on whistleblowing. This policy was available in the home during the inspection.

In our discussions with staff, they confirmed to us good knowledge of the aligned health care professionals which they utilised for the care of the resident. These professionals included the behavioural support services, occupational therapy, moving and handling specialist and district nursing services. The support from these professionals also included training to staff.

We examined staff training records and confirmed that staff had completed training in moving and handling in January 2015. Training had also been undertaken in adult safeguarding in July 2015. This was also confirmed during our discussions with staff.

### **Is Care Compassionate? (Quality of Care)**

From our observations of care practices we found residents were treated with dignity and respect. Staff interactions with residents were pleasant, friendly, warm and supportive.

Care duties were organised at an unhurried pace. Residents' social and recreational needs were met. At the time of the inspection three residents were going on holidays accompanied by staff. A relaxed atmosphere was in place within the home.

### **Areas for Improvement**

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered to be compassionate, safe and effective. This standard was met.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.3 Additional Areas Examined**

### **5.3.1 Residents Views**

We met with eight residents. Residents were observed relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They indicated their contentment with the facilities and services provided and their relationship with staff. They expressed their satisfaction with the staffing levels.

### **5.3.2 Staff Views**

We spoke with three staff members individually, in addition to the registered manager. Staff advised us that they felt well supported in their respective roles. In particular staff praised the support provided by the registered manager. The staff related that they had completed the mandatory training which included training on moving and handling and were provided with the relevant resources to undertake their duties. The staff expressed their satisfaction with the current staffing levels.

Staff demonstrated to us that they were knowledgeable of the needs of individual residents. The staff commented positively on the provision of care for the residents in the home. The registered manager advised that she is planning to undertake training in behaviour management. The registered manager confirmed to us that current staffing levels were satisfactory to meet the needs of the residents.

### **5.3.3 Relatives Views**

There were no relatives in the home during the inspection.

### **5.3.4 Environment**

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard.

### **5.3.5 Care Practices**

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We observed residents to be well dressed.

### **5.3.6 Accidents / Incident reports**

We reviewed accident/incident records from the previous inspection and found these to be appropriately managed and reported.

### 5.3.7 Fire Safety

We confirmed that the home's most recent fire safety risk assessment was dated 28 November 2014.

We reviewed the fire safety records and could confirm that fire safety training was undertaken on 26 May and 9 June 2015. The registered manager confirmed that a fire drill took place on 11 March 2015. This was also recorded within fire safety records.

The records identified that different fire alarms have been tested weekly with written records maintained. There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### 5.3.8 Complaints /Compliments records

Following an inspection of complaint records in the home and in our discussion with the registered manager we confirmed that complaints had been managed appropriately.

### 5.3.9 Visits by the registered provider

We reviewed the record of these visits by the registered provider. We confirmed that these were undertaken on a monthly basis and were unannounced.

### Areas for Improvement

There were no areas of improvement identified within these additional areas inspected.

Number of Requirements	0	Number of Recommendations	0
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**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Mrs Gail Mc Lean	<b>Date Completed</b>	09/10/15
<b>Registered Person</b>	Mrs Yvonne Cassidy	<b>Date Approved</b>	12/10/15
<b>RQIA Inspector Assessing Response</b>	Laura O'Hanlon	<b>Date Approved</b>	27.10.15

Please provide any additional comments or observations you may wish to make below:

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.