

Inspection Report

9 May 2024



Belmont Cottages

Type of Service: Residential Care Home (RCH)
Address: Racecourse Road, Londonderry, BT48 7RD
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Registered Provider: Apex Housing Association	Registered Manager: Mrs Hollie Young - not registered
Registered Person: Ms Sheena McCallion	
Person in charge at the time of inspection: Hollie Young	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: 14
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 into four units which are all interlinked by a corridor. Each unit has accommodation for four residents in a bungalow type setting.	

2.0 Inspection summary

An unannounced inspection took place on 9 May 2024, from 10.15 am to 5.10 pm by a care inspector.

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.

The home was bright and welcoming. Corridors and communal spaces were bright and spacious, free from obstruction. A number of residents were attending day care at the time of inspection. Those residents present in the home presented as relaxed and comfortable in their surroundings.

Staff generally provided positive feedback about their experiences of working in the home. Staff comments regarding staff roles and responsibilities is discussed further in the body of the report.

Eight new areas requiring improvement were identified relating to; agency staff profiles, completion of inductions, training compliance, clarity of roles and responsibilities for staff, staff knowledge of residents on modified diets, Control of Substances Hazardous to Health (COSHH), cleanliness of the environment and the promotion of dignity and respect for residents.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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 residents, 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.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

Residents spoken with and who were able to make their wishes known told us they enjoyed residing in the home. One resident said, "I like it ok in here." Residents told us they were happy with the food they received.

Staff provided mixed feedback about their experiences of working in the home. Staff generally told us they enjoyed working in the home and that there was good team work and support provided by the manager. Other staff comments regarding delegation of duties across the workforce were shared with the manager. This is discussed further in section 5.2.1.

No relatives were in attendance at the home on the day of inspection.

No questionnaires were returned by residents or relatives within the identified timeframes. One questionnaire was returned by a staff member, the feedback provided by the staff member expressed dissatisfaction. This was shared with the management team for action as appropriate.

A record of compliments received about the home was kept in the home. One compliment wrote about the manager, "it is evident that you value my family member and the other residents."

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 inspections on 17 July 2023 & 16 October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (i) Stated: First time	The registered person shall ensure that patient equipment and other items identified are appropriately stored.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (4) Stated: First time	The registered person shall ensure that an equitable system for charging residents for the use of the vehicle, owned by Apex Housing Association, is implemented. The new system should allow for the cost of the journey to be shared between the residents using the vehicle at the same time. RQIA should be informed of the arrangements for appropriate reimbursement to residents prior to the implementation of the equitable scheme.	Carried forward
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that care plans: <ul style="list-style-type: none"> • are signed and dated in full • reflect individual assessed need • evidence resident/representative's involvement 	Partially met
	Action taken as confirmed during the inspection: There was evidence of some improvements in the completion of care plans to ensure these were reflective of individual assessed need. However, further improvement is required to ensure care plans are signed and dated in full and are inclusive of resident/representative involvement at the point of completion. This area for improvement has been partially met and will be stated for a second time.	
Area for improvement 2 Ref: Standard 27 Stated: First time	The registered person shall submit a time bound action plan to address the deficits noted in the identified bathrooms and kitchenettes to promote a safe, healthy and hygienic environment.	Not met
	Action taken as confirmed during the inspection: There was evidence this area for improvement was not met.	
Area for improvement 3 Ref: Standard 29.6 Stated: First time	The registered person shall ensure a record is maintained to evidence staff have attended a fire drill at least once a year and that this record is available for inspection.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 35	The registered person shall ensure that there are adequate hand washing facilities across the home to promote hand hygiene for staff, residents and visitors.	Met

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an investigation is undertaken to clarify the rationale for the resident, identified during the inspection, paying an additional contribution towards their fee over and above the amount identified in Trust records.</p> <p>If, as a result of the investigation the resident had been charged inappropriately, then the resident should be reimbursed for the period they were paying the additional amount.</p> <p>RQIA should be informed of the outcome of the investigation including any details of reimbursement to the resident (if relevant).</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward</p>
<p>Area for improvement 6</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the home's financial policies and procedures are updated to reflect current practices operated at the home.</p> <p>The transport policy should reflect any change in the procedures as a result of implementing a new transport scheme, including the procedure for sharing the cost of a journey, if a number of residents are availing of the vehicle at the same time.</p> <p>Staff should sign to indicate that they have read and understood the revised policy and procedures.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Agency staff profiles did not always have up to date employment information for staff working in the home, for example; work permit details. A discussion took place with the manager and assurances were provided that all of the relevant checks were in place. An area for improvement was identified.

One of the induction programmes reviewed, evidenced this was not fully completed. A discussion took place with the manager and an area for improvement was identified.

There were systems in place to ensure staff were appropriately registered with the relevant governing body, including; The Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). The systems in place evidenced those staff who were required to be registered, had this in place.

There were systems in place to monitor staff's compliance with training, however these were not robust at ensuring all staff were up to date with mandatory training, for example; fire and Adult Safeguarding training. A discussion took place with the manager and an area for improvement was identified.

Staff provided mixed feedback about their experiences working in the home. Some staff told us they enjoyed working in the home and received good support from the manager. One staff member told us, "I like working in here." Other staff told us, there was lack of consistency regarding roles and responsibilities for staff across the home. A discussion took place with the manager and an area for improvement was identified.

Other comments made by staff regarding staffing levels across the home were shared with the manager for action. The manager provided assurances staffing levels would remain under review. This will be reviewed at a future inspection.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

5.2.2 Care Delivery and Record Keeping

Staff were observed to recognise residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to their GP, or for physiotherapy.

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

The dining experience was led by the residents, staff were observed offering residents a choice of meals and this was facilitated where possible. The dining experience was an opportunity for residents to socialise, music was playing and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff were unable to clearly demonstrate the correct modified diets for residents who required these. No harm came to the residents as a result of this. A discussion took place with the manager and an area for improvement was identified. There was evidence that care records did not reflect the current International Dysphagia Diet Standardisation Initiative (IDDSI) terminology. A discussion took place with the manager and a new system was put into place and shared with staff on the day of inspection.

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; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were updated to ensure they continued to meet the residents' needs. Restraint care plans were not always reviewed in a timely manner, a discussion took place with the manager and this will be reviewed at the next inspection. Care plans continued to require further input from residents, where possible or their relatives during the care planning process. This was not always evidenced. The previous area for improvement stated was not met and is stated for a second time.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally clean and tidy. It was observed that some areas of the home required a deeper clean, this was discussed with the manager and an area for improvement was identified. The manager provided evidence there was progress regarding the refurbishment plan for kitchenettes and bathrooms across the home, however a timeframe for completion was not confirmed during the inspection. This area for improvement has not been met and will be stated for a second time.

Residents bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The manager confirmed following the inspection that hand washing facilities were in place in resident's bedrooms. This area for improvement has been met.

There was evidence throughout the home of 'homely' touches such as books, magazines, snacks and drinks available and access to a kitchenette.

The Fire Risk Assessment was completed by an accredited fire risk assessor on 17 November 2023. The risk was deemed tolerable and there was evidence of actions having been taken on the identified action plan.

The manager evidenced that all staff had attended an annual fire drill. A discussion took place with the manager to ensure the systems in place evidence oversight of staff attendance at fire drills. This will be reviewed during the next inspection.

Review of records and observation of practice demonstrated that further improvements were required with regards to the management of infection prevention and control (IPC) measures and hand hygiene. For example; hand hygiene audits are being completed monthly, but did not identify deficits in staff compliance. A discussion took place with the manager and this will be reviewed at a future inspection.

A number of cupboards and storerooms were observed as unlocked with access to cleaning chemicals during the inspection. This was addressed immediately by the staff. A discussion took place with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could have birthday parties with family/friends in their room or one of the lounges and could attend day care. Residents who were unable to make their wishes known appeared to be comfortable in their surroundings.

Staff were observed providing additional support to those residents who required increased reassurance.

There was evidence of an activity schedule on display in the home and the manager confirmed that there was flexibility around this; whereby if residents did not wish to get involved in the activities on offer, they would be offered alternative options.

There was a range of activities provided for residents by staff to the home. The range of activities included social, community, and creative events.

Residents were well presented, clean, neat and tidy, dressed appropriately for the time of year.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Hollie Young has been the manager in this home since 30 April 2023 and is currently progressing her application to register.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. A discussion took place with the manager to ensure auditing systems in place are robust at identifying deficits to promote improvement across the home, for example; hand hygiene audits. This will be reviewed at a future inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Danielle Saunderson (housing and care services manager) was identified as the appointed safeguarding champion for the home. A discussion took place with staff regarding Adult Safeguarding processes; staff did not always demonstrate a clear understanding of identifying potential safeguarding incidents. A discussion took place with the manager to ensure staff are suitably trained to identify appropriate language when speaking with residents and one another; whilst promoting dignity and respect. An area for improvement was identified.

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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	4*	9*

* the total number of areas for improvement includes two standards that have been stated for a second time and one regulation and two standards carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Hollie Young (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	
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 8 December 2023</p>	<p>The registered person shall ensure that an equitable system for charging residents for the use of the vehicle, owned by Apex Housing Association, is implemented.</p> <p>The new system should allow for the cost of the journey to be shared between the residents using the vehicle at the same time.</p> <p>RQIA should be informed of the arrangements for appropriate reimbursement to residents prior to the implementation of the equitable scheme.</p> <p>Ref: 5.1</p>
Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (4) (b) (i)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (9 May 2024)</p>	<p>The registered person shall ensure that any staff member employed in the home through an agency, has the appropriate pre-employment checks in place. This should include, but is not limited to;</p> <ul style="list-style-type: none"> • Evidence of registration with the Northern Ireland Social Care Council (NISCC) and, • Evidence of an up to date work permit (if required) <p>Ref: 5.2.1</p>
Response by registered person detailing the actions taken:	
<p>Updated profiles for identified staff were obtained on day of Inspection</p> <p>Profiles will be reviewed monthly by the Manger to ensure compliance</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that in so far as is reasonably practicable, all parts of the home which residents have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p>
<p>To be completed by: From the date of inspection (9 May 2024)</p>	<p>Response by registered person detailing the actions taken: Key pads are now in situ in main office and keys for cleaning store are now accessible for Housekeeping staff Housekeeping staff have been reminded to ensure the cleaning store is locked at all times.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff are suitably trained to ensure appropriate language is used when interacting with residents and with one another, to promote dignity and respect.</p> <p>Ref: 5.2.5</p>
<p>To be completed by: From the date of inspection (9 May 2024)</p>	<p>Response by registered person detailing the actions taken: Professional Boundaries training has now been scheduled for all staff across 3 sessions. All staff will have attended training by end of July 2024</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection (9 May 2024)</p>	<p>The registered person shall ensure that care plans:</p> <ul style="list-style-type: none"> • are signed and dated in full • reflect individual assessed need • evidence resident/representative's involvement <p>Ref: 5.1 & 5.2.2</p>
	<p>Response by registered person detailing the actions taken: A mechanism to evidence resident/representative's involvement in the development of care plans will now be implemented using new proforma.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: Second time</p>	<p>The registered person shall submit a time bound action plan to address the deficits noted in the identified bathrooms and kitchenettes to promote a safe, healthy and hygienic environment.</p> <p>Ref: 5.1 & 5.2.3</p>

<p>To be completed by: From the date of inspection (17 July 2023)</p>	<p>Response by registered person detailing the actions taken: A time bound action plan has now been shared. New kitchens have now been installed in each cottage. Work is currently underway to replace existing bathrooms</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be completed by: 20 November 2023</p>	<p>The registered person shall ensure that an investigation is undertaken to clarify the rationale for the resident, identified during the inspection, paying an additional contribution towards their fee over and above the amount identified in Trust records.</p> <p>If, as a result of the investigation the resident had been charged inappropriately, then the resident should be reimbursed for the period they were paying the additional amount.</p> <p>RQIA should be informed of the outcome of the investigation including any details of reimbursement to the resident (if relevant).</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 8 December 2023</p>	<p>The registered person shall ensure that the home's financial policies and procedures are updated to reflect current practices operated at the home.</p> <p>The transport policy should reflect any change in the procedures as a result of implementing a new transport scheme, including the procedure for sharing the cost of a journey, if a number of residents are availing of the vehicle at the same time.</p> <p>Staff should sign to indicate that they have read and understood the revised policy and procedures.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff induction programmes are completed in full.</p> <p>Ref: 5.2.1</p>

<p>To be completed by: From the date of inspection (9 May 2024)</p>	<p>Response by registered person detailing the actions taken: Inductions for identified staff have now been completed.A review of Induction booklet is going to take place with Manager and Training & Development Manager</p>
<p>Area for improvement 6 Ref: Standard 23.3 Stated: First time To be completed by: 6 June 2024</p>	<p>The registered person shall ensure that mandatory training requirements are met by all staff. Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Since day of Inspection,compliance with mandatory training has significantly improved. The Manager will continue to monitor regularly</p>
<p>Area for improvement 7 Ref: Standard 23 Stated: First time To be completed by: 6 June 2024</p>	<p>The registered person shall ensure that staff at all pay grades working in the home; are clear of their roles and responsibilities in the home and the delegation of tasks. Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Training on Roles and Responsibilities has been scheduled for all staff across 3 sessions. All staff will have completed training by end of July 2024</p>
<p>Area for improvement 8 Ref: Standard 12.10 Stated: First time To be completed by: From the date of inspection (9 May 2024)</p>	<p>The registered person shall ensure staff are knowledgeable of residents assessed needs in relation to IDDSI levels for modified meals. Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: IDDSI diet levels are now displayed in dry food cupboards and information is also contained within care plans in each cottage Dysphagia training has now been completed by most of staff group with 87.5% compliance.Training for remaining staff has been scheduled</p>

<p>Area for improvement 9</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 6 June 2024</p>	<p>The registered person shall ensure that all parts of the building are kept clean and hygienic at all times. This is with specific reference to the areas identified during this inspection.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>New Kitchens have now been installed in each cottage. The Manager will continue to monitor Housekeeping standards daily</p>

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Quality Improvement
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