

# Inspection Report

17 July 2023



## Belmont Cottages

Type of Service: Residential Care Home (RCH)  
Address: Racecourse Road, Londonderry, BT48 7RD  
Tel No: 028 7137 2350

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Registered Provider:</b> Apex Housing Association  <b>Registered Person:</b> Ms Sheena McCallion	<b>Registered Manager:</b> Mrs Hollie Young - not registered
<b>Person in charge at the time of inspection:</b> Mrs Hollie Young	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC) LD – learning disability LD(E) – learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 15
<b>Brief description of the accommodation/how the service operates:</b> 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 self-contained 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 17 July 2023, from 10.10 am to 4.10 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.

Each bungalow was bright and welcoming, clutter free and well-maintained.

It was established that staff promoted the dignity and well-being of residents through their interactions and care provided. Staff were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified relating to storage of equipment, staff attendance at fire drills, care plans, hand washing facilities and refurbishment of bathrooms/kitchenettes.

RQIA were assured that the delivery of care and services provided in Belmont Cottages were safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Belmont Cottages.

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 Mrs Hollie Young at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents in Belmont Cottages provided positive feedback regarding the care they received. One resident who was able to communicate his wishes told us he "loves" Belmont Cottages.

Staff provided positive feedback about their experiences working in Belmont Cottages, as well as the support they receive from the manager.

One staff member told us, the manager promotes an ethos of person centred practice, reporting "it's very resident orientated."

No questionnaires were received from residents, relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 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 27 July 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall ensure that care plans for the management of pain are in place and are regularly reviewed for residents who are prescribed medications for the management of pain.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. On the day of inspection, evidence of required pre-employment checks was not available, however a copy of the pre-employment checklist was provided, following the inspection. The availability of records required for inspection will be reviewed during the next inspection.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. One staff member told us, "this is the best place I've worked, the manager is great."

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.

Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, staff were able to facilitate mealtime options based on resident's wishes at the time promoting flexibility around the menu.

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.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. Care records were updated to reflect the residents' needs and if required care staff consulted the District Nurse.

Examination of records and discussion with the manager 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 the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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.

The dining experience was led by the residents, staff were observed asking residents what they wanted to eat and staff facilitated this where the options were available. 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.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks and condiments made available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

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 plans did not always include the full date and residents full name. There was also a lack of evidence of resident's/relatives involvement in the care planning process. One resident's care plan did not reflect their current Speech and Language recommendations. These points were discussed with the manager and an area for improvement was identified.

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 included 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 clean, neat and tidy; fresh smelling. A visitor commented "it smells lovely and fresh in here."

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal lounges 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.

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

Deficits were noted across the home, relating to communal bathrooms and kitchenette worktops. It was identified that refurbishments were required to ensure these are maintained safe, hygienic and fit for purpose. An area for improvement was identified.

A cupboard in the communal bathroom in cottage three was noted to have a number of toiletries and toothbrushes stored in the cabinet. This was discussed with the manager who confirmed that each resident had their own individual basket of toiletries and toothbrushes which were kept in their own bedroom cabinet. The manager provided assurances, the toiletries and toothbrushes identified in the communal bathroom cabinet were not in use and that these would be disposed of.

A number of items were observed to be inappropriately stored across the home. For example, a riser recliner chair and hoist were stored beside a fire door in cottage one; a boxed PPE container and empty box were stored in a staff bathroom in cottage four; wheel chairs and footplates situated at the entrance of cottage two, Christmas decorations stored in a hot press in cottage 2 and continence products stored along the corridor leading to cottage 1. This was discussed with the manager and assurances were provided following the inspection that additional storage space was being reviewed. An area for improvement was identified.

Fire safety measures were in place. There was evidence of staff fire drills being completed, however the information was not available to confirm staff's attendance at one in the last year. This was discussed with the manager and an area for improvement was identified.

There was a lack of hand washing facilities located in resident's rooms and hand sanitising stations were often empty. This was discussed 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, could go out to day care, with family or attend the sensory room.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as massages, karaoke, pamper sessions, takeaways, puzzles and games.

Residents who were able to provide feedback on their wishes and views report to enjoy being in Belmont Cottages and "love" living here.

#### **5.2.5 Management and Governance Arrangements**

Mrs Hollie Young has been Acting Manager in Belmont Cottages since 30 April 2023 and is currently progressing her application to register as manager with RQIA.

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 review areas where deficits are noted and complete audits to promote and improve the quality of care.

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. The service manager, Danielle Saunderson was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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 for the team to learn and improve.

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.

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

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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.

## 7.0 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 (August 2022) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	4

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.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> 27 (2) (l)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	The registered person shall ensure that patient equipment and other items identified are appropriately stored.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> ,Following the Inspection,patient equipment and other items identified have now been appropriately stored
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2022) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	The registered person shall ensure that care plans: <ul style="list-style-type: none"> <li>• are signed and dated in full</li> <li>• reflect individual assessed need</li> <li>• evidence resident/representative's involvement</li> </ul> Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> Following the Inspection, the Manager will ensure that all care plans are signed and dated in full and reflect individual assessed needs At annual review, and as and when identified needs change and where practically possible,care plans will reflect residents/representative's involvement.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	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.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Identified bathrooms and kitchens will be replaced in a phased manner and have been factored into 2024/2025 budget. As and when issues arise in the interim,remedial works will be carried out .

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 29.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p><b>Response by registered person detailing the actions taken:</b> Completed</p> <hr/> <p>The registered person shall ensure that there are adequate hand washing facilities across the home to promote hand hygiene for staff, residents and visitors.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Following individual risk assessment, soap dispensers and hand towel dispensers will be installed in residents bedrooms to promote hand hygiene for staff, residents and visitors</p>

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The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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