Unannounced Care Inspection Report
18 May 2016

Belmont Cottages

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Inspector: Laura O'Hanlon

1.0 Summary

An unannounced inspection of Belmont Cottages took place on 18 May 2016 from 10.30 to 16.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A recommendation was made to ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice. A second recommendation was made to review the cleaning arrangements in the home and ensure the radiator cover in a main corridor is repaired.

A third recommendation was made to undertake a care management review for one resident to ensure the placement appropriately meets the needs of this resident.

A requirement was made to ensure the fire safety risk assessment is maintained on an up to date basis.

Is care effective?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Is care compassionate?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the QIP within this report were discussed with Norma Kennedy, residential officer, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Apex Housing Mr Gerald Kelly	**Registered manager:** Gail Mc Lean
Person in charge of the home at the time of inspection: Norma Kennedy, residential officer	**Date manager registered:** 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	**Number of registered places:** 16
Weekly tariffs at time of inspection: £766.00	**Number of residents accommodated at the time of inspection:** 16

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan from the inspection dated 30 June 2015 (QIP) and the accident/incident notifications.

During the inspection the inspector met with seven residents, two members of the domestic staff, three care staff and the residential officer.

Five resident views, five representative views and eight staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three care records
- Duty rota for week beginning 16 May 2016
- Supervision and appraisal records
- Record of an induction programme
- Mandatory training records
- A competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Record of complaints
- Policies in the home
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 8 September 2015

The most recent inspection of Belmont Cottages was an unannounced care inspection. No requirements or recommendations were made at that inspection. This QIP from the inspection dated 30 June 2015 was not reviewed on 8 September 2015 but was reviewed at this current inspection.

4.2 Review of requirements and recommendations from the care inspection dated 30 June 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 21.1 **Stated:** Second time **To be completed by:** 31 August 2015	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; • DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005).	**Met**
	Action taken as confirmed during the inspection: The policy in relation to the management of behaviours which challenge staff was reviewed and was available for inspection.	

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4.3 Is care safe?

The staff member in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty – one residential officer, two residential workers, two care staff and two members of the domestic staff.

Review of completed induction records and discussion with the staff member in charge and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A review of four staff files confirmed that supervision was undertaken three to six monthly and appraisals completed annually. A record of this was available for inspection.

The staff member in charge and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample staff competency and capability assessments was reviewed and was found to be satisfactory.

Discussion with the person in charge confirmed that all staff recruitment information was retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedures in place dated October 2014 included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made to ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice.

The registered manager subsequently confirmed that there are plans in place to implement the new adult safeguarding procedures (relating to the establishment of a safeguarding champion).

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing. Leaflets and posters on adult abuse were displayed throughout the home.

The registered manager subsequently confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the staff member in charge, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. The staff member in charge confirmed that there were risk management procedures in place relating to the safety of individual residents and identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments for example falls, fire evacuation, moving and handling, were reviewed and updated on a regular basis or as changes occurred.

The staff member in charge confirmed that areas of restrictive practice were employed within the home, notably a keypad entry systems to the grounds and locked wardrobes. Discussion with the staff member in charge regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A care plan in picture format was contained in care files identifying the individual restrictions in place. This document was appropriately signed.

A review of the Statement of Purpose identified that restrictions were adequately described.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

A behaviour management plan is currently being devised for one resident. However given the increase in the number of incidents reported and recorded within the daily records for this resident, a recommendation has been made to review the placement to ensure it adequately meets the needs of this resident.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms.
Residents' bedrooms were personalised with photographs, pictures and personal items. Spiritual emblems were displayed in resident bedrooms. The home was fresh smelling and appropriately heated. Discussion with two domestic assistants confirmed that daily work schedules were in place. However the flooring, radiator covers and windowsills in bedrooms were dirty. This forms one element of a recommendation to review the cleaning arrangements in the home.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection, prevention and control (IPC) procedures. A number of bathrooms contained plastic pull cords.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. It was noted that part of a radiator cover was missing. During the inspection the radiator was found to be hot. This forms the second element of a recommendation to ensure this is repaired. Aside from this, there were no obvious hazards to the health and safety of residents, visitors or staff.

The home's fire safety risk assessment was dated 28 November 2014. A requirement was made to ensure this is maintained on an up to date basis. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 8 January 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained.

Areas for improvement

Four areas for improvement were identified. These were:

- A recommendation was made to ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice.
- Review the cleaning arrangements in the home and ensure the radiator cover in a main corridor is repaired.
- Undertake a care management review for one resident to ensure the placement appropriately meets the needs of this resident.

A requirement was made to ensure the fire safety risk assessment is maintained on an up to date basis.

Number of requirements:	**1**	**Number of recommendations:**	**3**

4.4 Is care effective?

Discussion with the staff member in charge established that the staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Comprehensive care records were maintained. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The staff member in charge confirmed that records were stored safely and securely in line with data protection.

The staff member in charge confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the staff member in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Observations of practice evidenced that staff were able to communicate effectively with residents. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.5 Is care compassionate?

The staff member in charge confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and review of care records confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with staff and a review of care records confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Observations of staff and resident interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. A programme of activities was displayed for the month of May. One resident was assisted to go swimming during the inspection. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The staff member in charge confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The staff member in charge confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. Menus were displayed in picture format.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required. A suggestion box was displayed in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	**0**	**Number of recommendations:**	**0**

4.6 Is the service well led?

The staff member in charge confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Residents and their representatives were made aware of the process of how to make a complaint by way of posters and leaflets on display in the home. Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. One staff member is currently being supported by the organisation to complete the QCF Level three.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager was supported by the organisation to undertake Level five training in Positive Behaviour Support.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose. This structure was also displayed with photographs within the home

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The staff member in charge confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered manager responded to regulatory matters in a timely manner.

The staff member in charge confirmed that staff could also access line management to raise concerns and to offer support to staff. Out of hours contact numbers were available in the home. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Norma Kennedy, residential officer as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 27 (4) (a) **Stated:** First time **To be completed by:** 1 June 2016	The registered person must ensure the fire safety risk assessment is maintained on an up to date basis.
	Response by registered person detailing the actions taken: The Fire Risk Assessment was completed on 25th May 2016 and responsibility allocated within the Property Services Department to ensure that it is maintained on an ongoing basis
Recommendations	
Recommendation 1 **Ref**: Standard 21.5 **Stated:** First time **To be completed by:** 18 August 2016	The registered person should ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice.
	Response by registered person detailing the actions taken: Apex staff attended training on 28.04.16 regarding the role of the safeguarding champion but are waiting for the procedural guidance to be issued prior to updating the policy. All Apex Supported Living schemes are participating in The 'Working Together to Keep Me Safe' project which aims to increase public awareness of adult safeguarding. The project was recently launched by the Western Local Adult Safeguarding Partnership (LASP). 'Working Together to Keep Me Safe' will help the prevention of abuse of adults by promoting a culture of quality and dignity in care
Recommendation 2 **Ref**: Standard 27.1 & 27.3 **Stated:** First time **To be completed by:** 18 June 2016	The registered person should ensure that: • A review of the cleaning arrangements in the home is undertaken • The radiator cover in a main corridor area is repaired.
	Response by registered person detailing the actions taken: Daily cleaning arrangements have been reviewed for staff and housekeepers and schedules adapted to ensure the standard is met. The radiator cover has been repaired

Recommendation 3 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 11 June 2016	The registered person should ensure that a care management review is undertaken for one resident to ensure the placement appropriately meets the needs of this resident. **Response by registered person detailing the actions taken:** The Care Management review was held on the 1st June 2016 and attended by all appropriate persons. A request for additional staffing has been forwarded to the Social Worker as a result of the discussion at the care management review. The Behavioural Team are supplying a support plan for staff to follow and the Consultant in Lakeview is working with staff and the G.P. to address a full medication review. Apex Housing will review the possibility of adapting the Cottage to provide a suitable area for the resident's environmental requirements if funding is approved. The Care Management Team will be holding a further review on the 18th July 2016 to address and review all processes that have been put in place to date . Residents family have been informed of the date of the review and kept up to date by the Officer in Charge at regular intervals

Please ensure this document is completed in full and returned to** care.team@rqia.org.uk **from the authorised email address

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