



Unannounced Care Inspection Report 25 September 2020



Belmont Cottages

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 16 residents.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual(s): Seamus McCallion	Registered Manager and date registered: Seamus Crossan – 30 January 2020
Person in charge at the time of inspection: 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 home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place on 25 September 2020 from 09.30 to 14.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- Staffing
- Infection prevention and control (IPC)
- Care delivery
- Fire safety
- Staff training
- Governance and management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

The one area of improvement and details of the Quality Improvement Plan (QIP) was discussed with Seamus Crossan, manager, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 15 residents and 10 staff. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received in time for inclusion to this report.

The following records were examined during the inspection: staff duty rota, competency and capability assessments, record of staff meetings, safeguarding and whistleblowing policies, IPC records and audits, fire safety risk assessment and fire safety records, residents' care records, Statement of Purpose, monitoring records, accident and incident reports, staff training records and quality assurance records.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 2020.

There were no areas for improvement identified as a result of this inspection.

6.2 Inspection findings

6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence. A sample inspection of two of these assessments found these to be appropriately in place.

Staff spoke positively about their roles and duties, staffing, managerial support, teamwork and morale. Staff stated that they felt residents received a good standard of care and were treated with respect and dignity.

Staff meetings took place on a regular and up-to-date basis and the records of these were appropriately maintained.

Care duties were attended to in an unhurried organised manner with evidence of good team working and support amongst staff members.

6.2.2 Safeguarding residents from harm

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

Learning from such was also discussed with the manager, who gave good assurances from this respect.

6.2.3 Environment

The home was clean and tidy throughout with a good standard of décor and furnishings. Residents' bedrooms were comfortable and tastefully furnished. One resident's bedroom was being repainted for which the resident expressed great pride from. Communal areas were spacious, comfortable, bright and nicely furnished. Bathrooms and toilets were clean and hygienic. One shower room had flooring that needed repair so as to ensure effect cleaning. The manager reported that this flooring was scheduled for replacement but plans were put on hold due to the COVID-19 pandemic. Never-the-less he gave assurances that this work would be undertaken as soon as such safety measures could be put in place.

The grounds of the home were very well maintained with good accessibility for residents to avail of.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

Discussions were had with the manager in respect of social distancing for residents, day care attendance and bus outings. The manager had good knowledge of these but in terms of bus outings this policy needed to be reviewed. An area of improvement was identified to review the home's policy on bus trip outings in lieu of the COVID-19 pandemic. This review needs to be made in consultation with the Public Health Agency, the aligned health and social care trust and residents and/or their next of kin.

6.2.5 Fire safety

The home's most recent fire safety risk assessment was dated 10 September 2020. There were no recommendations from this assessment.

Fire safety checks on the environment were maintained on a regular and up-to-date basis. Fire safety training and safety drills were also maintained on an up-to-date basis.

6.2.6 Care practices

Staff interactions with residents were polite, friendly, warm and supportive. Residents were at ease in their environment and interactions with staff. Staff were attentive to residents' needs and any expression of assistance were promptly responded to by staff.

Residents were cared for in one of the four cottages' communal lounges or their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate.

Those residents who were unable to articulate their views, confirmed via non-verbal cues and body language that they were happy with the home and their relationship with staff. Residents were dressed in nice attire and personal hygiene and appearances were duly met.

Residents were relaxed and enjoyed pastimes of choice such as company of staff or one another, television, listening to music or relaxing. A planned programme of activities was facilitated in the afternoon for residents to participate in if they wished.

Observations of the supervision and assistance with the dinner time meal in one of the cottages found that this was undertaken in a kind, caring manner with residents' individual needs being catered for. The dinner time meal was appetising and nicely presented with good provision of choice in place. Fluids and drinks were readily available and provided for. Residents were assisted in an unhurried, organised manner which was calm and conducive to the meal being enjoyed.

6.2.7 Care records

An inspection of a sample of three residents' care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment, care plans and risk assessments, such as, behaviours, safe moving and handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

Progress records were well written and included good statements of care/treatment given in response to issues of assessed need.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

The records inspected had evidence of resident/representative consultation in the care planning and review process, by signatures of participation.

6.2.8 Governance

The home has a defined managerial structure as detailed in its Statement of Purpose.

The two most recent monthly monitoring reports on the behalf of the responsible individual were inspected. These reports were recorded in good detail with good evidence of governance arrangements.

An inspection of accident and incident reports from 1 February 2020 was undertaken. These events were found to be managed and reported appropriately.

A matrix of staff training was maintained. This recorded the dates staff had received their mandatory training and additional areas of training and identified when updates were due. An inspection of this found that these areas of training were being maintained on an up-to-date basis and there was good managerial oversight of same.

A selection of audits was inspected in relation to: accidents and incidents, hand hygiene, the environment and IPC. These were completed regularly and any areas for improvement were identified and addressed.

Areas of good practice

Good practices were found in respect of staffing, teamwork, staffs' knowledge and understanding of residents' individual needs, management of care records and the nice atmosphere in the home.

Areas for improvement

One area of improvement was identified during the inspection. This was in relation to reviewing the home's policy on bus trips in lieu of the COVID-19 pandemic.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

There was a nice atmosphere in the home with residents seen to be being cared for in a kind caring manner. Staff had good knowledge of residents' individual needs and in particular how to communicate effectively with. Regulatory documentation was well maintained and accessible. The environment was comfortable, clean and tidy. The one area of improvement identified received assurances from the manager that this would be dealt with promptly.

7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Seamus Crossan, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 25 October 2020</p>	<p>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.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Following consultation with PHA, the HSC, residents and next of kin, a decision was taken to not avail of the bus for outings during the COVID-19 pandemic due to the inability to social distance and protect residents, staff and the bus driver. Scheme risk assessment updated to reflect the guidance from PHA.</p>

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



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