



The Regulation and
Quality Improvement
Authority

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

Inspector: Laura O'Hanlon
Inspection ID: IN022207

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**Unannounced Care Inspection
of
Belmont Cottages**

30 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 30 June 2015 from 10.30 to 15.45. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Gail Mc Lean, registered manager. The timescales for completion commence from the date of inspection.

2. 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: Gail Mc Lean	Date Manager Registered: 1 November 2006
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 16
Number of Residents Accommodated on Day of Inspection: 16	Weekly Tariff at Time of Inspection: £766.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from the last care inspection, returned complaints information and notifications of incidents and accidents.

We met with five residents, three care staff and the registered manager.

We inspected the following records: four care records, accident / incident reports, fire safety records, complaints/compliments and policies and procedures available relating to continence management and dying and death.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced estates inspection dated 23 June 2015. The report is in the process of completion by the estates inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (4) (e)	The registered person must make arrangements for the persons working at the home to receive training from a competent person in fire prevention twice yearly.	Met
	Action taken as confirmed during the inspection: Fire safety training was undertaken in January 2015. Further fire training is scheduled for July 2015.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 21.1	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; <ul style="list-style-type: none"> • DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005). 	Not Met
	Action taken as confirmed during the inspection: The policy on behaviour which challenges had not been updated to reflect the above recommendation. This recommendation was stated for the second time.	
Recommendation 2 Ref: Standard 6.3	It is recommended that the registered person ensures care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Met
	Action taken as confirmed during the inspection: Care plans were inspected and were appropriately signed.	

<p>Recommendation 3</p> <p>Ref: Standard 10.7</p>	<p>It is recommended that the registered person should review the Statement of Purpose to ensure that it refers to the therapeutic techniques used within the home including restricted access areas.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The Statement of Purpose had been reviewed and included the therapeutic techniques used within the home including restricted access areas.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 13.9</p>	<p>It is recommended that the registered person should ensure that recording of activities is maintained on a daily basis, the nature and duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity is also recorded.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A new format had been devised for the recording of activities detailing, the nature and duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. This was in the process of implementation.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 7.4</p>	<p>It is recommended that the registered person ensures that appropriate consents are in place with regard to photography and other forms of media.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Care records contained the appropriate consents in regard to photography and other forms of media .</p>		

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

The registered manager confirmed that residents can spend their final days in the home unless there are documented health care needs to prevent this.

The registered manager explained to us that the general experience within the home was that residents have been transferred to hospital or nursing care due to deterioration in their health care needs. This has been undertaken with the consent of the resident and their next of kin or representative.

The home had a spiritual ethos. Clergy and lay ministers visited the home on a regular planned basis.

In our discussions with the registered manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying would be enabled to do so if the resident wishes.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the death of the resident.

Is Care Effective? (Quality of Management)

We noted that the home had written policies in place on bereavement, death of a resident, caring for a dying/terminally ill resident and funeral arrangements.

We noted that care records documented funeral arrangements for each resident. This document noted the wishes of the resident following their death. The document was signed by the resident and/or their representative. This practice is to be commended.

In our discussions with the registered manager and staff they confirmed to us that the district nursing service attached to the home would lead in the management of palliative care. The registered manager and staff confirmed to us that training had been completed by staff in this area of care.

Is Care Compassionate? (Quality of Care)

In our discussions with staff and the registered manager they shared their experience of a death of a resident. Staff confirmed that the residents were informed of the death of a fellow resident individually and in a sensitive manner. The staff attended the funeral if they wished.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home, in helping residents and staff deal with dying and death.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard is assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

We reviewed four care records. We found that up to date needs assessment were completed and that care plans were in place. These were reviewed to reflect the changing needs of the resident. Care records contained a continence assessment.

We spoke with staff members. They were able to describe the system for continence assessment.

In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels. Gloves, aprons and hand washing dispensers were also available.

Is Care Effective? (Quality of Management)

We found that the home had a policy in place on the promotion and management of continence.

Staff were able to verify to us that any issues of assessed need are reported to the district nursing services for advice and guidance.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

Areas for Improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme is assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Residents Views

We met with five residents. We observed residents relaxing in the communal lounge area. Two residents were involved in manicure activities. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff.

5.5.2 Staff Views

We spoke with three care staff members individually, in addition to the acting manager. Staff advised us that they felt well supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. Some comments made by staff were:

- “I would place one of my own family in here.”
- “All the staff do the best that they can.”
- “I found it very easy to adapt to working here. I was made feel very welcome when I started. The care here is first class.”

Ten staff questionnaires were distributed for return. No questionnaires were returned at the time of writing this report.

5.5.3 Environment

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

5.5.4 Care Practices

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

5.5.5 Accidents / Incident reports

We reviewed accidents and incidents records. We confirmed that the accidents and incidents were appropriately managed and reported.

5.5.6 Fire Safety

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

We reviewed the fire safety records and could confirm that fire safety training was undertaken in January 2015. Further fire training is scheduled for July 2015. The registered manager confirmed that a fire drill took place on 22 June 2015.

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

Areas for Improvement

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

Number of Requirements	0	Number Recommendations:	0
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6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Gail Mc Lean, registered manager. The timescales commence from the date of inspection.

The registered person 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 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Recommendations			
<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: Second time</p> <p>To be Completed by: 31 August 2015</p>	<p>It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following;</p> <ul style="list-style-type: none"> • DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005). 		
	<p>Response by Registered Person(s) Detailing the Actions Taken: Due to the specialised nature of the work Apex are in the process of appointing external consultants to complete the review of existing policies and procedures within the context of current and planned legislation and develop a new set of policies and procedures in relation to Consent, Capacity/Mental Capacity, Behaviour that may challenge, Restraint & Restrictive practice and deliver training to staff.</p> <p>Given the projected timescales set out by the consultant in the Training & Costing proposal which includes 10 project working days for research, development and drafting of the policies and a further 5 project working days for the development of the training pack and delivery of training to staff Apex anticipate a completion date of 31st December 2015.</p>		
Registered Manager Completing QIP	Gail Mc Lean	Date Completed	16 th July 2015
Registered Person Approving QIP	Ellen Hall	Date Approved	16 th July 2015
RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	31 July 2015

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

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