

Unannounced Care Inspection Report

23 June 2016



Beltany House

Type of Service: Residential Care Home
Address: 15 Beltany Road, Omagh, BT78 5NA
Tel No: 028 8224 9902
Inspector: Laura O'Hanlon

1.0 Summary

An unannounced inspection of Beltany House took place on 23 June 2016 from 10.30 to 14.30.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

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 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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Stefanie Broderick, senior support worker, as part of the inspection process and can be found in the main body of the report.

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 provider: Western Health and Social Care Trust	Registered manager: Margaret Dolan
Person in charge of the home at the time of inspection: Stefanie Broderick	Date manager registered: Currently "acting"
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 3
Weekly tariffs at time of inspection: £494.00	Number of residents accommodated at the time of inspection: 2

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and the accident/incident notifications.

During the inspection the inspector met with two support workers and one senior support worker. There were no residents present in the home during the inspection as they were out at their day care placement.

Three representative views and five staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Two care records
- Duty rota for week beginning 20 June 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
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 9 May 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection

4.2 Review of requirements and recommendations from the last care inspection dated 10 December 2015

No requirements or recommendations were made as result of the previous inspection.

4.3 Is care safe?

The senior support worker 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 staff.

On the day of inspection the following staff were on duty – two support workers and one senior support worker.

Review of a completed induction record and discussion with the senior support worker 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 schedule for annual staff appraisals completed in December 2015 was available for inspection. A review of two staff files confirmed that staff supervision was completed on a three to six monthly basis.

The senior support worker 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. One staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the senior support worker confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Written confirmation was provided by the Trust's human resources department prior to commencement of employment that all necessary documentation was in order.

Discussion with staff evidenced 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. Discussions with staff evidenced that they were knowledgeable and had a good understanding of adult safeguarding principles. Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

Inspection of the home's adult safeguarding policy and procedures found that these were consistent with current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

A review of staff training records confirmed that adult safeguarding training was provided for all staff in accordance with RQIA's mandatory training requirements.

The senior support worker reported there had been no ongoing safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The senior support worker described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The senior support worker confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior support worker 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 were reviewed and updated on a regular basis or as changes occurred.

The senior support worker confirmed that one area of restrictive practice was employed within the home, notably the use of baby monitors. Discussion with the senior support worker regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

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.

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.

A general inspection of the home was undertaken to examine the bedrooms, bathrooms, the communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

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. There were no obvious hazards to the health and safety of residents, visitors or staff.

A review of the fire safety risk assessment dated, November 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 16 June 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 and monthly and were regularly maintained.

Areas for improvement

There were no areas of improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the senior support worker established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, risk assessments, care plans and a daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident.

Care plans and risk assessments were reviewed at each respite admission in conjunction with the family member. A record of this review was maintained. 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 they had an understanding of person centred care and a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs.

The senior support worker confirmed that records were stored safely and securely in line with data protection.

The senior support worker 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 senior support worker and staff confirmed that management operated an open door policy in regard to communication within the home.

Observation of practice and review of care records evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

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 weekly resident meetings were available for inspection.

Areas for improvement

There were no areas of improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The senior support worker 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 confirmed that residents' spiritual and cultural needs 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.

The senior support worker confirmed that consent was sought in relation to care and treatment. Care records contained consent forms in regard to provision of daily care activities and treatment which were signed by a family member.

Discussion with staff 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 through discussion; the principles of confidentiality.

Discussion with staff and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the weekly residents meetings activities were discussed and agreed by the residents. A record was maintained of all activities undertaken. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The senior support worker confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and review of care records confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The senior support worker 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. The complaints procedure was displayed in Makaton and the menu was displayed in picture format. With regard to one resident picture prompts were in place to assist with daily communication.

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. Such systems included daily discussions, residents meetings, annual care reviews and the monthly monitoring visits.

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.

Some comments made by staff during the inspection were:

- “The care provided is to a high standard. It’s a warm welcoming, family house. All the staff do their best to meet the needs of, and go over and above for the residents.”
- “I love working here. It’s a lovely environment to come to work in. There is a great team here. We provide excellent care which is to a high standard. Independence is promoted, choices are offered and everyone is treated as an individual. Its ‘home from home.’ There is good support from the management. We work well as a team, everyone helps each other out.”

Areas for improvement

There were no areas of improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The senior support worker 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. The senior support worker confirmed that 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 the Residents Guide and posters displayed throughout the home. The complaints procedure was also displayed in Makaton.

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.

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. Two senior support workers are currently in the process of completing the QCF Level 5.

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 Residents Guide. The senior support worker confirmed that the registered provider was kept informed regarding the day to day running of 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 senior support worker confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was displayed.

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

The senior support worker confirmed that there were effective working relationships with internal and external stakeholders. The senior support worker confirmed that staff could also access line management to raise concerns and to offer support to staff. 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

There were no areas of improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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