

Inspection Report

19 June 2023



Beltany House

Type of service: Residential Care
Address: 15 Beltany Road, Omagh, BT78 5NA
Telephone number: 028 8224 9902

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)</p> <p>Responsible Individual: Mr Neil Guckian</p>	<p>Registered Manager: Mr Sean Greene</p> <p>Date registered: 25 May 2019</p>
<p>Person in charge at the time of inspection: Ms Stefanie Broderick, Senior Care Assistant</p>	<p>Number of registered places: 3</p> <p>The home is approved to provide care on a day basis only to 1 person</p>
<p>Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 2</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to three residents.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 June 2023, from 12.50pm to 3.20pm by a care inspector. An unannounced medicines management inspection also took place on 19 June 2023, from 9.15am to 11.10am. This was completed by a pharmacist inspector and focused on medicines management within the home

The inspection assessed progress with the one area of 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.

This previous area of improvement was met.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents indicated that they were happy to be in the home.

One area requiring improvement was identified in respect of fire safety.

Review of medicines management found that satisfactory arrangements were in place for the safe management of medicines. Medicine records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. No areas for improvement were identified in relation to the management of medicines.

RQIA were assured that the delivery of care and service provided in Beltany House was safe, effective, compassionate and that the home was well led. Addressing the one area of improvement will further enhance the safety of the home.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Ms Stefanie Broderick at the conclusion of the inspection.

4.0 What people told us about the service

The two residents in the home at the time of this inspection, both indicated that they were happy to be in the home.

Staff spoke in positive terms about their roles and duties, the provision of care, staffing levels, teamwork, training and managerial support.

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 12 April 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 23.4 Stated: Second time	The registered person shall ensure staff receive training in Autistic Spectrum Disorder.	Met
	Action taken as confirmed during the inspection: Staff have received this training.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management.

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.

A matrix of mandatory training provided to staff was in place. This gave good managerial oversight into staff training needs. There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

A schedule of staff supervision and appraisals was in place.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. Expressions of consent were evident with statements such as “Are you okay with...” or “Would you like to ...” when dealing with care delivery.

Care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

The senior care assistant in charge explained the admission process to the home and how preadmission assessment was undertaken and kept up-to-date.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Records were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphagia. Discussions with staff confirmed knowledge and understanding for residents with SALT assessed needs and the procedures the home had put in place at mealtimes to minimise these. Staff said how they were made aware of residents’ nutritional needs to ensure they were provided with the right consistency of diet.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Care records were held confidentially.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff.

The outcomes of visits from any healthcare professional were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Residents’ bedrooms were comfortable and suitably facilitated. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home’s most recent fire safety risk assessment was completed on 15 December 2022. There were no recommendations made from this assessment. An area of improvement was made to submit a time bound action plan in respect of the two recommendations made from a visit by the Northern Ireland Fire & Rescue Service (NIF&RS) on 16 May 2023.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

Observations of care practices confirmed that residents were able to choose how they spent their day. It was also observed that staff offered choices to residents throughout the day which included preferences for food and drink options.

The atmosphere in the home was relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

5.2.5 Management and Governance Arrangements

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to residents' next of kin, aligned named worker and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

There was evidence that complaints were managed correctly and that records of complaint were suitably maintained.

There was a system of audits and quality assurance in place. These audits included; environmental, infection prevention and control and care records.

The home was visited each month by a representative on the behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. These reports are available for review by residents, their representatives, the Trust and RQIA.

5.2.6 Medicines Management

Due to the short stay provision of care, residents bring their own prescribed medicines into Beltany House with them at the beginning of their stay and any unused medicines are returned at the end of their stay.

A review of records indicated that satisfactory arrangements were in place to manage medicines for residents admitted to the home for respite care. Staff use several reference sources to confirm the resident's medicine regime at or prior to admission, including their Northern Ireland Electronic Care Record. The prescriber and community pharmacist are contacted when necessary. The medicine records had been accurately completed.

Staff were not usually responsible for ordering medicines, as prescribed medicines were brought in for each short stay. However, they regularly reviewed stock levels and ensured that each resident had a continuous supply of their medicines. The records reviewed showed that medicines were available for administration when needed.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed. The residents' personal medication records reviewed were accurate and up to date.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident. The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain. These medicines were rarely used.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required.

Care plans were in place when residents required seizure rescue medication to manage their epilepsy.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment. A sample of these records was reviewed. The records were found to have been completed to the required standard.

The audits completed at the inspection indicated that the residents had received their medicines as prescribed.

Medicines were observed to be securely locked to prevent any unauthorised access. A controlled drugs cabinet was available for use as needed.

Satisfactory arrangements were in place for the safe return of medicines whenever residents were discharged.

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. The audit system in place in this home helps staff to identify medicine related incidents.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	0	1

The one area of improvement and details of the Quality Improvement Plan was discussed with Ms Stefanie Broderick, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 29.3</p> <p>Stated: First time</p> <p>To be completed by: 19 July 2023</p>	<p>The registered person shall submit a time bound action plan detailing how the two recommendations made from a visit by the Northern Ireland Fire & Rescue Service (NIF&RS) on 16 May 2023, will be dealt with.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Estates replaced defective light fitting on 27th June 2023. The emergence lighting on escape routes now provides adequate illumination and comply fully with BS5266- 1:2016</p> <p>The Westren Trust Fire Officer has confirmed the fire doors and seals comply to BS8214 i.e. The Trust will ensure no more than 5 coats of conventional paint is applied to a</p>

	combined depth of 0.5mm in reference to the NIFRA deficiency No 1. The facility Fire Risk Assessment has been updated to reflect this information.
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