

# Unannounced Care Inspection Report 23 January 2018



## Beltany House

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

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with three beds registered to provide care for residents under categories of care as detailed in section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Registered Manager:</b> Sean Greene (acting)
<b>Person in charge at the time of inspection:</b> Sean Greene	<b>Date manager registered:</b> Sean Greene – application not yet submitted
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 3

### 4.0 Inspection summary

An unannounced care inspection took place on 23 January 2018 from 11.45 to 15.45.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the home, mandatory training and communication between the residents and staff.

Areas requiring improvement were identified in regards to the fire alarm checks, care management reviews and the statement of purpose.

Residents said that they liked coming to the home for respite and enjoyed the activities.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Sean Greene, 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.

## 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 21 June 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and the notifications of accidents and incidents.

During the inspection the inspector met with one resident, one staff member and the manager.

A total of six questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The staff were encouraged to access the on line service for questionnaire completion. One questionnaire was returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

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 the most recent inspection dated 21 June 2017

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified at this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 21 June 2017

There were no areas for improvements made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager 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. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of one completed induction record and discussion with the manager 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. Supervision and appraisal records were reviewed at the last inspection and were not reviewed at this inspection. A schedule for mandatory training was maintained and was reviewed during the inspection.

The manager 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 completed staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the registered manager 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.

The adult safeguarding policy was reviewed at the last inspection and was found to be consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion was established.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Staff were knowledgeable and had a good understanding of adult safeguarding principles. Discussion with the manager, review of accident and incidents notifications, care records and complaints records 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 manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The manager confirmed there were restrictive practices employed within the home, notably the use of bed rails. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The manager confirmed there were risk management policy and procedures in place. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

Inspection of the 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the trust's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was 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. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place date November 2017. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed. Records were retained of staff who participated and any learning outcomes.

A review of the fire safety records identified that the fire alarms are to be checked weekly. There were gaps identified in that, all of the weekly checks were not completed during August, September and October. In addition there was only one check recorded for December 2017. This was identified as an area for improvement under the regulations to ensure the weekly checks are completed.

Monthly fire safety checks were undertaken and recorded for fire doors, fire-fighting equipment and means of escape.

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding, infection prevention and control and the home's environment.

### Areas for improvement

One area for improvement was identified in regards to the fire alarm checks.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 6.5 Is care effective?

### The right care, at the right time in the right place with the best outcome

Discussion with the manager established that 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 an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

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 manager advised that residents and/or their representatives were

encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. However it was noted that none of the care records reviewed contained evidence of a recent care management review. This was identified as an area for improvement to ensure that the home keeps a record of the review meetings.

Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. Records were stored safely and securely in line with data protection.

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

Residents spoken with, review of care records and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of weekly resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as very satisfied.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

**Areas for improvement**

One area for improvement was identified in regards to care management reviews.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A review of care records and discussion with the staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.



The manager confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

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 with the staff, weekly residents’ meetings, suggestion box and the monthly monitoring visits by the responsible person.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Care records contained evidence of outings and trips.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

During the inspection the inspector met with one resident. This resident was observed to be comfortable and relaxed within this environment and positive interactions were observed between the staff and the resident. The resident appeared content and the staff were familiar with the residents’ needs and routine.

Comments made by a staff member during the inspection were:

- 0“We have a good staff team and there is good communication among the team. In addition to shift handovers we have a communication book in place. There is good staff training in place.”

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as very satisfied.

**Areas of good practice**

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 taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The manager outlined the management arrangements and governance systems in place within the home. The 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 with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of accidents/incidents/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 and actioned.

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 to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. However the home's Statement of Purpose was not updated to reflect changes in the management structure. This was identified as an area for improvement to ensure that the Statement of Purpose is maintained on an up to date basis.

Discussion with the manager identified that they had understanding of their role and responsibilities under the legislation. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring visits.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager confirmed that there were effective working relationships with internal and external stakeholders.

The manager confirmed that staff could also access line management to raise concerns and they will offer support to staff. Discussion with staff confirmed that there were good working

relationships within the home 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.

Comments made by a staff member during the inspection were:

- “The new manager has had a positive impact on the home. He is trying to develop and improve things for the service users. The manager is approachable and proactive.”

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

One area for improvement was identified in regards to the Statement of Purpose.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sean Greene, 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 care 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (d) (v)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 January 2018	The registered person shall ensure that the fire alarm checks are completed on a weekly basis.  <b>Ref:</b> section 6.4  <b>Response by registered person detailing the actions taken:</b> The Manager will ensure fire alarm checks are completed on a weekly basis.(Completed)
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.5  <b>Stated:</b> First time  <b>To be completed by:</b> 24 January 2018	The registered person shall ensure that the home retains a record of the care management review meetings.  <b>Ref:</b> section 6.5  <b>Response by registered person detailing the actions taken:</b> The manager will ensure a record of care management review meetings is kept on the clients file within the service area.(Completed)
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.6  <b>Stated:</b> First time  <b>To be completed by:</b> 23 February 2018	The registered person shall ensure that the Statement of Purpose is maintained on an up to date basis.  <b>Ref:</b> section 6.7  <b>Response by registered person detailing the actions taken:</b> The Statement of Purpose has been updated and will be kept updated on an ongoing basis.

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)