

# Unannounced Inspection Report 7 January 2020



## **Beltany House**

**Type of Service: Residential Care Home**  
**Address: 15 Beltany Road, Omagh, BT78 5NA**  
**Tel No: 028 8224 9902**  
**Inspector: Helen Daly**

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 Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust	<b>Registered Manager:</b> Mr Sean Greene
<b>Responsible Individual:</b> Dr Anne Kilgallen	
<b>Person in charge at the time of inspection:</b> Mr Sean Greene	<b>Date manager registered:</b> 29 May 2019
<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  The home is approved to provide care on a daily basis only for one person.

### 4.0 Inspection summary

An unannounced inspection took place on 7 January 2020 from 10.15 to 12.00.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections and 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 management of medicines, staffing, communication between residents and staff and taking account of the views of residents and their families.

No areas for improvement were identified at this inspection.

We were unable to speak with residents during the inspection as they had gone out to day care.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Sean Greene, Registered Manager, 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.

## 4.2 Action/enforcement taken following the most recent inspection dated 27 June 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 June 2019. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

No questionnaires were returned to RQIA within the specified timeframe (two weeks).

During the inspection a sample of records was examined which included:

- personal medication records and medication administration records
- medication audits
- staff duty rotas
- staff training schedule and training records
- certificates of employment provided by the Trust
- records of NISCC registrations
- Short Break Survey
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

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 care and medicines management inspections

#### Areas for improvement from the most recent care inspection dated 27 June 2019

Action required to ensure compliance with the DHSSPS for Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  Ref: Standard 25.6  Stated: First time	The registered person shall ensure that the hours worked by the registered manager are recorded on the duty rota.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Several duty rotas were provided for inspection. The hours worked by the registered manager were clearly recorded.	
<b>Area for improvement 2</b>  Ref: Standard 19.2  Stated: First time	The registered person shall ensure that the registered manager has oversight of the recruitment process so that they can be assured the appropriate pre-employment checks are completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The human resources department carry out the pre-employment checks for permanent staff.  The registered manager now receives a copy of the certificate of employment for staff which confirms that the pre-employment checks have been completed.	
<b>Area for improvement 3</b>  Ref: Standard 19.2  Stated: First time	The registered person shall ensure that a system is established so that the registered manager has oversight of staff registration with NISCC for monitoring purposes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The registered manager maintains a list of staff names and their NISCC registration numbers. This is checked regularly to ensure that all registrations are up to date.	

There were no areas for improvement identified as a result of the most recent medicines management inspection.

**6.2 Inspection findings**

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

Staff said that they felt that there were enough staff to meet the needs of the residents.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by residents.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. We noted that obsolete personal medication records had not been cancelled and archived. The registered manager advised that this would be addressed immediately following the inspection and hence an area for improvement was not identified.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, training and the management of medicines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

**6.4 Is care effective?**  
**The right care, at the right time in the right place with the best outcome.**

Robust systems were in place to ensure that medicines were managed safely during each resident's stay in the home. The person with caring responsibilities was requested to provide sufficient medication to cover the period of respite care. There were procedures in place to verify prescribed medicines at each admission to the home.

The outcomes of the audits which were completed at the inspection indicated that medicines were administered as prescribed.

We discussed meal times with the registered manager and two members of staff. Residents were offered meals of their choice and the pictorial menu was updated at each meal time. Residents

dined in the kitchen/dining room or their preferred dining area. Food was prepared by staff and served immediately. Staff advised that there were at least two staff available during meals.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the systems in place for the management of medicines on each admission and the encouragement/assistance provided by staff to ensure that residents received nutritious meals.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 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.**

Of the questionnaires that were issued, none were returned within the timeframe (two weeks) specified for inclusion in this report.

We were unable to speak with residents during the inspection as they were at day care.

We reviewed a copy of a recently completed ‘Short Break Survey’ which had sought feedback from residents and their families/carers. Comments received were complimentary. Action plans to address any suggested improvements had been implemented.

The registered manager and staff advised of the changes they had implemented to ensure that the activities and accommodation offered resident-centred care. Residents’ preferences and requests were reviewed and updated for each period of respite care.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to maintaining the dignity and privacy of residents, listening to and valuing residents and their representatives 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

**6.6 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.**

Medication incidents had been investigated to identify and implement any learning in order to prevent a recurrence. The registered manager advised that there were robust auditing processes and that staff knew how to identify and report incidents. These audits were reviewed during the inspection; satisfactory outcomes were observed indicating that medicines were administered as prescribed.

We met with two members of staff. Both advised that they had received comprehensive training and felt well supported in the home. They said that they loved working in the home and felt that residents received great care. They felt that there were enough staff in the home to ensure that residents care needs were met and to ensure that they could engage in activities of their choice during their period of respite care. Comments included:

- “There is a great atmosphere in the home. Residents have a great choice of meals and activities. It is flexible so that residents can change their mind regarding activities and staff will accommodate. The residents are out and about all the time, they love it.”
- “I love working here. Residents’ individual needs are met. It is person-centred.”

**Areas of good practice**

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





The **Regulation** and  
**Quality Improvement**  
**Authority**

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**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)