

Unannounced Care Inspection Report 11 July 2018



Beltany House

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

www.rqia.org.uk

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 which can accommodate a maximum of three persons with a learning disability.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Post Vacant Sean Greene Temporary Manager until an appointment has been made by WHSCT.
Person in charge at the time of inspection: Sean Green until 13.00 hrs Shauna McGovern Senior Care Assistant (SCA) from 13.00hrs	Date manager registered: Post vacant
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 3

4.0 Inspection summary

An unannounced care inspection took place on 11 July 2018 from 10.00 to 16.00 hrs.

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 during and 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 promotion a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There were examples of good practice found in relation to staff training, adult safeguarding, audit, care records, infection prevention and control, risk management and the home's internal environment.

Areas requiring improvement were identified; the external environment and the provision of a safe secure area where residents can enjoy the freedom of movement without risk to their safety; development of a choking/dysphasia policy and review of staffing levels and reduce reliance on agency/bank staff.

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
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Sean Green, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 January 2018.

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, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, three residents and three staff.

A total of 10 satisfaction questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was returned by a resident's representative. No questionnaires were returned from staff within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits conducted
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings

- Monthly reports of visits made on behalf of the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire safety equipment
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 inspection dated 23 January 2018.

The most recent inspection of the home was an unannounced care inspection. The completed QIP from the inspection was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 23 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (d) (v) Stated: First time	The registered person shall ensure that the fire alarm checks are completed on a weekly basis. Ref: section 6.4	Met
	Action taken as confirmed during the inspection: Review of records evidenced that the fire alarm was being checked weekly.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 11.5 Stated: First time	The registered person shall ensure that the home retains a record of the care management review meetings. Ref: section 6.5	Met
	Action taken as confirmed during the inspection: Examination of care records evidenced care management meetings.	
Area for improvement 2 Ref: Standard 20.6 Stated: First time	The registered person shall ensure that the Statement of Purpose is maintained on an up to date basis. Ref: section 6.7	Met
	Action taken as confirmed during the inspection: The Statement of Purpose reviewed was dated January 2018.	

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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Review of the staff duty roster and discussion with the manager and staff evidenced that agency and bank staff were frequently being used due to the increase in the number of residents with assessed complex needs, many of whom require one to one supervision. In view of the consistent use of agency/bank staff consideration should be given to the recruitment of additional permanent staff to reduce the reliance of bank staff.

A review of completed induction records 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 and a review of returned staff questionnaires confirmed that mandatory training was regularly provided. Schedules and matrix records of training were reviewed during the inspection.

The provision of ongoing formal individual staff supervision was discussed with the manager and staff. Improvement in regard to ensuring supervision is provided in accordance with the trust policy and a minimum standard is necessary. The development of a schedule for supervision would be helpful in regard to advanced planning with dedicated time set aside.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

The manager advised 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 manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that Access NI information was recorded and managed in line with best practice.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. Reference to; definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A trust adult safeguarding champion had been identified.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager and review of accidents/incident records evidenced that no adult safeguarding issues had arisen since the previous inspection.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that resident care needs and risk assessments were obtained prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager advised there were restrictive practices within the home, notably the use of locked front door and lap straps on wheelchairs. Discussion with the manager regarding restrictive practice confirmed these were appropriately assessed documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The manager and staff were aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities.

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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Audit in the form of bi-monthly spot checks of hand hygiene and environmental cleaning were undertaken with records of outcome and action plans retained.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Seven step 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 trust policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home was 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. No malodours were detected in the home. One safety matter observed was the lack of a safe secure outside environment where residents can enjoy freedom of safe movement in and out of the home as desired. Improvement in this regard is necessary in respect of the health, safety and wellbeing of residents.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly. For example; Control of Substances Hazardous to Health (COSHH), fire safety and manual handling.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. Electronic records were being retained.

The registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated January 2018 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- “I like coming here and would stay if they let me”
- “Good care given, I have no complaints”

Comment received from staff included:

- “We believe the care is very safe here and we have the resources necessary”

One questionnaire returned from a resident’s relative who indicated a concern regarding the lack of secure outside space. This comment was shared with the senior care assistant.

Areas of good practice

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

Areas for improvement:

- Review staffing complement with consideration given to the employment of an additional staff member in order to reduce the reliance on bank/agency staff
- The provision of a safe secure outside space where residents can safely move in and out of the home as desired.
- The provision of formal individual staff supervision to recommence

	Regulations	Standards
Total number of areas for improvement	1	2

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.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of three care records was undertaken and discussed. Records included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular 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 senior care assistant and manager advised that work was in progress to further develop the format for care plans to ensure these clearly reflect person centred specific needs. Ongoing audit of care plans was

undertaken with records retained. One area identified for improvement included the provision of a policy on choking/dysphasia.

The care records 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. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious menu was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Observation of the mid-day meal was not undertaken as the three residents accommodated left the home, accompanied by staff, to go on a pre-arranged outing to the beach.

The senior care assistant advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents, complaints, environment, catering staff registrations with NISCC, mandatory training were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The senior care assistant advised 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. Minutes of staff meetings and resident meetings on each fortnightly admission were reviewed during the inspection. Most staff employed within the home was familiar with Makaton communication. Pictorial notices of activities and other events were displayed for ease of residents who are unable to read.

An annual satisfaction questionnaire was conducted during 2017 with another survey planned for 2018. The development and analysis of responses was undertaken by the senior care assistant. The survey report was very well presented with colourful pie charts used to highlight responses. The senior care assistant explained that the action plan regarding the small number of negative responses was a work in progress. The action plan would be included within the report in user friendly presentation would be made available to residents/representatives.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the senior care assistant and staff confirmed that management operated an "open door policy" in regard to communication within the home.

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.

Residents spoken with during the inspection made the following comments:

- “Really good care given”
- “I look forward to coming here”

One completed questionnaire was returned to RQIA from a resident’s representatives who indicated level of satisfaction with this aspect of care as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

The provision of a policy/procedure on choking/dysphasia is required.

	Regulations	Standards
Total number of areas for improvement	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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The senior care assistant and staff advised 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.

The staff and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ right, independence, dignity and confidentiality were protected.

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. Care plans, menus and the activity programme, for example, were written in a pictorial format.

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; residents’ were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents’ meetings, daily discussions. Resident newsletters and visits made on behalf of the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report.

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 during their respite period of stay.

Residents spoken with during the inspection made the following comments:

- “We have lots to do and go out in the bus for trips”
- “We can choose what we like to eat and things to do”
- “Yes I think staff listen to us”

Comments received from staff during the inspection were as follows:

- “We have empathy and understanding of each resident’s needs”
- “Our residents are always treated with dignity and respect”

One completed questionnaire was returned to RQIA from a resident’s representatives who indicated level of satisfaction with this aspect of care as 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
Total number of areas for improvement	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 and stated that 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. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred. A policy/procedure on choking/dysphasia is required.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

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. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, for example, thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The senior care assistant advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

A visit made on behalf of the registered provider 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, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The senior care assistant stated that the registered provider was kept informed

regarding the day to day running of the home including telephone calls, emails and visits to the home.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

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 open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents spoken with during the inspection indicated that they were very satisfied with the management in the home.

Staff spoken with during the inspection gave positive responses to the management within the home and confirmed that they felt very well supported by the manager and senior care assistants.

One completed questionnaire was returned to RQIA from a resident's representatives who indicated level of satisfaction with this aspect of care as 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, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shauna McGovern, Senior Care Assistant, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (0) Stated: First time To be completed by: 30 November 2018	The registered person shall ensure that a safe secure outside space with seating is available to residents. Ref: 6.4 Response by registered person detailing the actions taken: The service manager has actioned a minor capital works request to upgrade the fence surrounding the facility.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.1 Stated: First time To be completed by: 31 October 2018	The registered person shall review the current permanent staffing levels with a view to the provision of an additional staff in order to reduce the ongoing high use of agency/bank staff. Ref: 6.4 Response by registered person detailing the actions taken: The service manager is taking forward the recruitment of new staff to posts which are currently vacant.
Area for improvement 2 Ref: Standard 24.3 Stated: First time To be completed by: 31 August 2018	The registered person shall provide a schedule for staff supervision with dedicated time set aside which would be helpful in regard to advanced planning with dedicated time set aside. Ref: 6.4 Response by registered person detailing the actions taken: The service manager has issued staff with a supervision schedule which identifies monthly dates.
Area for improvement 3 Ref: Standard 21.1 Stated: First time To be completed by: 31 October 2018	The registered person shall ensure that a policy/procedure on choking/dysphasia is available to staff. Ref: 6.5 Response by registered person detailing the actions taken: The service manager will ensure the service has a policy/procedure in place regarding choking/dysphasia and all staff will have access to the policy/procedure.

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



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