

Inspection Report

12 April 2022



Beltany House

Type of service: Residential Care
Address: 15 Beltany Road, Omagh, BT78 5NA
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Mr Neil Guckian	Registered Manager: Mr. Sean Greene Date registered: 25 May 2019
Person in charge at the time of inspection: Mr Sean Greene	Number of registered places: 3
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 2
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, on a short stay / respite basis.	

2.0 Inspection summary

This unannounced inspection took place on 12 April 2022, from 9.50am to 1pm by a care inspector.

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.

There was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

Staff promoted the dignity and well-being of residents with kind, caring interactions. It was also evident that staff were knowledgeable and well trained to deliver safe and effective care.

One area requiring improvement was stated for a second time during this inspection.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff

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.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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. No questionnaires were returned in time for inclusion to this report.

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 Sean Greene, Manager at the conclusion of the inspection.

4.0 What people told us about the service

During this inspection two residents were met with. Both residents appeared comfortable, content and at ease in their environment and interactions with staff.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and 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 18 August 2021		
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: First time	The registered person shall ensure staff receive training in Autistic Spectrum Disorder.	Partially met
	Action taken as confirmed during the inspection: Four staff had received this training with plans being put in in place for all other staff to receive this training. This area of improvement has been stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment is led by the human resource department of the Western Health & Social Care Trust with oversight from the Manager.

A checklist is maintained in the home confirming that staff are recruited in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

There were systems in place to ensure staff were trained and supported to do their job. Staff spoke positively about the provision of training and said that their training needs were also identified at supervision and appraisal. An area of improvement was restated for a second time for staff to receive training in Autistic Spectrum Disorder, which only four staff had received since the previous inspection.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and manager.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. 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. Review of a sample of a staff member's

assessment found this to be comprehensive in detail to account for the responsibilities of this role.

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. For example with the provision of person centre activities and residents' social care needs.

Staff said that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Resident care records reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was a good provision of choice including those residents who needed specialist diets. Records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals and the resident's next of kin. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need had recorded statements of care and treatment given with effect of same. The outcome of visits from any healthcare professional was recorded.

At the end of resident's respite stay in the home a review of their care is shared with the resident's next of kin and Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and suitability maintained. Residents' bedrooms were comfortable. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. These included regular and up-to-date fire safety checks in the environment, fire safety drills and fire safety training for staff. The home's most recent fire safety risk assessment was on February 2022. The report of this assessment had yet to be published but the manager said that there was one recommendation made from this assessment, which has been addressed.

There was evidence that there were systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

It was observed that residents were able to choose how they spent their day. Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents were engaged in person centre pastimes of choice during this inspection.

One resident was out at their day care placement. The other two residents in the home went out on a bus trip with staff during this inspection.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Sean Greene has been the manager in this home since 25 May 2019. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager explained that complaints were seen as an opportunity to for the team to learn and improve.

Staff commented positively about the manager and described him as supportive, approachable and always available for guidance.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by the registered person to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

One areas of improvement have been identified were 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 were discussed with Sean Greene, Manager 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)	
Area for improvement 1 Ref: Standard 23.4 Stated: Second time To be completed by: 12 June 2022	The registered person shall ensure staff receive training in Autistic Spectrum Disorder. Ref: 5.1 Response by registered person detailing the actions taken: Since this inspection seven staff have now completed this training. The remainder of the staff team will have completed this training by 12 th June 2022

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



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