Unannounced Care Inspection Report
16 January 2017

Beltany House

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

1.0 Summary

An unannounced inspection of Beltany House took place on 16 January 2017 from 12.00 to 16.15.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

Four areas for improvement were identified in relation to the Statement of Purpose, fire safety and infection control issues.

Is care effective?

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

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

One area for improvement was identified in regard to the monthly monitoring reports.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Stefanie Broderick, senior support worker, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered provider: Western Health and Social Care Trust	**Registered manager:** Margaret Dolan (acting)
Person in charge of the home at the time of inspection: Stefanie Broderick	**Date manager registered:** Margaret Dolan – application not yet submitted
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	**Number of registered places:** 3

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and the accident and incident notifications.

During the inspection the inspector met with two residents, one resident's representative and three members of the care staff.

The following records were examined during the inspection:

- Staff duty rota
- One staff competency and capability assessment
- Staff training schedule/records
- Two residents' care files
- The home's Statement of Purpose
- Minutes of recent staff meetings

- Audits of the environment, hand hygiene, accident and incidents, care review and complaints
- 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
- Individual written agreement
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 June 2016

No requirements or recommendations were made as a result of the most recent previous inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 23 June 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The senior support worker 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 residents, residents' representatives and staff.

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

A review of completed induction records was undertaken at the last inspection. Discussion with the senior support worker and staff confirmed 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. A schedule for mandatory training was maintained and was reviewed during the inspection.

The senior support worker 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. A review of one completed staff competency and capability assessment found this to be satisfactory.

Discussion with the senior support worker 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 and procedure in place was 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.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the senior support worker, 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 senior support worker confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior support worker 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.

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

A review of the home's Statement of Purpose identified that such restrictions were not adequately described. A recommendation was made in this regard.

The senior support worker confirmed there were risk management policy and procedures in place. Discussion with the senior support worker 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 e.g. COSHH, fire safety etc.

The senior support worker confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Inspection of such equipment, however, identified that there were areas of rust on the legs of a hoist in the home. A recommendation was made to ensure this was addressed.

There were multiple infection prevention and control (IPC) policies and procedures in place. Staff training records confirmed 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. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors.

The senior support worker 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 comfortable. The home was fresh smelling, 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.
During the inspection a fire door was noted to be wedged open. A requirement was made to ensure that this practice is ceased with immediate effect. Discussion with the senior support worker confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had a fire risk assessment in place dated November 2015 and was therefore no longer current. A requirement was made to ensure the fire risk assessment is maintained on an up to date basis.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed one to two times weekly. Records were retained of 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 monthly and were regularly maintained.

Areas for improvement

Four areas for improvement were identified in relation to the Statement of Purpose, fire safety and infection control issues.

Number of requirements	2	**Number of recommendations**	2

4.4 Is care effective?

Discussion with the senior support worker established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, where appropriate) 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. 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 their representative.

Records were stored safely and securely in line with data protection.

The senior support worker confirmed 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 the environment, hand hygiene, accident and incidents, care review and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The senior support worker 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 staff confirmed that management operated an open door policy in regard to communication within the home.

Discussion with one representative and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of 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.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	**Number of recommendations**	0

4.5 Is care compassionate?

The senior support worker 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 range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with one representative and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the management of pain.

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 were available in an easy read format.

The senior support worker and one representative confirmed that consent was sought in relation to care and treatment. Care records contained evidence of completed consent forms in relation to personal care, medical treatment and medication. Discussion with one representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The senior support worker and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, a representative 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 staff, weekly residents' meetings, care management reviews and resident questionnaires.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with one representative and a review of the minutes of residents' meetings confirmed that residents are supported to participate in a range of activities.
A residents meeting is facilitated weekly and the residents decide on the activities to be undertaken that week.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that family members are welcome to visit the home at any time.

One comment made by a resident's representative was:

"Beltany House is outstanding. This is just so homely. There is a great sense of comfort when I walk out the door because the staff know (resident) inside out. It gives me great peace of mind. There is excellent communication between the staff and myself. I can go back to my work and know that (resident) is well looked after."

One comment made by a staff member was:

"There is good communication in the home and we have a shift handover at each shift. Staffing levels are tailored to the needs of the residents. We do a good job with the facilities that we have. We go above and beyond with some of the residents; we get involved in their lives."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The monthly monitoring reports were reviewed as part of the inspection process. Whilst there were a number of these reports in place, there was no report available for October 2016. In addition, a number of reports were undertaken outside of the required monthly timeframe. A requirement was made in this regard.

An organisational structure was in place within the home and staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose. There is currently no permanent manager in Beltany House. One staff member commented that they would like to see a permanent manager appointed so as to ensure stability. This issue was followed up by the inspector in writing to the trust.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

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

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The senior support worker confirmed that staff could also access line management to raise concerns 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.

Areas for improvement

One area for improvement was identified in relation to the monthly monitoring visits.

Number of requirements	1	**Number of recommendations**	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stefanie Broderick, senior support worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 27 (4) (b) **Stated:** First time **To be completed by:** 31 January 2017	The registered provider must ensure that the practice of propping doors open is ceased with immediate effect. In addition the need for a self-closing device which is activated by the fire alarm system should be considered in conjunction with the regulations of the HTM 84.
	Response by registered provider detailing the actions taken: The Trust Fire Officer has reviewed current practice and updated the Fire Policy accordingly. Estates Department will assess and fit a self-closing device on the sitting room door.
Requirement 2 **Ref**: Regulation 27 (4) (a) **Stated:** First time **To be completed by:** 31 January 2017	The registered provider must ensure that the fire safety risk assessment is maintained on an up to date basis.
	Response by registered provider detailing the actions taken: The Fire Safety risk assessment for Beltany House was updated on 30th Jan 17.
Requirement 3 **Ref:** Regulation 29 (1) **Stated:** First time **To be completed by:** 31 January 2016	The registered provider must ensure that the monthly monitoring visits are undertaken on a monthly basis. In addition to this, a contemporaneous record must be maintained and available for inspection.
	Response by registered provider detailing the actions taken: The registered provider will ensure monthly monitoring visits are undertaken and a record will be maintained for inspection.
Recommendations	
Recommendation 1 **Ref**: Standard 20.5 **Stated:** First time **To be completed by:** 16 February 2017	The registered provider should ensure that the Statement of Purpose references any restrictive practices used in the home.
	Response by registered provider detailing the actions taken: The Statement of Purpose has been updated to reference restrictive practices used in the home.
Recommendation 2 **Ref**: Standard 35.1 **Stated:** First time **To be completed by:** 16 February 2017	The registered provider should ensure that the areas of rust identified on a hoist are addressed.
	Response by registered provider detailing the actions taken: A new hoist has been ordered for the facility.

Please ensure this document is completed in full and returned to** care.team@rqia.org.uk **from the authorised email address*

The Regulation and Quality Improvement Authority

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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews