

Inspection Report

18 August 2021



Beltany House

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

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 Heath and Social Care Trust (WHSCT)	Registered Manager: Mr Sean Greene
Registered Person/s OR Responsible Individual Dr Anne Kilgallen	Date registered: 29 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 3 residents on a short term respite basis. The home is akin to a domestic type bungalow, all of which rooms are on ground floor level.	

2.0 Inspection summary

An unannounced inspection was conducted on 18 August 2021, from 10.50am to 1.30pm by a care inspector.

The inspection sought to examine with the areas of improvement from the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy, well ventilated and lit and free from malodour.

Staffing levels were found to be in keeping with resident dependencies and the size and layout of the home.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their roles with training and resources.

Residents were seen to be well cared for. There was clear evidence of attention to personal care and dressing.

Feedback from residents indicated that they were satisfied with the care and service provided for in Beltany House.

One area of improvement was identified during this inspection. This was in relation to an aspect of staff training.

RQIA were satisfied that the delivery of care provided for in Beltany House was safe, effective, compassionate and well-led.

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.

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 and 'Tell Us' cards 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.

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.

4.0 What people told us about the service

In accordance with their capabilities, residents told us that felt safe and that they were satisfied with the care delivery in the home. They spoke positively with their relationship with staff, the provision of meals and the provision of activities. Observation during the inspection indicated that residents' needs were met.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff further advised that they felt well supported by the manager.

No responses to the resident/relative questionnaires or staff questionnaires were received.

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 19 November 2020		
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)(a) Stated: First time	The registered person shall ensure that the outstanding recommendation identified within the 12 November 2019 fire risk assessment is met; the registered person shall also ensure that the aligned RQIA estates inspector is kept appropriately updated in regard to this.	Met
	Action taken as confirmed during the inspection: Details of the actions taken in response to this recommendation have been set to the aligned RQIA estates inspector.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 23.3 Stated: First time	The registered person shall ensure that mandatory training, and any subsequent training updates, is provided to staff within expected timescales.	Met
	Action taken as confirmed during the inspection: A review of staff training records found this has been put in place.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

All staff working in the home were provided an induction appropriate to their roles and duties. Agency staff members also receive an induction and records of same were suitably maintained. There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

Staff said that they felt they were adequately trained to perform their roles and duties. An area of improvement was identified for staff to receive training in Autistic Spectrum Disorder, for which it was recorded that not all staff had done so.

Review of records provided assurances that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 period. The manager's hours were stated on the rota and the team leader in charge at each shift in the absence of the manager was highlighted. Staff told us that they knew who was in charge of the home at any given time. Any member of staff who have responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place to account for this responsibility.

The manager confirmed that safe staffing levels were determined and/or adjusted by on-going monitoring of the number and dependency levels of residents in the home. It was noted that there was enough staff available in the home to respond to the needs of residents.

Residents informed us that they were satisfied with the delivery of care and the kindness and support received from staff.

Staff told us that they were satisfied with the staffing levels in the home and described the care as being very good.

Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, from where and how they wished to spend their time and what meals they liked.

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their jobs in a professional and polite manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care with statements such as: "Would you like to..." or "Can I help you with..." and to knock resident's bedroom doors to seek permission of entry.

Residents' needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. Added to this any advice or directions by other healthcare professionals is included in the assessment and care plans. Residents' care records were held safely and confidentially.

Resident areas were free from clutter and trip hazards. Those residents who were at risk from falls had care plans in place.

Records confirmed that in the event of a resident falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate on-ward referral, where required, such as Occupational Therapy or the HSC Trust's falls prevention team. Following a fall, relevant persons such as the resident's next of kin, their aligned named worker and where appropriate RQIA, were informed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

There was a choice of meals offered and facilitated in a manner which aided residents' understanding. There was also a variety of drinks available.

Records were also kept of what residents had to eat and drink daily.

In summary, there were no concerns identified in relation with the care delivery or record keeping.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was well maintained. Residents' bedrooms were comfortable and suitably furnished. Communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Bathrooms and toilets were clean and hygienic.

The home's most recent fire safety risk assessment was completed on 14 February 2021. This assessment had corresponding evidenced recorded of the actions taken in response to any recommendations made from it. The manager reported that two door self-closures linked to the fire alarm panel were to be installed in the kitchen/dining room shortly, as identified as a recommendation from the fire safety risk assessment.

Fire safety training and fire safety drills were maintained on an up-to-date basis, as were fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff 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 Personal Protective Equipment 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 Department of Health guidance.

Staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.4 Quality of Life for Residents

In accordance with their capabilities, residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges. Residents were observed to be comfortable and at ease in their environment and in interactions with staff. At the onset of this inspection, the two residents in the home were out to town with staff for a breakfast at a local shopping centre.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Staff said that they enjoyed participating in activities with the residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection; with Mr. Sean Greene has been the manager since 29 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. Staff stated that they would have no hesitation in reporting a concern with the manager.

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. There was a low frequency of such events. The monthly analysis was used by the manager to identify any learning for staff.

Monthly visits on the Responsible Individual's behalf are conducted and result in a monthly report which focuses on the quality of services and care provided within the home. Any concerns or corrective actions were noted within the reports.

Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

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

In summary there were effective systems to monitor all aspects of the running of the home. There was a clear organisational structure and staff were aware of their roles within the structure.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

One areas of improvement was identified in respect of an aspect of staff training.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	0	1

The one area of improvement and details of the Quality Improvement Plan was discussed with Sean Greene, Registered 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)	
<p>Area for improvement 1</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2021</p>	<p>The registered person shall ensure staff receive training in Autistic Spectrum Disorder.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff will attend an online ASD awareness course with the Clinical Education Centre on 5th November 2021. Any staff who are not able to attend this training will attend training with the Psychological Therapies Service in the WHSCT “Understanding ASD and Using Visuals to Support Autistic Individuals”. This course will be provided to staff on a quarterly basis.</p> <p>The Registered Manager will also arrange for staff to attend the Positive Behaviour Awareness Course with the British Institute of Learning Disability which is also available online. All staff will have this training completed by 31st October 2021.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care