



Unannounced Care Inspection Report 19 November 2020



Beltany House

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

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.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to three residents. The home provides respite care on a planned short term basis.

3.0 Service details

Organisation/Registered Provider: Western Heath and Social Care Trust (WHSCT)	Registered Manager and date registered: Sean Greene - 29 May 2019
Responsible Individual: Dr Anne Kilgallen	
Person in charge at the time of inspection: Ami Brennan - senior care assistant	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 home on the day of this inspection: 2

4.0 Inspection summary

This unannounced inspection took place on 19 November 2020 from 09.30 to 13.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- Staffing
- Safeguarding
- Environment
- Infection Prevention and Control (IPC)
- Care delivery
- Care records
- Fire safety
- Governance and management.

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
Total number of areas for improvement	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ami Brennan, senior care assistant, as part of the inspection process. Inspection findings were also shared with the manager following the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous medicines management report
- the previous care inspection report.

During the inspection the inspector met with two residents and three staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. The inspector provided 'Tell Us cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses from these questionnaires were received in time for inclusion to this report.

The following records were examined during the inspection:

- staff duty rota
- competency and capability assessments
- professional registration records
- agency staff members' induction records
- staff meetings records
- IPC documentation and audits
- residents' care records
- fire safety risk assessment
- fire safety records
- Regulation 29 reports
- quality assurance audits
- accident and incident reports
- staff training records.

The findings of the inspection were provided to Ami Brennan, senior care assistant, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 January 2020. There were no areas of improvement identified from this inspection.

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. A competency and capability assessment was in place for any member of staff who has the responsibility of being in charge of the home in the absence of the manager. Inspection of two of these assessments found that they had been appropriately maintained.

Inspection of professional registration records for staff confirmed that all staff had up-to-date registration with the Northern Ireland Social Care Council (NISCC).

The home employs regular agency staff to help ensure a consistent approach to care delivery and provide staff who have knowledge and understanding of residents' care needs. Agency staff receive an induction and the home receives verification of the agency staff member's identification, registration details and training on appointment to the home for duty. Inspection of these records found these to be appropriately in place.

Staff spoke positively about their roles and duties, staffing, training, managerial support, teamwork and morale. Staff stated that residents received a good standard of care and were treated with respect and dignity.

Care duties were attended to in an unhurried organised manner with evidence of effective teamwork. Staff demonstrated good knowledge and understanding of residents' needs and preferences, and in particular residents' communication needs.

Staff meetings are held on a quarterly basis and records of these meetings were informative and detailed.

6.2.2 Safeguarding residents from harm

Discussions with staff confirmed that they had knowledge and understanding of the safeguarding policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

6.2.3 Environment

The home was clean and tidy throughout with a reasonable standard of décor and furnishings. Residents' bedrooms were comfortable and tastefully furnished. Communal areas were comfortable and nicely furnished. Bathrooms and toilets were clean and hygienic.

The grounds of the home were suitably maintained.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic, which was regularly up-dated and disseminated to staff.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance relating to hand hygiene and the use of Personal Protective Equipment (PPE). Staff were observed to wash their hands and use alcohol gels at appropriate times.

Signage was on display which provided advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

6.2.5 Care delivery

Residents appeared well groomed and nicely dressed with attention to detail. Staff interactions with residents were kind, supportive, friendly and attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

The atmosphere in the home was calm, relaxed and friendly.

Residents indicated non-verbally that they were content and comfortable with their stay in the home.

An inspection of the compliment records found that positive feedback had been received from residents' representatives and healthcare professionals. Some of the comments made included statements such as:

- "I spoke with (resident's mum) yesterday. During the conversation she was very complimentary about the care. She acknowledged the extra lengths that staff went to..."
- "Staff have done great work with this gentleman since admission. (Resident) looked so content and staff report he is much more settled and is eating and drinking well."
- "... (resident's mother) wanted me to pass on her thanks to you and the Beltany House staff for having ... (Resident). She said it was wonderful, such a positive experience and couldn't have asked it go any better. She said that because ... (Resident) was so calm and she was able to relax for the first time since lockdown and she is very grateful to you all."

Staff explained how residents' dietary needs were planned and catered for on an individual basis. This involved close consultation with each resident's representative and named worker during the pre-admission stage.

6.2.6 Care records

A sample of two residents' care records were inspected. These records were maintained in a methodical, secure and tidy manner. A pre-admission checklist was in place for each resident's aligned named worker to maintain so that the resident's care records were revised as needed, current and up-to-date. Care plans were up-to-date and based upon a range of holistic assessment tools. Care interventions were described within the care plans in a person centred, clear and realistic manner; the efficacy of staff interventions were also documented. Care review records were also detailed and up-to-date. Evidence was in place to confirm consultation with each resident's representative. There was also evidence indicating that staff sought the support and intervention of the wider multi-disciplinary team, as needed.

Progress records were well written in an informative manner. Statements of assessed need had corresponding statements of care or treatment given with effect of same.

6.2.7 Fire safety

The home's most recent fire safety assessment was dated 12 November 2019. There were four recommendations made within the assessment of which one remained outstanding. This was identified as an area of improvement to address and notify the home's aligned estates inspector on the timescale in doing so.

Fire safety training was in place for all staff and fire safety drills had been maintained on a regular and up-to-date basis, as were fire safety checks throughout the environment.

6.2.8 Governance and management

The home has a defined management structure. The senior care assistant in charge of the home at the time of the inspection demonstrated a good understanding of service provision and care delivery within the home.

Inspection of the previous two Regulation 29 monthly reports found these to be well maintained and demonstrated some examples of robust governance.

Staff training records were well maintained and gave good oversight of training received. The records contained evidence that mandatory training for staff and areas of additional training were being maintained. However, there were deficits in respect of mandatory training updates for staff which were noted to be overdue. An area of improvement has been identified to address these deficits.

The accident and incident reports from 7 January 2020 to the date of this inspection were inspected. These reports were found to have been managed appropriately and reported to the relevant stakeholders.

Quality assurances audits pertaining to the NISCC registration of staff, the environment, IPC, staff training, and accidents and incidents were robustly completed with corresponding action plans in place for any issues identified.

Areas of good practice

Areas of good practice were found in relation to staffing arrangements, staff teamwork, feedback from residents' representatives, the pre-admission process and the relaxed ambience and atmosphere of the home.

Areas for improvement

There were two areas for improvement identified during the inspection. These were in relation to a fire safety recommendation and some deficits in the matrix of mandatory training received by staff.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

Residents appeared well cared for, relaxed, and at ease in their environment and during interactions with staff. There was a relaxed ambience and care was delivered in a person centred manner. Staff on duty had a good knowledge and understanding of residents' care needs.

The two areas of improvement identified at this inspection received good assurances from the manager following this inspection that these would be duly acted on.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ami Brennan, senior care assistant, as part of the inspection process and Sean Greene, manager, post inspection. 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 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

<p>Area for improvement 1</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 19 December 2020</p>	<p>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.</p> <p>Ref: 6.2.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Trust's Fire Officer was contacted after this inspection and has confirmed that this recommendation had been escalated onto the priority work list within the Estates Department.</p> <p>The manager will ensure that the Estates Inspector in RQIA is kept updated on the progress of this work.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 19 December 2020</p>	<p>The registered person shall ensure that mandatory training, and any subsequent training updates, is provided to staff within expected timescales.</p> <p>Ref: 6.2.8</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The manager has updated the training matrix and will ensure that all staff have their mandatory training updated within an agreed timescale.</p>



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