

Unannounced Care Inspection Report 21 June 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

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 with three beds registered to provide care for residents under categories of care detailed on its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Mrs Elaine Way CBE	Registered Manager: Mrs Margaret Dolan
Person in charge at the time of inspection: Shauna McGovern	Date manager registered: Mrs Margaret Dolan – (acting)
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 21 June 2017 from 12.00 to 15.30.

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 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 staff training, care records, the culture and ethos of the home and the management of incidents.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Shauna McGovern, senior support worker, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 17 January 2017.

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 and returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with one resident and two staff.

A total of nine questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- One staff competency and capability assessments
- Staff training schedule
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- 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

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 16 January 2017

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

6.2 Review of areas for improvement from the last care inspection dated 16 January 2017

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) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The fire risk assessment was reviewed and advised of the need for the self-closing devices. The fire risk assessment indicated that as an interim measure the sitting door can be propped open provided that the staff are in close proximity.	
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time	The registered provider must ensure that the fire safety risk assessment is maintained on an up to date basis.	Met
	Action taken as confirmed during the inspection: A fire risk assessment dated January 2017 was in place.	

Area for improvement 3 Ref: Regulation 29 (1) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of the records of monthly monitoring visits confirmed these were undertaken on a monthly basis and written reports were available.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.5 Stated: First time	The registered provider should ensure that the Statement of Purpose references any restrictive practices used in the home.	Met
	Action taken as confirmed during the inspection: The Statement of Purpose was reviewed to reflect the restrictive practices used in the home.	
Area for improvement 2 Ref: Standard 35.1 Stated: First time	The registered provider should ensure that the areas of rust identified on a hoist are addressed.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that a new hoist was in place.	

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

Review of a completed induction record and discussion with the staff evidenced 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, annual staff appraisals and staff supervision 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. One completed staff competency and capability assessment was reviewed and found 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.

A certificate of employment eligibility by was provided by the Trust's personnel department to the home to confirm that the necessary requirements for employment were completed including the Enhanced AccessNI disclosures.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy 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. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. 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.

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, locked cupboards 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 statement of purpose identified that restrictions were adequately described.

The senior support worker confirmed there were risk management policy and procedures in place. The senior support worker confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

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 infection prevention and control (IPC) procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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 personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with the senior support worker confirmed that a programme of redecoration was planned to include new curtains and duvet covers. A new chair has been purchased and when this arrives at the home the two seater sofa will be removed.

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. Discussion with the senior support worker confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated January 2017 and all recommendations were in the process of being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed 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 of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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 three 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. Discussion with staff confirmed that a person centred approach underpinned practice.

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

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, weekly 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.

Review of the care records and observation of staff interactions evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of weekly 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 of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

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.

Discussion with staff confirmed that residents' spiritual and cultural needs would be facilitated in the home if this were the wish of the residents. Discussion with staff and review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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. This was evidenced during the inspection where the use of picture prompts was used to assist the resident in choosing their food for lunch.

The staff confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff 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.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. One resident was away on an outing in the afternoon. 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.

There was one resident present during the inspection. This resident presented as contented within his environment and there were positive interactions observed with the staff.

A comment made by one staff member during the inspection was:

- “There is good teamwork. We all work well together and are well ahead of our daily work. This is a great staff team.”

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 senior support worker outlined the management arrangements and governance systems in place within the home. 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. These policies can be accessed electronically by all staff members.

There was a complaints policy and procedure in place. 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 and the complainant’s level of satisfaction. Advice was given to the senior support worker to ensure that the outcome of the complaint is clearly recorded.

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.

A monthly monitoring visit 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, trust representatives and RQIA 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. The senior support worker confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

The senior support worker confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

The senior support worker confirmed that there were effective working relationships with internal and external stakeholders. The staff confirmed that they 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.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk or contact the web portal team in RQIA on 028 9051 7500.



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