



Unannounced Care Inspection Report

27 June 2019



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.

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 registered residential care home which provides care for up to three residents.

3.0 Service details

<p>Organisation/Registered Provider: Western Heath and Social Care Trust (WHSCT)</p> <p>Responsible Individual: Anne Kilgallen</p>	<p>Registered Manager and date registered: Sean Greene 29 May 2019</p>
<p>Person in charge at the time of inspection: Sean Greene</p>	<p>Number of registered places: 3</p> <p>The home is approved to provide care on a day basis only to 1 person</p>
<p>Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years</p>	<p>Total number of residents in the residential care home on the day of this inspection: 3</p>

4.0 Inspection summary

An unannounced inspection took place on 27 June 2019 from 08.15 to 12.45.

The inspection assessed progress with all areas for 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 were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding and communication between residents, staff and other key stakeholders. Further areas of good practice were found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas requiring improvement were identified in relation to staff recruitment, duty roster and oversight of NISCC registration for staff.

Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Sean Greene, registered manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 11 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule
- staff supervision and annual appraisal schedules
- two staff competency and capability assessments
- one staff recruitment and induction record
- three residents' records of care
- minutes of staff meetings
- fire safety records including fire safety risk assessment, fire drills and checks undertaken of fire-fighting equipment, alarm system, emergency lighting, fire doors,

- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 11 July 2018

Areas of improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival at the home we observed staff in various areas assisting residents with their personal care and serving breakfast. The atmosphere with the home was considered to be warm and calm with staff assisting and conversing with residents in a friendly, respectful manner.

Staff told us they came on duty at 07:45 hours each day to allow for the night shift to provide their hand over which included how residents slept and any changes or issues arising. Staff also received their allocated duties for the provision of care which included assisting and supervising residents with their personal care in accordance with their individualised care plan, medicine administrations and scheduled activities planned for the day. Discussion with the staff on duty confirmed they were satisfied with the staffing arrangements in the home and that the planned staffing levels were maintained.

The manager confirmed the staffing levels in the home were reviewed in accordance with the needs and dependencies of the residents. Review of the staff duty roster evidenced the named staff on duty, shifts worked, capacity in which staff worked and who was in charge. Duty rotas accurately reflected the staffing levels explained by the manager and staff. However the duty rota did not record the hours worked by the manager. This was identified as an area for improvement to ensure compliance with the standards.

We reviewed two staff competency and capability assessments which are completed to provide assurances in the absence of the manager. These assessments were found to be reviewed annually and were satisfactory.

The manager advised that staff recruitment records are retained centrally in the human resources department. We discussed with the manager the need to ensure that they have oversight of the recruitment process so that they can be assured the appropriate pre-employment checks were completed. This was identified as an area for improvement to ensure compliance with the standards.

Staff said they felt they had a good induction and were competent to work in the home with good training provided alongside support and encouragement from management. A review of an induction programme and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

The manager explained the arrangements in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC). This was undertaken by the Trust in terms of issuing a reminder to the employee. The need to establish a system to ensure that the manager has oversight of this information for monitoring purposes was discussed and identified as an area for improvement to ensure compliance with the standards.

The manager confirmed that all care staff were also mentored through supervision and appraisal. A system was in place and was reviewed during the inspection to ensure that all care staff employed received, at minimum, two recorded supervisions per year and one annual staff appraisal.

A review of staff training records was undertaken and confirmed that the required mandatory training was completed. Additional training was also provided to support staff in their roles. Staff said they were provided with a wide range of training which enabled them to keep up to date and ensure residents receive good care in accordance with their person centred care plan.

The home had a policy/procedure in place for adult safeguarding. The manager explained that there were no current safeguarding issues. Staff demonstrated good knowledge and understanding of the principles of adult safeguarding and knew what action to take if an allegation or actual abuse occurred. Review of a random selection of staff training certificates evidenced training had been provided.

Inspection of the premises confirmed that all areas were clean including wash hand basins. An adequate supply of resources such as; disposable aprons, gloves and liquid hand soap was in place. Seven step hand wash written and pictorial guidance notices were positioned within toilets/bathrooms throughout the home. All areas within the home were considered to be attractively furnished/decorated, adequately heated and odour free.

There was a fire safety risk assessment in place dated 1 December 2018. Review of records confirmed that fire safety checks of emergency lighting and fire equipment were undertaken in agreement with the fire risk assessment. Fire exits were clear and unobstructed.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to the duty roster, staff recruitment and oversight of the staff registration with NISCC.

	Regulations	Standards
Total numb of areas for improvement	0	3

6.4 Is care effective?

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

We reviewed three care records. They included an assessment of needs, risk assessments, care plans and a daily statement of health and well-being of the resident. It was noted that a number of these records were not up to date. This was discussed with the manager who advised that he was already aware of this. The manager further stated that there was a plan in place to develop new person centred care records. This will be followed up at the next care inspection.

The care records reviewed reflected the multi-professional input into the residents' health and social care needs. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments. Daily evaluations were being recorded to reflect progress, any changes and outcomes of visiting professional staff.

We saw and staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

The manager advised 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, finances, medication and hand hygiene 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 reports.

Discussion with the manager and staff 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.

Minutes of staff meetings were reviewed during the inspection. Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

We could see from review of care records, along with accident and incident reports 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 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

6.5 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.

We observed that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents easily interacting with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to. The manager confirmed that the staff in the home promoted a culture and ethos that supported the values of dignity and respect.

Information was displayed in the home for residents for example regarding the daily menu. Residents could also make choices on a daily basis regarding their preferences at meal times.

We could see that residents’ wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents’ daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear.

Discussion with residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents’ were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example; outings, social outings and arts/crafts.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives 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

6.6 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.

Staff in the home described the manager as supportive and approachable. The manager described how the focus of care in the home was to support the residents as best as possible.

The manager maintains oversight in the home of staff supervision, annual appraisals and staff training to ensure staff are equipped to do their jobs. The manager confirmed that systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

We reviewed the system in place to deal with complaints raised by residents, their family members or others. We looked at the records of complaints since the last inspection and could see that they were managed appropriately.

We reviewed the system in place for notifying next of kin, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. Records reviewed were found to be reported appropriately.

There was a training matrix in place which showed completion of mandatory training and other additional training related to resident's needs. For example training records maintained in the home showed that staff had completed training in the International Dysphagia Diet Standardisation Initiative (IDDSI).

The home was visited by the registered provider's representative each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits from March to May 2019 and found that these were satisfactory. The reports showed evidence of engagement with residents, and staff to get their views on the care in the home; as well as reviewing complaints and information relating to accidents and incidents, safeguarding, the environment and a selection of records maintained in the home. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

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 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sean Greene, registered manager, as part of the inspection process. 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 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.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 8 July 2019	The registered person shall ensure that the hours worked by the registered manager are recorded on the duty rota. Ref: 6.3
	Response by registered person detailing the actions taken: The registered manager's hours are now included in the duty rota.
Area for improvement 2 Ref: Standard 19.2 Stated: First time To be completed by: 31 July 2019	The registered person shall ensure that the registered manager has oversight of the recruitment process so that they can be assured the appropriate pre-employment checks are completed Ref: 6.3
	Response by registered person detailing the actions taken: The registered manager has linked in with the HR department in relation to this and will ensure they have evidence that all appropriate pre-employment checks are completed.
Area for improvement 3 Ref: Standard 19.2 Stated: First time To be completed by: 31 July 2019	The registered person shall ensure that a system is established so that the registered manager has oversight of staff registration with NISCC for monitoring purposes. Ref: 6.3
	Response by registered person detailing the actions taken: The registered manager has now implemented a system to ensure that they have oversight of each staff members' NISCC registration.

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



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