The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Belmont Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **24 to 25 September 2024**

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:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Ms Sarlah Chauresia
Service Profile – This home is a registered Nursing Home which provides general nursing care for up to 48 patients under and over 65 years of age. The home is located over two floors with patients' bedrooms located on the first and second floor. There are a range of communal areas throughout the home and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 24 September 2024 from 9.30 pm until 2 am on 25 September 2024, by a care inspector.

RQIA received information on 20 September 2024 through the whistle-blowing process which raised concerns in relation to staffing arrangements, care provision, the supply of hot water, laundry arrangements, and lighting levels. In response to this information RQIA decided to undertake an unannounced, out of hours, inspection which focused on the concerns raised.

It was established that patients received compassionate care from staff that were well trained.

Patients said that living in the home was a positive experience, and patients unable to voice their opinions were observed to be relaxed and comfortable. A relative told us that they were very happy with the care and services provided in the home. Please refer to section 3.2 for more detail on what people told us.

Some staff raised concerns about how the home was managed. Details were shared with the management team who provided evidence, following the inspection, about how they were addressing staff concerns.

As a result of this inspection one previously identified area for improvement was assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at a future inspection.

RQIA were unable to evidence some of the claims made by the whistle-blower(s), while some of the claims were substantiated. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Due to the out of hours inspection, the majority of patients were either asleep or preparing for bed. Those patients who prefer to sit up later at night were happy to share their views about the home.

Patients told us that staff were available to them when they needed assistance and described staff as "good." Patients confirmed that they knew who the manager was and said that they were encouraged by the manager to raise any concerns or complaints they had. Patients said that they were confident that any concerns would be addressed appropriately.

Patients confirmed that they were able to make choices about their care, the environment, and how they spent their time. One patient told us about changes they had made to their bedroom and expressed that they were supported by the staff and the manager to do this. Another patient told us that they liked to sit up late at night and they experienced no issues with this.

Patients said that they had a choice of meals and drinks and described the food as good, that they could partake in activities and were encouraged, by staff, to maintain their own interests and hobbies.

A relative confirmed that visiting arrangements were working well and that they could come to the home at any time during the day or at night, within reason or under special circumstances. The relative said that they were "very happy" with the care and that they were kept informed by the staff about any changes in relation to their loved one.

The relative confirmed that they knew who the manager was and that they knew how to raise any concerns or complaints. The relative said that they had "faith" that any concerns would be "dealt with" appropriately.

No patient or relative questionnaires were received following this inspection.

Staff told us that they were generally very happy working in the home, that they were satisfied with the staffing arrangements, and described good teamwork. Some staff reiterated some of the concerns raised by the whistle-blower(s). For example, issues with hot water at night and arrangements for laundry duties at night. Further detail can be found in sections 3.3.2. and 3.3.3 of this report.

Staff said that they felt the home was well managed but some staff described poor communication between management and staff and told us how they felt about communication styles used by the manager.

RQIA received a number of staff survey responses following the inspection. All survey responses indicated that they were satisfied that care was delivered with compassion. However, there was a mixed response in relation to care being safe and effective, and all respondents indicated that they were dissatisfied with how the home was managed.

All staff concerns were shared with the home's management team. Following the inspection, the home's management team provided assurances and evidence in relation to how they were addressing staffs' concerns. RQIA were satisfied that appropriate action had been taken by the provider.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of staff on duty. Staff told us that they were satisfied with the number of staff on duty at night and confirmed that they understood their roles, responsibilities, and allocated duties for that shift.

The whistle-blower(s) claimed that there was only one nurse working in the home during the night. RQIA did not find evidence to support this claim. The staff duty rota accurately reflected the staff working in the home at the time of inspection. Review of the duty rota over a three-week period evidenced that two nurses were working in the home each night. The nurse in charge of the home in the absence of the manager was highlighted for ease of reference.

The duty rota showed that a care assistant on one occasion did not attend shift as planned. However, discussion with staff and the records confirmed that this shift was covered later that night by an agency worker.

Staff survey responses, following the inspection, claimed that the published duty rota was often amended without informing or confirming the changes with staff. This was brought to the attention of the management team who provided RQIA with assurances that any changes to the duty rota would be communicated to the relevant staff appropriately.

Staff spoken with and records reviewed confirmed that the manager or nurse in charge took appropriate action in relation to any unplanned staff absences, such as sickness.

3.3.2 Provision of Care and Services

The whistle-blower(s) indicated that a number of issues were having an impact on patient care and experience. These claims included, early morning wakening of some patients to suit the needs of the home rather than patient choice, noise disruption from the laundry at night, and a lack of hot water during the night. The issue relating to hot water is discussed in section 3.3.3 of this report.

Staff were observed to respond to patients' needs in a timely and compassionate manner. Patients spoken with and a relative told us that they were happy with the care provided.

Discussion with staff evidenced that they were knowledgeable about patients' individual preferences in relation to sleep and waking times. Staff were able to identify a small number of patients who liked to get up and washed early in the morning and demonstrated a good understanding of the importance of patient choice. All staff spoken with denied early morning waking of patients and affirmed that they have never been instructed to get patients up to suit the needs of the home over patient choice.

Patient care records evidenced that only patients who wished to get up early were assisted by night staff to wash and dress. The whistle-blower(s) claim in relation to early morning waking was not substantiated.

Section 3.2 outlines patients' choice about many areas of their life including when to go to bed. However, review of a sample of patient care plans relating to sleep and rest found they were generic in nature and not person centred. For example, care plans spoke about general sleep hygiene tips but did not detail individual patient preferences, as described by staff. An area for improvement was identified.

The whistle-blower(s) indicated to RQIA that the home's laundry operated throughout the night and in addition to the burden of work this placed on staff, there was a level of noise disruption to patients and neighbours.

Discussion with staff and observation evidenced there were some inconsistencies in relation to what laundry duties were expected to be carried out during the night shift. It was established that the directive from management was to launder certain items up until midnight. It was evident from the discussions with staff that this directive was not clearly understood/communicated as some staff were doing laundry throughout the night. An area for improvement was identified.

Following the inspection, the manager confirmed that a risk assessment in relation to laundry service operations, during the night shift, had been put in place.

3.3.3 The Environment

The whistle-blower(s) claimed that there was a lack of hot water to some areas of the home at night, and that staff had been instructed, by the manager, to switch off lights in the evening to save electricity.

On arrival to the home it was noted that all communal areas were well lit, and the use of lighting in patients' bedrooms varied, with some lights off and some low level ambient lighting from lamps. Discussion with staff evidenced that staff knew patients' individual preferences in relation to the lighting in their bedrooms at night. All staff spoken with denied being told by management to switch lights off to save electricity. Further discussion evidenced that an instruction from the manager to 'turn some lights off in the morning when no longer needed', may have been misconstrued by some staff.

Discussion with patients confirmed that staff and management supported them to have their preferred lighting levels and styles in their bedrooms.

Therefore, the claim made by the whistle-blower(s) was not substantiated.

Discussion with staff and observations made evidenced that the water temperature dropped during the night. The whistle-blower(s) claim in this regard was upheld and an area for improvement was identified.

Following the inspection, the home's management team informed RQIA that a heating engineer had attended the home to repair the issue, and provided assurances that they would monitor the water temperatures to ensure the repairs were maintained.

It was noted that fire doors to the main kitchen and laundry were propped open with laundry detergent containers. This was brought to the attention of the manager and the containers were immediately removed. An area for improvement was identified.

Patient care records were not stored securely on the ground floor. A previously identified area for improvement was stated for a second time.

Patients told us that they were happy with their bedrooms and confirmed that they were able to personalise their bedrooms as they wished.

3.3.4 Quality of Management Systems

There had been no changes in the management of the home since the last inspection. Ms Sarlah Chauresia has been the registered manager since 29 April 2022.

Patients and relatives said that they knew who the manager was and that they had no concerns in relation to the running of the home. A patient told us that they were "encouraged" by the manager to raise any worries or concerns, and a relative told us that they had "faith" that any issues would be dealt with appropriately.

Staff provided mixed feedback in relation to the management of the home. Some staff said that they felt the home was well led by the manager and that they saw the manager to be available,

approachable, and responsive to any issues. Other staff felt that there were issues with communication between the manager and staff. This was discussed with the manager and a Beaumont Care Homes senior manager.

Following the inspection, the Beaumont Care Homes senior manager liaised with RQIA in relation to actions taken to address staffs' concerns. RQIA were satisfied that the provider was taking appropriate measures to improve staffs' experience of working in the home. This will be reviewed at the next care inspection.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	6*

* The total number of areas for improvement includes one that has been stated for a second time and five which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sarlah Chauresia, Manager, and Wendy McDonough, Operations Manager Specialist Services, Beaumont Care Homes Limited, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (1) (b) **Stated:** Second time **To be completed by:** 25 September 2024	The registered person shall ensure that patient records are held securely at all times. Ref: 3.3.3
	Response by registered person detailing the actions taken: A meeting was held on 23rd September 2024 with all Registered Nurses, where everyone was reminded of their responsibilities and accountabilities in relation to Data Protection Act 1998 and NMC guidance in relation to safe storage of records and to ensure that the Nurses station door is kept locked when the office is not being used. The Registered Manager will monitor how resident records are stored on both floors as part of the walk round. Any issues identified will be addressed with the staff member involved. The Provider will monitor how records are being stored as part of the regulatory visits and will address any concerns identified with the Manager.

Area for improvement 2 **Ref:** Regulation 27 (2) (b) **Stated:** First time **To be completed by:** 6 October 2024	The registered person shall ensure that the flooring in the identified rooms is repaired or replaced. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Regulation 27 (2) (j) **Stated:** First time **To be completed by:** 25 September 2024	The registered person shall ensure that all areas of the home have a constant supply of hot water. Ref: 3.3.3
	Response by registered person detailing the actions taken: Following the Inspection, a contractor was called out to review the water supply throughout the Home and to repair any faults found. Once work was completed, the staff confirmed that there was a supply of hot water throughout the whole Home over a full 24-hour period. Water temperature records were monitored for a full week after and results shared with the Beaumont Estates Department. These results evidenced that the water temperatures are now within normal limits. The Registered Manager has reiterated to staff, the process for reporting issues with equipment and the environment, for follow up and repair. As part of the walk round the Home Manager is randomly checking the temperature of hot water across the Home in bedrooms and communal areas and recording the temperatures on the Walkabout Audit. A further night visit is planned before the end of November 2024 and will be conducted by the Home Manager and the water temperatures will be checked and recorded on this visit. The Provider will review hot water temperature checks as part of the Regulation 29 visits.
Area for improvement 4 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** 25 September 2024	The registered person shall ensure that the practice of propping open fire doors ceases immediately and that all staff are aware of the dangers of this practice. Ref: 3.3.3
	Response by registered person detailing the actions taken: Following the Inspection, supervision was conducted on 30th September 2024 with staff to ensure the practice of propping fire doors open ceases immediately. The Home Manager is monitoring and checking fire doors during the completion of the walkabout audits and if non-compliance identified, this will be addressed at the time with the staff involved.

	A further night visit is planned before the end of November 2024 and will be conducted by the Home Manager to provide assurance of night duty practices. As part of the Regulation 29 visits the provider is monitoring whether fire doors are closed and if not will address this with the Home Manager at the time of the visit.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 16.11 **Stated:** Second time **To be completed by:** 6 August 2024	The registered person shall ensure that a record of all complaints are retained. This should include details of all communications with complainants; the results of any investigations and the actions taken. Details of whether the complainant was satisfied with the outcome or not and how this level of satisfaction was determined should be recorded. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 37.4 **Stated:** First time **To be completed by:** 6 August 2024	The registered person shall ensure that the recording of actions taken following a fall is complete and accurate. This is in relation to who was notified following a fall. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Standard 46.11 **Stated:** First time **To be completed by:** 6 August 2024	The registered person shall ensure that staff adhere to best practice with hand hygiene and are bare below the elbows.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0

Area for improvement 4 **Ref:** Standard 46.12 **Stated:** First time **To be completed by:** 6 August 2024	The registered person shall ensure that the auditing of staff compliance with hand hygiene is robust and that records pertaining to staff compliance are accurate and reflective of what is happening in practice. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 23 October 2024	The registered person shall ensure that patients' sleep and rest care plans are person centred and include patients' preferred sleep and rising times, and night time routines. Ref: 3.3.2
	Response by registered person detailing the actions taken: The issues identified with the sleep and rest care plans during Inspection have been addressed. All remainder sleep and rest care plans are being reviewed and updated as necessary to ensure that individual resident information is person centred and captures residents' preferred sleep and rising times and night time routines. A schedule has been put in place to monitor progress, actions required and follow up to support Home Manager oversight and management. The Provider will review sleep and rest care plans as part of the Regulatory 29 visits.
Area for improvement 6 **Ref:** Standard 47.3 **Stated:** First time **To be completed by:** 25 September 2024	The registered person shall ensure that the arrangements for operating the laundry at night are communicated clearly to all staff, and that the home's laundry risk assessment and health and safety policies are adhered to at all times. Ref: 3.3.2
	Response by registered person detailing the actions taken: A notice has now been displayed in the laundry area, to remind staff of the arrangements that laundry equipment is not to be operated between the hours of 10 pm and 7 am, to prevent Residents being disturbed at night. An out of hours visit was conducted by the Operations Manager on 11th October 2024, between the hours of 5am and 7am, and it was evidenced that the laundry equipment was not in operation and no health and safety issues identified. A further night visit is to be completed before the end of November 2024 and will be conducted by the Home Manager to provide assurance that laundry equipment is not being used between these hours.

	The Provider will monitor the adherence to the Home's laundry risk assessment and health and safety through regulatory visits and unannounced out of hours visits.

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

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