The Regulation and Quality Improvement Authority

Inspection Report

6 August 2024

Belmont Care Home

Type of service: Nursing Home
Address: Parklands Close, 81 Tillysburn Park, Belfast, BT4 2PD
Telephone number: 028 9076 3408

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation: Beaumont Care Homes Limited **Responsible Individual:** Mrs Ruth Burrows	**Registered Manager:** Ms Sarlah Chauresia **Date registered:** 29 April 2022
Person in charge at the time of inspection: Ms Sarlah Chauresia - Manager	**Number of registered places:** 48
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 35
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 48 patients. The home is located over two floors with patients' bedrooms located on the first and second floor.	

2.0 Inspection summary

An unannounced inspection took place on 6 August 2024 from 9.40 am to 6.30 pm by a care inspector.

The inspection assessed progress with 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.

The home was clean and free from malodours, and there was a welcoming atmosphere.

Staff were observed to be professional in manner towards each other and visitors to the home, and were warm and engaging during interactions with patients.

Patients looked comfortable in their surroundings and were seen to utilise communal areas of the home as they wished, with support and assistance from staff if required. Patients spoke in positive terms about staff and told us that they were well cared for in the home.

Areas of good practice were identified in relation to staffs' knowledge about individual patients' needs and staff training.

Areas for improvement were identified in relation to records pertaining to complaints, records pertaining to incidents, hand hygiene and the auditing of hand hygiene, confidentiality of records, and an out of use shower room. Further details are discussed in the main body of this report and in section 6.0.

RQIA were assured that the care and service in Belmont Care Home was delivered with compassion and that the service was well led. Addressing the areas for improvement identified will further enhance the quality of care, and patient safety and experience.

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.

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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 were provided to give patients 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients told us that they were satisfied with the care and services provided to them. Patients said that staff were available to them when they needed assistance and described interactions with staff as positive experiences. Comments from patients describing staff included, "very good", "they are brilliant", "hard working", and "the girls are great." Patients also said they were "looked after well."

Patients told us that they were supported by staff to spend their time where and how they wished and told us that staff knew their preferred routines and preferences. For example, patients said staff would put on their favourite radio station, or stream a patient's favourite music. Another patient said that staff ensured that they had a supply of their preferred reading materials.

Patients told us that they were happy with the food and that they could ask for alternatives if they didn't like what was on the menu. One patient expressed that some improvements could be made in relation to the food provided to suit their own personal preferences. Comments were shared with the manager for her action where appropriate.

Patients told us that they could attend meetings about the home where they could share their views and make suggestions about the care and services provided.

A relative told us that they were very happy with the care their loved one received in the home and commented that the staff were very busy but provided "good care." This relative said staff were "great" and that they were kept informed about any changes in their loved one's needs. The relative knew who the manager was and said that they knew how to raise concerns if needed.

Staff said that they were busy but happy working in the home. Staff described good teamwork and said that they felt supported by the manager. For example, a number of staff said that they felt listened to and that the manager took any issues or concerns raised seriously.

No staff survey responses or relative questionnaires were received within the allocated timeframe for this inspection.

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 20 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 21 (1) (b) **Stated:** Second time	The registered person shall ensure the appropriate pre-employment checks are made before making an offer of employment.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time	The registered person shall ensure that all falls are managed in line with best practice guidance and that neurological observations are consistently recorded.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met as stated. However, a new area for improvement specific to hand hygiene was identified and is detailed in sections 5.2.3 and 6.0 of this report.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 36.3 **Stated:** First time	The registered person shall ensure the falls policy is reviewed.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time	The registered person shall review the current dining experience in the home and ensure that those patients who require a modified diet have at least two options at meal times.	**Met**

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 4.9 **Stated:** First time	The registered person shall ensure contemporaneous records are maintained. This area for improvement is made with specific reference to completion of records for topical medicine administration, personal care and bedrail checks.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 **Ref:** Standard 4.7 **Stated:** First time	The registered person shall ensure that patient care plans and risk assessments are updated on a regular basis.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 **Ref:** Standard 16.11 **Stated:** First time	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.	**Partially met**
	Action taken as confirmed during the inspection: Improvements were noted in relation complaints management, in that records were maintained and included details pertaining to the nature of the complaint and the actions taken. However, some discrepancies were noted in the accuracy of the records. Therefore, this area for improvement was partially met and was stated for a second time. Please refer to sections 5.2.5 and 6.0 for further detail.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of staff recruitment records evidenced that a robust system was in place to ensure staff were recruited correctly to protect patients. All pre-employment checks were in place as required.

Review of records and discussion with staff confirmed that all new staff were provided with a comprehensive induction to their role on the commencement of their employment. Staff told us that they found this process to be supportive.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). This was reviewed monthly by the manager.

Review of records and discussion with staff evidenced that training was provided to help staff deliver safe and effective care and to ensure staffs' knowledge and practice was up to date with best practice. Staff said they were happy with the level of training provided.

Records showed that overall compliance with mandatory training was good and the manager had oversight of this. There was evidence of face to face practical training taking place as well as theory through eLearning. Recent face to face sessions included, safeguarding of adults, moving and handling, and basic life support.

The staff duty rota reflected those working in the home on a daily basis. The manager was identified on the duty rota and showed any hours worked in a clinical capacity, but did not reflect her hours worked in a managerial capacity. This was discussed with the manager who provided assurances that she would amend the duty rota going forward to ensure that an accurate record of her hours and capacity worked was maintained.

Staff were seen to be busy but meet the needs of patients promptly. Staff said that they sometimes felt under pressure if planned staffing was effected by unforeseen absences, but they described pulling together as a team to ensure patients' needs were met.

Patients said that staff were available to them when they needed assistance and some patients talked about using the nurse call system to get staffs' attention and that this worked well. One patient was observed to not have access to a call bell and was unsure how she would contact staff. This was brought to the attention of the manager and that matter was addressed with the installing of a call bell.

A relative said that they noted staff to be busy, "they have so much to do…they are great."

Patients described staff as "very good", "brilliant", and "the girls are great." One patient said that some staff for whom English was a second language, sometimes had difficulty understanding what the patient was saying, but that staff were always polite in manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a handover meeting at the beginning of each shift to discuss any changes in the needs of patients. The nurses used a diary on each floor to ensure that any important appointments, events, or planned patient interventions were not missed. For example, medical appointments or blood tests.

Staff were observed to be prompt in responding to patients' needs and were respectful during interactions with patients. For example, calling patients by their preferred names, or gaining consent before providing assistance or intervention.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs and these included any advice or recommendations made by other healthcare professionals.

Records were held confidentially on the first floor unit, however, it was noted on a number of occasions that patient records held on the ground floor unit were left unsecured. In addition, it was noted that patient information including names and nutritional needs were on display in the dining rooms. An area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from, or communications with, any healthcare professionals was recorded.

The management of falls was reviewed. Patient records and discussions with staff evidenced that the risk of falls and falls were generally well managed. Staff demonstrated knowledge around the falls policy and procedures, and nursing staff spoke in detail about the actions taken in the event of a fall. Nursing staff also demonstrated a good understanding of balancing the risk of falls while promoting independence and patient choice.

Where a patient was assessed as being at increased risk of falling, measures to reduce this risk were put in place. For example, patients were encouraged or assisted to wear suitable footwear, patients were assisted with mobility where required, regular visual checks were completed, mobility aids such as rollators were used as recommended by occupational therapy, beds were positioned at the lowest level where suitable, and specialist equipment such as bedrails or alarm mats were used.

The use of specialist equipment such as bedrails can be considered to be restrictive. It was established that safe systems were in place to manage this aspect of care. For example, risk assessments were carried out and consents were obtained where appropriate.

Records evidenced that, in the event of a fall, nursing staff conducted clinical intervention and monitoring in line with best practice. For example, post fall observations included neurological observations where required.

Some inconsistency was noted in the recording of who was informed following a fall and an area for improvement was identified. Following the inspection, the manager confirmed that in relation to an identified patient, that the next of kin had been informed and the omission in the recording was an oversight.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The serving of lunch was observed.

Dining tables were set in advance of the meal and included napkins, cutlery, flowers, and condiments. Patients who chose to have their meals in their bedrooms had their meals delivered on trays that were attractively set and any meals being transported were appropriately covered.

Staff were seen to provide assistance and support with meals where required.

Menus on display showed at least two options at each meal time and staff were observed to offered choices of food and drinks. The menus displayed on the dining room walls were not easily read. This was discussed with the manager who informed us that they were in the process of reviewing how menus were displayed. This will be reviewed at the next inspection. The food looked and smelled appetising.

Patients told us that they were happy with the food and that if they didn't like what was on the menu they could ask for an alternative. One patient expressed that some food items were not prepared to their taste and expressed that they felt they had to go along with what the majority of patients wanted or needed. This was brought to the attention of the manager who provided assurances that they would discuss this with the kitchen staff to ensure this individual patient's likes and dislikes were honoured.

There was evidence that patients' needs in relation to nutrition and dining experience were being met. Patients' weights were checked monthly, or more often if required, to monitor for any unplanned weight loss or gain.

Patients told us that they were satisfied with the care provided. A relative described the care as "good."

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included communal lounges, dining rooms, a sample of patient bedrooms, communal bath/shower rooms, and storage areas. The home was clean and warm.

A small number of minor issues in the environment such as inappropriate storage in a communal bathroom, and a torn bedrail bumper, were brought to the attention of the manager, and action was taken to correct.

It was noted that flooring in an identified communal bathroom was ill-fitting around the toilet and therefore could not be effectively cleaned, and that the flooring in the hairdressing room was uneven and lifting in areas making it a potential trip hazard. An area for improvement was identified.

Patient bedrooms were found to be clean, tidy and personalised with items of importance or interest to each patient. Patients and a relative told us that they were happy with the level of cleanliness in the home.

One communal shower room was noted to be out of order. The manager informed us that this room was being renovated and that the works had just begun. However, the room had been out of use for over one year and RQIA had not been notified of the disruption in this aspect of service. This was impacting on patient experience. For example, one patient told us that they found it frustrating that they had to walk to the other side of the home to have a shower and that often when they got there the room was being used by another patient. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Fire doors and exits were free from obstruction. The most recent fire risk assessment was conducted in December 2023 and no recommendations were made by the fire risk assessor at that time.

There were systems in place to manage the risk of infection; monthly infection prevention and control (IPC) audits were completed. These audits included reviewing the environment, and staff compliance with hand hygiene and use of personal protective equipment (PPE). Records showed that staff were trained in IPC, hand hygiene, and appropriate use of PPE. However, a number of staff, including the manager, were noted to not be bare below the elbow. This is not in line with best practice on effective hand hygiene. This shortfall in practice was not being picked up in the regular auditing system. Two areas for improvement in relation to practice and the monitoring of practice were identified.

5.2.4 Quality of Life for Patients

Discussion with patients and observations made, confirmed that patients were able to choose how they spent their day. Some patients said they preferred the privacy of their bedroom, while other patients were seen to move between their bedrooms and communal areas.

Patients told us that staff knew their preferred routines and interests well. For example, one patient said that staff ensured they had a supply of their favourite reading materials by anticipating when they needed new supply.

Staff were seen to ensure patients who chose to stay in the bedrooms had their preferred music or television programmes on.

An activities programme was available and included events such as games, quizzes, parties, arts and crafts, men's club, visits from entertainers, and religious services. Patients told us that they could pick and choose what to participate in. One patient said "the men's club is great…we play poker", while another patient said "I like the bingo…the games are very good."

A record of activities was maintained for individual patients.

Patients were encouraged to participate in patient meetings and this was an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices. Records showed that the most recent patient meeting had taken place on 12 June 2024, and records were maintained.

Records evidenced that relative meetings were also facilitated, with the most recent being held on 3 July 2024.

5.2.5 Management and Governance Arrangements

There had been no changes in the management of the home since the last inspection. Ms Sarlah Chauresia has been the registered manager in the home since 29 April 2022. The manager confirmed that they were supported by a senior management team.

Staff were aware of who was in charge of the home at any given time and demonstrated a good understanding of their own role and responsibilities within the home.

Staff commented positively about the manager and the wider management team; “Sarlah is good…she listens…we can raise concerns”, “Sarlah takes concerns seriously”, “I could go to Sarlah or Wendy (regional manager) with anything”, “we work as a team (with management).”

There was evidence that a system of auditing was in place to monitor the quality of care and services provided in the home. The auditing system covered a range to areas of the home, such as dining experience, falls analysis, and IPC. It was noted that further improvements were required in relation to the accuracy and meaningfulness of some audits such a hand hygiene, as mentioned in section 5.2.3 of this report. Auditing systems will continue to be reviewed at future inspections to ensure they are sufficiently robust to drive the necessary improvements.

Records pertaining to complaints were reviewed. Some improvements had been noted since the last inspection, in that the details of complaints were recorded along with any actions taken by the home. It was noted that there was an inaccuracy in relation to one complaint. A previously stated area for improvement was not fully met and was stated for a second time.

Patients and a relative told us that they knew how to raise any concerns and knew who the manager was.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. Records of any safeguarding decisions, referrals, or investigations were maintained.

Staff demonstrated through discussions, a good understanding of their role and responsibilities in relation to safeguarding patients.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	3	4*

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sarlah Chauresia, Manager, and Wendy McDonough, Operations Manager, 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:** First time **To be completed by:** 6 August 2024	The registered person shall ensure that patient records are held securely at all times. Ref: 5.2.2
	Response by registered person detailing the actions taken: Patient information including resident names and nutritional needs has been removed from the dining areas. Secure storage of resident records has been reiterated with nurses through staff meeting held on 23 September 2024. The Manager is monitoring the storage of patient documentation as a focus through the Manager Walkround Audit and will address any concerns identified at the time with staff involved. Monitoring will also be conducted as a focus by the Operations Manager as part of the Provider's regulatory visits
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: 5.2.3
	Response by registered person detailing the actions taken: Beaumont Property Manager visited on 25 September to review repairs needed to flooring in the hairdressing room and

	communal bathroom and quotes will be obtained. Flooring in the communal shower room was fixed on 6 August 2024
Area for improvement 3 **Ref:** Regulation 27 (2) (j) **Stated:** First time **To be completed by:** 30 September 2024 (this remains the same date as first time stated before carrying forward)	The registered person shall ensure that there are sufficient numbers of communal shower/bath facilities available to patients and that the works on the identified shower room are completed in a timely manner. Any disruption to the provision of these services should be reported to RQIA without delay. Ref: 5.2.3
	Response by registered person detailing the actions taken: The shower room was repaired and back in use on 6 August 2024. Any future disruption to the provision of services will be reported to RQIA without delay via a Regulation 30. The Provider will monitor this as part of the regulatory visits.
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: 5.1 and 5.2.5
	Response by registered person detailing the actions taken: The Provider will conduct supervision with the Registered Person in relation to effective management and recording of complaints, including investigation outcomes and actions taken to improve the service in keeping with Company policy. The Registered Person will fully record and retain information in relation to complaints using Beaumont Complaints Matrix. The Provider will monitor the management of the complaints process as part of the regulatory visits and findings will be shared with the Manager for action.

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: 5.2.2
	Response by registered person detailing the actions taken: The importance of recording accuately who has been informed following a fall has been reiterated to nurses during nurse meeting held on 23 September 2024. The Registered Person will monitor compliance as part of the focused Manager Walkround Audit. Spot checks of compliance will be completed by the Provider during support visits and as part of the Regulation 29 visits and findings will be discussed with the Manager including actions for address.
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. Ref: 5.2.3
	Response by registered person detailing the actions taken: Findings from the inspection has been shared with staff and best practice reiterated in meeting held on 23 September 2024. The Registered Person will conduct spot checks to monitor compliance and address any issues at the time with staff concerned and as a focus during completion of the Manager Walkround audit. The Provider will monitor compliance during support visits and as part of the regulatory visits and address any concerns during the visit.
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: 5.2.3
	Response by registered person detailing the actions taken: The Operations Manager will discuss effective auditing processes via supervision with the Registered Manager to ensure auditing conducted is accurate and reflective of practice to enable areas for improvement to be identified and addressed.

	The Registered Manager will ensure that auditing of staff compliance in relation to hand hygiene is robust and accurate records are maintained. The Provider will carry out monitoring of compliance as part of the regulation visits and findings will be shared with the Manager for address.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

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

Assurance, Challenge and Improvement in Health and Social Care