



Inspection Report on

Belmont Residential Care Home

**Belmont House Residential Home
4 Belmont Road
Abergavenny
NP7 5HN**

Date Inspection Completed

7 May 2021

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About Belmont Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Belmont Residential Care Home
Registered places	26
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection to the service since its registration.
Does this service provide the Welsh Language active offer?	Working Towards a full offer of the Welsh language.

Summary

Belmont Residential Care Home is registered with Care Inspectorate Wales (CIW) to provide a care service for twenty- six people. This is the first visit to the service since its registration in August 2018. The Responsible Individual (RI) is Julie Williams. A suitably qualified and registered manager was appointed to the role in January 2020. This was an unannounced inspection to consider the health, safety and wellbeing of people living at Belmont.

People are complementary of the staff and the services provided. Individuals are treated with dignity and respect. We found the atmosphere at the service was relaxed and people were comfortable. We identified improvement is required to people's personal plans to ensure care and support is provided in a consistent way and considers the safety and wellbeing of individuals. The service provider acknowledges staff require support and development to fulfil their role. The service's policies require review on a regular basis to reflect changing legislation and best practice recommendations. The quality of care review needs strengthening to provide the RI with greater oversight of the service. The service promotes a homely, clean and tidy environment.

Well-being

People have some control over their daily lives. People's personal plans are person centred and promote individuals making every day food, drink and clothes choices. The plans contain each person's individual preferences about how they want to be assisted and spend their time. Residents have the choice to socialise with others in one of the two lounges and /or spend time alone. A pictorial menu helps people to choose their meals.

People are treated with dignity and respect. During our visit, we made general observations of the residents and their interactions with staff. Individuals are addressed by name. They looked well cared for and appropriately dressed. Staff are kind and sensitive to the needs of individuals. They provide support and encouragement to people in an unhurried manner. We saw positive examples of staff reassuring individuals to manage their anxieties. We also saw smiles and heard laughter between staff and residents. A resident told us all the staff working at Belmont Residential Care Home are "*marvellous*". Feedback from relatives and professionals was complimentary of the service.

Safeguards to protect people from harm and abuse need strengthening. Arrangements to monitor accidents, incidents and complaints are in place. The manager reports significant events to the relevant agencies. Staff require training in All Wales Safeguarding protocols. Sound recruitment practices are in place for newly appointed staff. The service provider must ensure the necessary information is in place to maintain each individual's health and safety.

People are supported to do things that matter to them. The service employs an activity co-ordinator. A weekly programme offers a range of activities. Staff support individuals to visit the local community for personal shopping and leisure. People have maintained contact with their loved ones via regular video and phone calls. On the day of our visit, a resident was playing the organ with others joining in for a sing along. Day trips to the seaside and local places of interest are being considered for the Summer. The service has recommenced indoor visits with family.

People live in a service, which supports their wellbeing. The service accommodates people living with dementia. Belmont House is homely and welcoming. Within the last six months, a number of rooms within the property have been redecorated. Arrangements are in place, which monitor the safety of the environment.

Care and Support

People need to be satisfied they have an accurate and up to date plan of care, which outlines how their care is to be delivered. We viewed three individuals care documents and found information was not always clear or complete to instruct staff how to deliver safe and reliable care. The service provider must ensure each individual's plan sets out the steps required to manage any identified risks to their wellbeing. For example, a professional assessment for a person conducted before their admission to the service identified they were at high risk of choking. We found no corresponding risk assessment to direct staff how they should support the person during mealtimes. Further, a swallowing assessment recommended for the individual, has not taken place. During the inspection, we discussed the significance of the person's risk with the manager.

Another person's plan included details of the behaviours they can display to others. Again, there was no instruction for staff as to how to manage the person's individual behaviour/s. The service provider is responsible for mitigating risks to individuals. Further, we noted that none of the three individuals plans viewed contained a Personal Emergency Evacuation Plan (PEEP). In the event of a fire, the plan provides direction to staff and others as how each individual can be safely evacuated. We also found, some inconsistency in people's plans about the number of staff required to provide assistance. We judged that without personal plans containing full and complete information people could receive inconsistent care and support. Following our visit, we received documentary evidence to show these issues have been satisfactory addressed.

Regular reviews of personal plans are required to ensure people's needs are fully met. We found reviews have not been completed for the three personal plans viewed. This means any change in a person's needs will not be identified. In addition, the service's staffing arrangements are based on people's individual dependencies. The lack of routine reviews of personal plans could lead to the service being insufficiently staffed. During our visit, the manager did provide documentation to show some people's reviews had taken place although; there was minimal evidence of analysis. We identified the routine review of personal plans as area of Improvement.

We did not consider safe medication arrangements as part of our visit. Internal systems are in place to ensure the oversight of medication. We viewed a sample of individual medication charts, which showed no discrepancies. The manager has notified the relevant agencies of any medication errors at the service with satisfactory actions put in place to reduce further risks.

Environment

The premises, facilities and equipment are suitable for the provision of the service. We walked around the environment and found it was clean and comfortable. We found people's rooms reflect their individuality with their possessions and keepsakes on display. The property was, formerly divided into two separate units to accommodate people living with dementia. Residents are now able to walk freely around the lower floor following changes in registration. We saw chairs dotted around the property, which allow individuals to stop and rest. There is an observable difference in the decoration of the two former areas. The service provider needs to consider the use of signage around the property to help orientate individuals. People have access to outdoor space and grounds. This includes a patio area where residents can sit out in warmer weather.

The service provider has arrangements in place to mitigate risks from the environment. We saw a number of portable appliances being charge in a downstairs corridor. The RI informed us, this was with consent of the South Wales Fire Service. Alternate arrangements are in place for their storage at night. Systems are in place to report and remedy faults. The service has an on-going programme of maintenance. Staff told us that repairs are managed promptly.

The service promotes hygienic practices and manages risk of infection. Policies and procedures are in place and take into account current legislation and guidance. Daily checks to mitigate risks to people living and working at the service are in place. Enhanced cleaning schedules have been introduced. The service has worked closely with other agencies during outbreaks of Covid 19.

Leadership and Management

The manager has an “open door” management style. Staff told us they are approachable. The RI is visible and acts as part of the management team. We found they were open and transparent. The RI carries out three monthly visits to the service. Consultation with residents and their relatives has been limited during the pandemic. The manager told us residents meetings are going to recommence in line with the statement of purpose.

Governance arrangements are in place that support the running of the service although further development is required. An Office Management System (OMS) that covers all aspects of the service is in use. This includes the care and support of residents, Health and Safety, infection control and the management of the staff team. The RI carries out quarterly audits of the OMS to check standards are met. Any deficits are then transferred into an action plan, which the RI considers on a monthly basis.

A six monthly quality review of the service has taken place. We were supplied with people’s feedback of the service following a residents, relatives and staff survey conducted in May 2021. Generally, feedback was positive in relation to the service provided. The review identified a number of areas of improvement. This included improved communication with relatives and staff and staff training. In addition, we found policies need updating to reflect any changes in legislation and guide staff practices. The quality review needs to be further developed to ascertain whether the service is achieving its purpose as laid down in the statement of purpose.

The service has sound recruitment practices. There are suitable selection and vetting arrangements in place to enable the service providers to decide upon the appointment of staff. We viewed two staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of staff to work at the service.

The service provider recognises the pandemic has affected the support and development of staff. A supervision matrix identified staff discussions with their line managers recommenced in April 2021. This enables staff to reflect on their practise and make sure their competence is maintained. We were assured from now on staff supervisions will be conducted on a quarterly basis. Staff meetings are to be reintroduced to update and inform the staff team. We considered staff training and found refresher training is needed for the majority of staff. Induction training for newly appointed staff members has been revised and a staff handbook that sets out the expectations on care workers introduced. The statement of purpose shows the majority of staff hold a recognised care qualification. The quality of care report acknowledged the position of staff training. Staff can now access on line training resources. We have identified staff training as an area of improvement.

Areas for improvement and action at, or since, the previous inspection. Achieved**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None

Areas where priority action is required

None

Areas where improvement is required

The service provider must ensure that policies and procedures are kept up to date.	Regulation 12(4)(c)
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The personal plan must be reviewed as and when required but at least every three months.	Regulation 16(1)
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Staff are supported to undertake training to enable them to fulfil the requirements of their role and meet the needs of the service.	Regulation 36(2)(d)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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