



## Inspection Report on

**Belmont Residential Care Home**

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

## **Date Inspection Completed**

30/03/2023

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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	7 May 2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are complimentary of the service and staff at Belmont House Care Home. We found people are relaxed and comfortable in their surroundings. Since our last inspection, there has been a decline in oversight from the responsible individual (RI). We found a lack of robustness in monitoring systems for people's care provision with personal plans containing conflicting information and ineffective reviews taking place. Arrangements for the ordering and storage of medication are not sufficient to ensure people's safety. People's views of the service have not been considered for some time as the last RI's visit concentrated on the environment. A quality of care and support review for the service is overdue. We identified the review of personal plans, strengthening of medication practices and quality assurance as areas for improvement.

## Well-being

People are encouraged to make everyday choices. People's needs and wishes are documented in their personal plans which inform care staff how best to support them. A one-page profile sets out what is important to the person which is supported by social history information. This led us to assume individuals and their relatives were involved in the co-production of the plans however, we found no evidence to confirm involvement or engagement in any subsequent reviews. Relatives are happy with the service and report staff are kind and compassionate towards their loved ones.

People receive the support they need to maintain their health and wellbeing. Individuals are supported to access healthcare services as required. The service works collaboratively with healthcare professionals to support people living at the service. We found the storage of individual's care documents requires improvement which will enable staff to be responsive to any change in a person's needs.

People are generally safeguarded from harm with staff trained in safeguarding protocols. Arrangements to monitor accidents, incidents and complaints are in place and the manager reports significant events to the relevant agencies. Risks to people are assessed so they are supported to stay safe, and their freedoms respected. However, medication management requires improvement and we found recruitment practices are not robust enough to fully protect vulnerable adults.

People have an opportunity to participate in regular activities. A weekly timetable of activities is on offer with an activity person employed to conduct them. However, the recording of people's activities does not evidence they are meaningful to the individuals taking part.

The environment is clean, safe, and well maintained. The service supports individuals living with dementia and signage is present around the property to help people's orientation. We saw seating plans displayed on the walls of the dining room which may restrict people's choice of where to sit during mealtimes and distracts from the overall homeliness of the service.

## Care and Support

People cannot be confident staff have an accurate and up-to-date plan about how their care will be provided. The plans are person centred although, they do not always provide sufficient detail to direct care staff how to meet individuals' needs. We found unclear and contradictory information in the plans viewed which could lead to inconsistent care delivery. One person's plan recorded they receive medication covertly although we were unable to find any evidence to confirm this is happening. Monitoring records, such as people's weights and Waterlow assessments, are kept separately from the plans which could cause delays in staff responding to changes in a person's needs. In addition, the plans lack any evidence of being co-produced with the resident or their relative. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Reviews of people's personal plans have been completed as required by the Regulations, however; the information is minimal with yes or no answers and does not always reflect the changes in a person's needs. Again, the reviews do not show any engagement with the individual, their relative or their representative. Risk assessments which support the plans are not always routinely reviewed. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Medication practices need attention to safeguard people. We found unexplained gaps in some people's medication administration records (MAR). Staff are not using the agreed references to account for non-administration of medication. Arrangements around the ordering, storage and destruction of medication is not robust. The controlled drugs (CD) book was not easy to read as it did not accurately reflect the medications in use and the medication fridge does not have accurate temperature recordings. A recent medication error had not been reported to the manager to allow them to consider actions to prevent any reoccurrence. The manager provided assurance immediate action was taken to address the shortfalls in medication.

People cannot be confident they participate in meaningful activities. During our visit, we heard individuals chatting about how much they enjoyed the Memory Man who visited the day before. Individuals helped to make cakes which were shared with everyone with their afternoon drink. However, when we looked at people's activity records we found "*wandering*" and "*assistance with personal hygiene*" recorded as an activity. Such examples indicate a failure to support individuals to meet their personal outcomes and do things that matter to them. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

## Environment

The premises, facilities and equipment are suitable for the provision of the service. We found the environment is safe, clean, and comfortable. People's rooms reflect their individuality with their possessions and keepsakes on display. Residents are able to walk freely around the lower floor with chairs available which allow individuals to stop and rest. People have access to outdoor space and grounds which includes a patio area where residents can sit out in warmer weather. The service providers ensure the premises are safe and comply with health and safety legislation. We were assured all repairs have been completed.

## Leadership and Management

Governance arrangements support the day-to-day operations of the service. The manager is experienced and registered with Social Care Wales. They are supported by a long term deputy manager. Relatives spoke highly of the managers who keep them updated about any changes in their loved ones needs.

Arrangements for the RI oversight of the service through on-going quality assurance needs to be strengthened. At our last inspection, we identified key documents in the form of the statement of purpose and policies as an area for improvement as they should be accurate and up to date. During this visit, we were informed the documents were unavailable. We were unable to test whether this had been met.

The RI is visible as they work at the service on a regular basis to support the manager and the running of the service. They conduct three monthly visits as dictated by the Regulations. The last visit in January 2023 concentrated on the environment as part of the change of ownership. We noted there has been no formal satisfaction survey conducted for residents, relatives, or staff for some time or any other form of consultation. We viewed the last quality of care review for the service dated July 2022. The review is outdated as it should be conducted on a six-monthly basis.

Selection and vetting systems for newly appointed staff need strengthening. We examined three personnel files and found the necessary pre-employment checks in place. However, the applications on file did not include a full employment history so it was difficult to check if the references were from former employers. To strengthen recruitment practices gaps in employment should be explored as well as the reasons for leaving former employment. A copy of identification is kept on each person's file.

There are arrangements in place to monitor staff's training and development. We were provided with a copy of the staff training plan. We can see that staff training is on-going, although refresher training is required for individuals in core areas such as fire, manual handling and first aid. We were informed all care staff are registered with Social Care Wales. Staff receive supervision in their role to help them reflect on their practice and make sure their professional competence is maintained.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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15	People cannot be assured the service provider has an accurate, up to date care plan that sets out how staff will meet their needs.	New
16	People cannot be confident personal plans reflect their current needs and they and or their relatives have been involved in the review process.	New
21	We were unable to establish if people were participating in regular and meaningful activities.	New
12	The service provider must ensure that policies and procedures are kept up to date.	Achieved
16	The personal plan must be reviewed as and when required but at least every three months.	Achieved
36	Staff are supported to undertake training to enable them to fulfil the requirements of their role and meet the needs of the service.	Achieved
15(1)(c)	The service provider must prepare a plan for the individual which sets out the steps which will be taken to mitigate any identified risks to the individual's wellbeing.	Achieved

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