Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Belmont Residential Care Home

Belmont House Residential Home
4 Belmont Road
Abergavenny
NP7 5HN

Date Inspection Completed

03/06/2024

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	30 March 2023
Does this service promote Welsh language and culture?	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 who support them. We found people are relaxed and comfortable in their surroundings. The service is led by an experienced manager who is supported by kind and caring staff. The responsible individual (RI) regularly attends the service and completes the required quality assurance reviews.

Progress has been made, in relation to the outstanding areas of improvement. An electronic care document system has been introduced to improve people's care records. Routine care plan reviews are taking place for people and more activities are being offered. Further work to show the improvements are being sustained is needed.

There is a need for general investment in the property. A full time maintenance person has been appointed to look after health and safety checks and general maintenance of the service. We were assured this appointment will secure a rolling plan of redecoration and repair.

Well-being

People are encouraged to make choices and are treated with dignity and respect. Staff are familiar and know people well. Systems are in place to capture the views of people which affords them a voice and contributes to the development of the service. People are complimentary of the staff who support them. One resident said, "*staff are wonderful, and I am happy here."* People have confidence in staff and service. A relative told us "*Staff go above and beyond to support my loved one."* Others said, *"I am fully satisfied with the care my loved one receives." "Staff keep me updated." "We couldn't have wished for a better place for our relative."*

People's personal plans do not always clearly set out how care and support should be provided. We found contradictory information in people's plans which could lead to inconsistent care delivery. People are still not engaged in the care plan review process which means the service provider is unable to assess if their personal outcomes are being met. Both issues were raised at our last inspection.

People receive the support they need to maintain their health and wellbeing. Individuals are supported to access healthcare services as required. Staff work collaboratively with community nurses, chiropodists, dieticians to support people living at the service. The service provider has introduced an electronic care document system to support staff to record care interventions and identify changes in a person's needs so timely responses can take place. Staff need to become more familiar with the system, to ensure there are sustained improvements in the way care is recorded and delivered at the service.

People are safeguarded from harm. There are arrangements in place which monitor and evaluate accidents and incidents. The management are responsive in identifying and mitigating risks. Staff are trained to report and manage complaints. The relevant applications are made to safeguard people's best interests. Medication storage arrangements have been strengthened to safeguard people.

The provider does not offer a service to people in Welsh and would have to plan how to facilitate a service if this is needed. People are supported to celebrate cultural activities. Information can be provided in Welsh language if requested.

Care and Support

The service is in the process of transferring people's care plans to the new electronic system. Staff have received training but reported *"teething problems."* We viewed a sample of people's plans. Whilst, every person has a plan they are incomplete, contain unreliable information and there is no evidence they are drawn up in consultation with the person or their loved ones. Assurance was given that people's plans will be fully completed within twelve weeks. The service is to introduce a "Resident of the day" which will be used as an audit tool to check the standard of people's care records. The service provider must take action to address this outstanding area for improvement.

Peoples care plans are routinely reviewed. We found no evidence to show people and or their relatives are involved in the review process. Further, reviews contained limited information and only considered changes in a person's needs with no reference to whether the persons outcomes are being met. Care plan reviews were identified as an area for improvement at our last inspection. The service provider must take action to address this outstanding area for improvement.

People's dining experience was inadequate, and we provided our findings to the RI on the day of inspection. People are not having the necessary support to meet their individual needs. During feedback with the RI, we were informed action has been taken to improve people's meal experience. People are now being supported in two separate dining areas according to their individual needs. We were assured there are sufficient staff to supervise both dining areas. It was reported this arrangement is working well. We will consider peoples dining experience at our next inspection.

Activity provision has been increased at the service with group sessions taking place each morning and afternoon. An activity worker is employed who co-ordinates activities for people. We viewed people's activity records. We were unable to establish if people are participating in regular and meaningful activities. We were shown this facility as part of the electronic recording system. Following our inspection, a meeting was arranged with senior staff to set out how the management expect activities to be recorded. The service provider must take action to address this outstanding area for improvement.

Medication management has been strengthened. Since the last inspection, the service has changed the pharmacy supplying medication. Arrangements for storage of medication has been reviewed. Routine audits of people's medication administration record (MAR) are taking place. The service's medication policy needs to reflect a recent agreement with GP to administer "emergency" medication to people for pain relief and constipation. The inclusion of body maps to show the rotation of people's transdermal patches is to be considered as best practice.

Environment

The premises, facilities and equipment are suitable for the provision of the service. The service providers ensure the premises are safe and comply with health and safety legislation. An up to date fire risk assessment and Legionella report was available. People's emergency evacuation plans are routinely reviewed. A maintenance person has been appointed to carry out routine health and safety checks. We noted some gaps in weekly water temperatures recordings. Infection control measures are in place. An infection control visit was made to the service and the report is awaited. A Food Standards Agency inspection found food hygiene standards are good, awarding the service a rating of four.

The service supports individuals living with dementia. The service is warm, clean, and welcoming. There is some signage around the property to help people's orientation. We found photographs of people on some of their bedroom doors. Individual bedrooms reflect people's ownership with photographs and keepsakes on display. People are able to walk freely around the lower floor with chairs available which allow individuals to stop and rest. The garden offers people the opportunity to sit out with family and friends during warmer weather.

There is an observable difference between the original property and the newer extension building. The original property is darker, with some areas needing an upgrade. One of the bathrooms has been earmarked for refurbishment into a shower room but there is no date for work to commence. The downstairs carpets in the original property are being replaced in the next few weeks. We discussed a future rolling plan of redecoration and repair with the RI.

Leadership and Management

Systems are in place to support the running of the service. The manager is registered with Social Care Wales and is experienced having worked at the service for a number of years. They are supported by a new deputy manager and trained staff team. The responsible individual is visible as they work at the service on a regular basis to support the management team.

Measures have been put in place to improve the oversight of the service. The RI conducts three monthly visits to the service during which he speaks with residents, staff, and relatives. A quality of care review is conducted which informs improvements and the development of the service. There are on-going audits taking place which review the operation of the service. Management have been flexible and responsive to meet people's needs.

Since our last inspection, there have been a number of staff changes at the service. Staff have been recruited into the vacant positions. All staff receive an induction. A number of care staff have gained a recognised care qualification. All staff are registered with Social Care Wales, the workforce regulator. Staff have opportunities for updating their knowledge via internal and external training. They told us training opportunities are good at the service. Staff supervisions are taking place as required which provides an opportunity for staff to discuss practice and career development needs with their line manager.

Summary of Non-Compliance	
Status	**What each means**
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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

N/A	No non-compliance of this type was identified at this inspection	N/A
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.	Not Achieved
16	People cannot be confident personal plans reflect their current needs and they and or their relatives have been involved in the review process.	Not Achieved
21	We were unable to establish if people were participating in regular and meaningful activities.	Not Achieved

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