



# Inspection Report on

**Belmont House**

**65 RUSSELL ROAD  
RHYL  
LL18 3DH**

**Date Inspection Completed**

**10 December 2019**

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## **Description of the service**

Belmont House is located in a residential area of Rhyl, Denbighshire. The service provides residential care and support for up to 12 people with dementia. There were eight people living at the service at the time of the inspection.

The service is owned by Chamarel Home Limited. Mr Rajana Ramsamy Boyrangee is the Responsible Individual (RI) and the manager is registered with Social Care Wales (SCW), the workforce regulator.

## **Summary of our findings**

### **1. Overall assessment**

Overall people living at Belmont House receive person centred care and support from staff who know them well. They are cared for in a calm and caring atmosphere. Referrals to other professionals are made as and when required to ensure people's changing needs continue to be met.

We found people were well supported by good leadership and management and a staff team who we observed to be hard working, caring and responsive to people's needs.

The home is comfortable and the environment meets the needs of people living there.

Staff recruitment, supervision and training is generally good and there are systems in place to ensure the smooth running of the home.

### **2. Improvements**

Personal plans had been reviewed and were more personalised, although there was still some work to do in order to consider outcomes for people.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service. These include recommendations that:

- Care plans are more outcome focused.
- Old registration certificates which are out of date need to be removed from display.

- The patio area needs attention.
- Policies and procedure updates should continue.
- People's language preferences need to be documented on support plans.
- DBS checks should be kept up to date for all staff.

# 1. Well-being

## Our findings

People can be assured their rights are upheld and they are able to have control over their day-to-day life. We saw caring interactions and people's individual circumstances were considered. We observed a person who chose to get up later than others having their wishes respected; we saw how this person received their breakfast and later their lunch at a time which suited them. We were informed that the time other people got up in the mornings varied according to their preferences and people told us they were able to make their own choices throughout the day, such as with food and activities. We saw care workers supporting people around the home in a kind and considerate manner. We saw that care workers knocked on people's bedroom doors prior to entering and that personal care was focussed on the choices of individuals. This shows that the dignity, respect and choices of people are important to those caring for them.

People's best interests are understood and promoted. We were told that the staff group have worked at the home for many years and we observed the good relationships that had developed between care staff and the people they were caring for. We saw that the care staff supported people in an individualised way, with a kind and caring manner. The atmosphere within the home was calm and relaxed. A relative told us *'Care home staff are always attentive, caring and respectful. All the staff are friendly and cheerful.'* Another stated *'My Mum is well cared for and treated with respect and dignity. She is very happy here.'* People feel they belong and have good relationships with the people who care for them.

People live in a service which effectively protects them and where they can feel safe and secure. People who had been assessed as vulnerable had restrictions placed on them for their protection and in their best interest. Staff were appropriately trained in respect of the safeguarding of vulnerable adults and regarding DoLs [deprivation of liberties]. The service's safeguarding policies and procedures were easily available for staff to refer to if required. Two people spoken with told us that they felt safe and were very happy living at Belmont House. We conclude that there are systems in place to help safeguard people due to their vulnerabilities.

People live in clean, comfortable and homely accommodation. Bedrooms were personalised and reflective of people's characters and personalities. Equipment was regularly serviced and maintained to ensure safety. Some areas of the home looked tired and were in need of redecoration and the outside patio area was in need of improvement. However, the provider is aware of these issues and has plans in place to address them. The accommodation is suitable for the people who currently live Belmont House.

## 2. Care and Support

### Our findings

People can feel confident their care needs will be met. We looked at the care records of three people and saw that pre-assessments had been carried out prior to them moving into Belmont House, in order that they and their relatives could be confident their needs would be known and could be met. Personal plans developed within the service and referred to as '*care plans*' were seen to be person centred; they contained personal history and included information regarding mobility, communication, behaviours and sensory loss. Following the last inspection, care plans had been reviewed so that each person's needs were explained in detail and were much more individualised. However, there was a lack of information regarding outcomes for people. This was discussed and advice given. Our observations indicated that care and support was being delivered in line with the personal plan, which was kept under regular and constant review and amended to allow for people's changing needs. The staff team had worked at the service for some considerable time and we saw how they related positively towards the people they cared for, as they knew them all very well. A relative told us that '*care home staff are always kind, attentive, caring and respectful*', whilst another confirmed that '*my mum is well cared for and treated with respect and dignity.*' People are well cared for and have up-to-date plans for how their care and support is to be provided to meet their individual needs. Considering outcomes for people will enhance the care provided.

People are supported with their physical health and with their emotional and mental well-being. Details within personal plans showed how staff should recognise and deal with people's behaviour and anxiousness. We observed staff to be calm throughout the day, providing reassurance and emotional support when people were distressed and skilfully used distraction techniques when required. Staff received training in dementia and together with their experience demonstrated understanding and empathy of the condition. A relative told us '*staff understand my mother and her individual needs.*' People's physical health needs were also documented within personal plans; we saw referrals to relevant health and social care professionals were made in a timely way when people's needs changed. GPs and district nurses visited as and when required. People receive proactive, preventative care and their health needs are monitored.

Arrangements are in place to promote the safe management of medicines. Appropriate measures were in place for securely storing medicines. Service users had medication administration records (MARS) along with a photograph, their personal details and details of the medicines they had been prescribed. These had been completed appropriately by staff when administering medication. Records showed that senior staff had received training with regard to medication administration. At the time of our visit, no person had been prescribed controlled drugs, however, there were systems in place for the storage and recording of them should this be necessary. None of the people living at Belmont House had been assessed as being capable of self- medicating. Protocols were in place should

any resident have the ability to self-medicate. The service therefore has measures in place to help minimise risks associated with medication.

Systems are in place to keep people safe. The training matrix indicated that all staff had received training with regard to safeguarding and Deprivation of Liberty (DoLS). The home had a whistleblowing procedure. Management had provided direction for staff to report any untoward incidents. The service had a complaints policy and procedure with detailed information stated within the statement of purpose. Relatives told us that they were aware of the complaints procedure although they had not had cause to use it; they felt staff were approachable and they felt listened to, therefore would be able to raise any issues or concerns with management and staff. People are kept safe and are protected from abuse and neglect.

### 3. Environment

#### Our findings

People live in a comfortable and homely environment. We toured the building and saw that people were able to personalise their bedrooms. These were seen to be comfortable and of a good standard, reflecting the personalities of the individuals who occupied each room. There was a slight odour in one bedroom and we advised the removal of the carpet and the purchase of a vinyl or similar floor covering to address the issue. The lounge and dining rooms were spacious, clean and warm and people were able to move between the two areas easily. There was adequate seating for all residents and space for staff to sit with people in the dining room to assist and socialise with them at mealtimes. Relatives told us they found the accommodation to be homely and one person stated: *'The décor in some areas is a little tired but this is understandable in the present climate.'* We were told some areas were awaiting redecoration and this is planned.

People live in a home which is safe. We were unable to gain entry into the building without ringing the bell, which was promptly answered by staff who requested our identification before allowing us in. For health and safety purposes visitors were requested to sign their name and time of arrival and departure in the visitor's book which was clearly visible near the front door. A key pad was used to get out of the main door; this helped to prevent vulnerable people from exiting the building unaccompanied. We found it reassuring that staff ensure only visitors who are known and welcome are given entry into the home.

The servicing of appliances and equipment was up to date. We found evidence of this in the sample of records we looked at. This included fire safety system checks, electrical equipment and gas servicing. The home also completed Legionella testing during 2019. A fire alarm test was carried out weekly and the emergency lighting checked monthly. Hoists were regularly serviced as was the stair lift. There was regular reviewing and monitoring of equipment and services. This indicates that unnecessary risks to people have been identified and as far as possible eliminated.

There was an area of accessible outdoor space for people to enjoy in the warmer weather, although the area was small and required improvement. This has been identified previously and we were told due to poor weather, work has been unable to take place. The responsible individual gave assurances the work would be carried out when the weather improves.

People live in a clean and homely environment that will be further enhanced once the outside area receives attention and the redecoration of some areas takes place.



## 4. Leadership and Management

### Our findings

Systems and processes are in place to ensure good management and oversight of the service. Two relatives commented that they always knew who the person in charge was when they visited the home. They told us the management and staff were approachable and always informed them about their relatives' wellbeing. The responsible individual and registered manager maintained the required records and reviewed and updated the policies and procedures. Whilst several of the home's policies and procedures had been updated, there was still some work required to complete the task. We were told that the RI had ensured all staff had access to and knowledge and understanding of the policies and procedures. Staff spoken with were able to confirm this. The RI and registered manager provided on call cover to staff when not on duty. We therefore conclude there are good systems in place to ensure the service is well run.

People are clear about what the service provides. We were told people were able to visit prior to admission should they wish to; although not everyone had visited initially and it was relatives who had visited on their behalf. There was a statement of purpose (SoP) which included information, setting out what services and facilities were offered. This was made available to people and explained what care and support they could expect to receive; this helped people to make an informed choice before moving in and showed whether the service could meet their specific needs. We read the SoP and found it reflected the service provided. The SoP was provided in English only and at the time of our visit there were no people living at the home whose first language was Welsh, and only one member of staff who could converse through the medium of Welsh. The SoP stated that the home recognised the importance of the language to Welsh speaking residents, however, was aware that it could not fully comply with the Active Offer as it did not have a large enough pool of Welsh speaking staff. Before admission, potential residents who were first language Welsh speakers would need to carefully consider that the home would not be able to provide their care and support in their first language. We conclude that people have the information they require to enable them to make an informed choice about moving into the home, and are supported in line with the Statement of Purpose.

People are supported by a service that provides appropriate numbers of staff who have the knowledge, competency and skills to provide the level of care and support they need. On the day of our visit we saw that two care staff, the registered manager, responsible individual, cook and cleaner were on duty to provide care and support for the eight people living at the home. Records showed care staff had received regular training which included dementia care, safeguarding, fire safety, medication administration and food safety. Certificates were on care staff files to confirm the training completed and a staff training matrix was provided. Discussion and records available evidenced new staff were provided with appropriate induction training. The majority of care staff had completed level two or three of a recognised health and social care qualification, whilst two people were working

towards level two. Staff received regular one-to-one supervision which provided an opportunity to discuss any practice issues or training needs with their manager. Records of these were seen in the three staff files we looked at. Annual appraisals were either completed or planned. As the responsible individual and manager routinely worked at the home they were able to keep close oversight of the service with continual supervision of the staff team. People are cared for and supported by staff who are well trained and regularly supported.

People are generally protected by robust recruitment checks. Records seen showed there were rigorous selection and vetting systems in place for new staff. The staff files we looked at showed evidence of a good application process with staff qualifications, previous education, employment history and references. We found two references available on each the staff files we reviewed as required. Files showed evidence that staff had been checked by the Disclosure and Barring Service (DBS) prior to employment, however, current DBS checks for two staff required updating. When it was pointed out that both were out of date the registered manager assured us it would be a priority to address this issue. We conclude that prior to employment all the necessary checks on new staff are completed to a good standard, however, DBS checks should be kept up to date and the management need to ensure they have a reliable system in place to ensure this happens.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

None

### **5.2 Areas of non-compliance identified at this inspection**

No areas of non-compliance were identified at this inspection.

### **5.3 Recommendations for improvement**

We recommend:

- Care plans are amended to include outcomes for people.
- The old registration certificates which are out of date need to be removed from display.
- The patio area needs attention.
- Policies and procedure updates should continue.
- Language preferences and needs should be documented on personal plans.
- DBS checks should be kept up to date for all staff and the management need to ensure they have a reliable system in place to ensure this happens.

## **6. How we undertook this inspection**

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 10 December 2019 between the hours of 9:30 a.m. and 3:10 p.m.

This inspection was part of the CIW review of outcomes for people living with dementia in care homes.

The following regulations were considered as part of this inspection:

- The Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We reviewed information held by CIW about the service, including the last inspection report of the inspection carried out on 30 April 2019.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke to two people living at the home, the responsible individual, registered manager, two care staff and the cook.
- We received two completed questionnaires from relatives of people living at the home.
- We looked at a wide range of records. We focused on three personal plans and associated documentation, three staff files, training and supervisions records, a selection of policies and procedures including adult protection / safeguarding, recruitment records, medication records and health & safety records.
- We examined the Statement of Purpose (SoP) and compared it with the service we Inspected.
- Feedback was given to the registered manager and responsible individual at the end of the inspection.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

|   |                          |
|---|--------------------------|
| <b>Type of care provided</b>                                      | Care Home Service        |
| <b>Service Provider</b>   | Chamarel Home Ltd        |
| <b>Responsible Individual</b>                                     | Rajana Ramsamy Boyrangee |
| <b>Registered maximum number of places</b>                        | 12                       |
| <b>Date of previous Care Inspectorate Wales inspection</b>        | 30/04/2019               |
| <b>Dates of this Inspection visit(s)</b>                          | 10/12/2019               |
| <b>Operating Language of the service</b>                          | English                  |
| <b>Does this service provide the Welsh Language active offer?</b> | No                       |
| <b>Additional Information:</b>                                    |                          |

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