Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Belmont House

65 Russell Road
Rhyl
LL18 3DH

Date Inspection Completed

14/01/2025

About Belmont House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	ARA CARE BELMONT HOUSE LTD
Registered places	12
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since this service was registered under RISCA.
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture and is working towards being a bilingual service.

Summary

People live in a service which is homely, and family orientated. Care staff know people well and are dedicated to ensuring they are cared for well. Care documents are recorded electronically, and paper copies are available. These are detailed and person centred. People are encouraged to achieve their individual goals and outcomes. Family, friends and professionals are very much part of individual routines where possible. Professionals are involved in the review of daily care. People are settled and happy.

The service is well maintained, comfortable and clean. Effective oversight, maintenance and safety checks take place regularly or when required. Several significant improvements and investments have been made throughout the service and there is an ongoing plan to continue to improve this service. People are provided with personal items and equipment they need to be as independent and safe as possible.

The responsible individual (RI) and management are dedicated to ensuring the service runs well and people's needs and outcomes are met. The RI aims to visit the service daily, where possible and knows people and their families. Care staff and management are safely recruited and supported. This is pivotal to people achieving their individual outcomes.

Well-being

People have control over their day to day lives. People are encouraged to have their own individual routines and have choices of what they want to do. People choose when they get up, where they spend their time within the home and continue with their individual, daily routines. They are offered a choice of menus for each meal. A variety of activities is also provided through crafts or entertainment. Care staff are kind, available and approachable. We observed care staff assisting people throughout the day and people respond well to them. The responsible individual visits regularly, they know people and speak with them to gather their views. The environment is organised so that people can be as independent as possible.

People's physical, mental and emotional well-being is central to the planning of care. People are encouraged to take part in a variety of activities, choices and routines that make them happy, including, hair dressing, and their preferred choice of baths or showers. We saw people taking part in activities, such as chair exercises and singing. Records show regular recreational activities, and entertainment is planned, provided and facilitated on a weekly basis. Entertainers and singers call regularly, and their approach is positive in enhancing enjoyment with people living with dementia. We saw care staff take the lead in encouraging people to get involved. Their approach is kind and friendly. We saw people's family and friends visiting throughout the day and we observed care staff and management welcoming visitors. The provider is keen to ensure people's overall well-being is pivotal to everyday routines. They are committed to investing in activities to enhance overall well-being. The environment is planned and organised to encourage people to socialise and participate in activities, should they choose to.

There are measures in place to keep people safe from harm. Individual risks are identified, and individual and appropriate risk assessments are formulated, monitored and updated; staff and professionals can access these records to inform them. Care staff told us they know what to do if they are concerned about someone. They have undertaken training in safeguarding. The provider has established measures in place to monitor safety and reduce risk to individuals. They monitor falls, weight and food intake. The environment is planned and organised to ensure people can be as safe and independent as possible.

Care and Support

People have an accurate and up-to-date plan for how their care is to be provided to meet their needs. People's individual's wishes, aspirations and religious beliefs are considered. Steps are taken to identify risks to the individual's well-being and how this will be managed; these include positive risk taking, and planning for people to maintain, re-able and/or achieve independence. Personal plans are electronic and there are paper versions available which contain basic information about people's care needs. Electronic personal plans are detailed and include a clear guide for care staff to assist people. We saw care records are reviewed monthly and adjusted if care needs change.

People are provided with the quality of care and support they need through a service designed in consultation with the individual and which considers their personal wishes, aspirations and outcomes of any risks and specialist needs. People's personal relationships and routines are a priority. Care staff welcome visitors into the service daily. Timely and thorough preadmission assessments take place. Information about individual needs, routines, wishes and feelings is gathered and built upon. We saw care staff and management updating care records while they were with people. People's first language and culture is considered. Several care staff can speak Welsh, and all care staff make an effort to learn some Welsh words and phrases to use with Welsh speakers. The provider is to ensure Welsh speaking people are cared for in their own language.

People are supported to access healthcare and other services. We saw correspondence with health professionals, including health appointment letters, within people's personal plans. We heard care staff and management during telephone calls with health professionals and we saw them update care records after receiving guidance. We saw health professionals visit the service to attend to people's health needs. People are supported to attend health appointments within the service and the local community. Health professionals are involved in the review of care. Weekly ward General Practitioner reviews take place within the service.

This service promotes hygienic practices and manages risk of infection. All staff are trained in hygiene and infection control. They wear protective equipment when providing personal care. There are sanitisation stations and sinks for hand washing throughout the service. There are also signs throughout the service prompting handwashing. The service policies and procedures include a policy on hygiene and infection control. There is a cleaning rota which is followed and signed daily. We saw the service was cleaned throughout the day. There was no infection in the service on the day we visited.

Environment

The service providers ensure that individual's care and support is provided in an environment with facilities and equipment that promotes achievement of their personal outcomes. The service is welcoming, clean and homely. We viewed the home throughout and saw there is equipment available for people to use, which enhances their independence. These include, sara steady, stair lift and walking aids. We observed people using these aids throughout the day. Records show all equipment is monitored and tested for safety. People's rooms are spacious, cosy and tastefully decorated. People are given choices of the colour schemes. Most bedrooms have been refurbished, the flooring in these rooms have been replaced to non-slip vinyl. There are new carpets throughout the downstairs floor. There is also a new wet room downstairs, with sealed floors, shower and chairs. A new freezer is in place and all fridge and room temperatures are appropriate and monitored. There is a food hygiene score of four or five, the highest which can be achieved.

The provider identifies and mitigates risks to health and safety. We found the personal emergency evacuation plans (PEEP's) are available and accessible at the entrance to the service. These are clear and reflect individual need. We reviewed the fire safety file, which showed relevant checks tests and procedures have been undertaken within timescale. Fire checks take place weekly. The fire safety officer calls every Monday.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. They ensure there is a sound basis for providing high quality care and support for individuals using the service to enable them to achieve their personal outcomes. We viewed the service policies and procedures, which are accessible to all staff. We viewed the statement of purpose, which reflects the service provided. The RI regularly visits the service; they know staff and people well. We saw them chatting comfortably with staff and people during our visit. Records are kept of these conversations with people, their interests, feelings and any concerns they may have. The RI reviews the premises and a selection of records. They complete a six-monthly quality of care report. These monitor progress and identify where improvements can be made. Management oversees the day to day running of the service. Regular audits are completed, including falls, medication care plans and the environment. The RI and management have an open-door approach and both people and staff can approach them at any time.

The provider has oversight of financial arrangements and investment in the service so that it is financially sustainable and supports people to be safe and achieve their personal outcomes. Significant investment has taken place since they have been RI of the service. We saw these improvements throughout the property, during our visit. We reviewed e mails and documentation which evidence purchases and improvements to the environment. These included, a new printer, digital medication cabinet, gates and outside storage shed.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required. Staffing levels are good. We viewed the monthly rota which showed this. There is a safe recruitment process in place. Care staff files show appropriate checks are made before people start in their caring role. Care staff told us they feel supported by management and there are enough staff so that they can complete their caring role successfully. Supervision records show care staff have the opportunity to discuss any issues affecting their work and training needs. The training program shows care staff are up to date with training and are given opportunity to undertake additional training for their development. There are arrangements in place to cover staff sickness.

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	

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