

Unannounced Care Inspection Report 25 September 2020



Belvedere

Type of Service: Residential Care Home (RCH)

Address: 63 Gilford Road, Lurgan BT66 7EA

Tel no: 0283832 5709

Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 21 residents.

3.0 Service details

Organisation/Registered Provider: Belvedere Residential Care Ltd Responsible Individual: Aisling McShane	Registered Manager and date registered: Sara Anderson acting – 2.4.2020
Person in charge at the time of inspection: Susan Copeland, acting deputy manager	Number of registered places: 21
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 17 Category RC-DE for the 5 residents currently residing at the home (mild to medium dementia). The home is also approved to provide care on a day basis to 6 persons.

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care Records
- Governance and management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Susan Copeland, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection. *One area for improvement has been stated for a second time in the QIP.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- The registration status of the home
- Written and verbal communication received since the previous care inspection
- The returned QIP from the previous care inspection
- The previous care inspection report

During the inspection the inspector met with eight residents individually and others in groups; four staff; and the deputy manager. Ten questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Four completed residents' questionnaires were returned within the identified timescale. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Duty rotas
- Three care records
- Staff training records
- A selection of quality assurance audits
- Complaints and compliments records
- Incident and accident records
- Certificate of registration

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 31 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27 Stated: First time	<p>The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> the gap between the floor and the skirting boards in the identified toilet is repaired to enable adequate cleaning. the carpet is replaced to the identified upstairs area of the home. resident mobility aids and door fixtures are adequately cleaned and included in cleaning audits. 	<p>Partially met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the deputy manager and inspection of the home showed the gap between the floor and skirting board in the identified toilet had been repaired to allow adequate cleaning.</p> <p>Resident mobility aids and door fixtures were clean and a record of the cleaning of these was maintained in the cleaning audit.</p> <p>The carpet upstairs had not been replaced; the deputy manager advised this had been planned for March 2020 though had to be postponed due to the Covid 19 situation at that time. This area for improvement has been stated for a second time on the QIP appended to this report.</p>	

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 10.00am; the deputy manager was in charge of the home. We discussed with the deputy manager staffing levels and viewed staff duty rotas for the period of 14 September to 3 October 2020. We could see shifts were adequately covered and there were stable staffing arrangements in the home. The rota showed who was in charge in the manager's absence. We noted however there was a discrepancy with regards to the capacity in which one staff member was working. This issue was discussed with the deputy manager, as was the need to ensure the duty rota accurately reflected staff on duty and the capacity in which they work. An area for improvement was identified.

Staff spoken with were satisfied with the staffing levels in the home; no concerns were raised by staff regarding staffing levels. Observations made during the inspection showed staff interacted positively with the residents in an unhurried manner. Staff spoken with confirmed there was a good sense of teamwork.

We discussed with staff their experiences of working in the home; staff were aware of the individual needs of residents. Staff spoken with were also aware of the reporting arrangements and who to speak with if they had any concerns.

Comments received from staff included:

- "I enjoy my work, it's a good place to work."
- "I really like working here, the residents are well looked after, they really are."
- "We are well supported by management, 100 per cent."

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Upon arrival at the home the inspectors temperature was taken and recorded with relevant information. Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the home regarding handwashing technique.

During discussion the deputy manager confirmed all residents and staff had temperatures taken twice daily, this information was also recorded. We observed PPE supplies and hand sanitization available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; review of training records showed staff including domestic staff had completed training in infection prevention and control.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. No malodours were identified. Areas inspected included two communal living areas, dining room, bathrooms, toilet areas, and a sample of residents' bedrooms. Residents' bedrooms were individualised with personal mementoes.

During the previous inspection an area for improvement was identified relating to the carpet in the upstairs area of the home. The deputy manager explained that plans had been in place to lay new carpet in March 2020; however, the work had to be put on hold due to the Covid 19 situation. The deputy manager confirmed the work would commence when deemed safe to do so. This area for improvement has been stated for a second time in the QIP appended to this report.

6.2.4 Care delivery

We observed staff practice in the home; interactions with residents were warm and friendly. Staff showed good knowledge of residents' individual needs. Residents were well presented with obvious time and attention given to their personal care. Staff referred to residents by name and showed that they were aware of their personal preferences. Staff shared that residents are encouraged to participate in activities including quizzes, listening to music and reminiscence.

Throughout the day residents were observed relaxing in their bedrooms, while others rested in the communal sitting rooms at a distance. Residents appeared comfortable; staff were available throughout the day to meet their needs.

Comments from residents during discussion included:

- "Am getting on the best, I like my room its cosy."
- "I like it here, the food is ok."
- "I like it very much, the staff are good to me. Just had my lunch there, was very nice."
- "I'm happy enough."

The deputy manager outlined the visiting arrangements which were being monitored and risk assessed on an ongoing basis. Alternative arrangements such as phone calls, window visits and video calls were also available to residents.

6.2.5 Care records

A sample of three care records was reviewed; review of records showed that they included admission information, an assessment of needs, risk assessments, care plans and regular evaluation records. Records reflected the individual preferences of residents including, for example, food and activity preferences and preferred rising and retiring times. However, it was noted from one of the care records inspected although the care plan was updated to reflect a change in a resident's condition the evaluation records did not reflect the follow through with regard to their condition. This issue was discussed with the deputy manager who was able to provide an update. An area for improvement was identified.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. The deputy manager confirmed she felt well supported during recent months. Staff spoken with confirmed they were kept informed of changes as they happened and that the management were supportive and approachable.

We reviewed a sample of audits which were completed on a regular basis including accidents and incidents, care plans, and falls. Where actions were identified, there was evidence to show when they had been addressed. There was a system in place regarding the reporting of notifiable events. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary.

There was a system in place regarding the handling of complaints. We reviewed staff training records, the deputy manager advised training in recent months had been completed online due to restrictions in place with regard to face to face training during the Covid 19 pandemic. The deputy manager advised plans were in place for fire safety training, in the meantime staff had completed online fire safety training, and that there were regular fire drills happening within the home.

We requested to see the monthly monitoring visit reports; the deputy manager advised they were not available in the home. The issue regarding report availability was discussed with the deputy manager. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, interactions between residents and staff, promoting individual interests of residents, and the completion of regular audits.

Areas for improvement

Three new areas for improvement were identified during the inspection. These related to completion of the duty rota, evaluation of care records and the availability of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

The inspection found that the areas for improvement identified during the previous inspection were partially met. Three new areas for improvement were identified relating to completion of the duty rota, evaluation of care records and the availability of monthly monitoring reports.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Susan Copeland, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27 Stated: Second time To be completed by: 25 January 2020	The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose. With specific reference to ensuring: <ul style="list-style-type: none"> • the carpet is replaced to the identified upstairs area of the home. Ref: 6.1
	Response by registered person detailing the actions taken: Carpet fitters have been booked & are due to replace carpet within the next two weeks.
Area for improvement 2 Ref: Standard 25.6 Stated: First time To be completed by: 25 September 2020	The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked. Ref: 6.2.1
	Response by registered person detailing the actions taken: Rota was ammended the following day to reflect this & continues to be done so.
Area for improvement 3 Ref: Standard 8.2 Stated: First time To be completed by: 25 September 2020	The registered person shall ensure care records accurately reflect all personal care and support provided, and unusual or changed circumstances that affect the resident and any action taken by staff. Ref: 6.2.5
	Response by registered person detailing the actions taken: All staff spoken to & updated on the importance of documenting all records accurately. Files also reviewed & audited.
Area for improvement 4 Ref: Standard 20.11 Stated: First time To be completed by: 27 September 2020	The registered person shall ensure monthly monitoring reports are completed and available for review in the home. Ref: 6.2.6
	Response by registered person detailing the actions taken: Monitoring Reports are being kept in an accessible area where they are available for review.

Please ensure this document is completed in full and returned via Web Portal



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