



The **Regulation** and
Quality Improvement
Authority

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Inspection ID: IN023450

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**Unannounced Care Inspection
of
Belvedere**

14 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 14 December 2015 from 11.10 to 14.15. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met.

One area for improvement was identified within the standard inspected which related to the development of policies. Two further areas for improvement were identified within the additional areas examined. These related to the home's internal system for recording and notification of accidents and incidents and to sending such notifications to RQIA via email attachment. The areas for improvement are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with the person in charge Ms Catherine Hamilton and the registered person, Ms Aisling McShane, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Belvedere Residential Care Ltd / Ms Aisling Mc Shane	Registered Manager: Mrs Ashley Currie, registration pending
Person in charge of the home at the time of inspection: Ms Catherine Hamilton, senior care assistant	Date manager registered: Registration pending
Categories of care: RC-LD(E), RC-MP, RC-MP(E), RC-DE, RC-I	Number of registered places: 21
Number of residents accommodated on day of inspection: 21	Weekly tariff at time of inspection: £470 plus £10 per week third party fee

3. Inspection focus

The inspection sought to determine if the following standard has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous care inspection report, notifications of accidents and incidents and five returned residents' views questionnaires.

We met with eight residents, one member of care staff, one domestic assistant and the registered person. We spoke with two resident's visitors/representatives. No visiting professionals were present.

We examined the following records during the inspection: care records of four residents, accident and incident records, complaints and compliment records, policies and procedures relating to the standard inspected, monthly monitoring visit reports, resident questionnaires, the summary report of residents questionnaires, minutes of the staff focus group and minutes of residents' meetings.

5. The inspection

5.1 Review of requirements and recommendations from previous care inspection dated 19 June 2014.

A care inspection was undertaken on 19 June 2014 which resulted in 11 recommendations being made. The provider returned a Quality Improvement Plan to RQIA on 21 August 2014 stating all issues had been fully addressed.

During an inspection on 29 October 2014, the inspector focused on whistle blowing information provided to RQIA. A further inspection was undertaken on 14 April 2015 which reviewed the recommendations from 29 October 2014.

The inspector took the opportunity during this inspection, dated 14 December 2015, to review the recommendations from 19 June 2014 and validated that they had all been met.

<p>Recommendation 1</p> <p>Ref: Standard 10.1</p>	<p><u>Policy on Challenging behaviour</u></p> <p>Review of the policy identified that further work is required in order to ensure that information including DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).</p> <p>Action taken as confirmed during the inspection: Discussion with the registered person and examination of the policy document confirmed that this was suitably reviewed and updated.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 10.1</p>	<p><u>Training challenging behaviour</u></p> <p>Ensure remaining untrained staff receives training as discussed.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered person and examination of staff training records confirmed that all staff have received suitable training in managing behaviours which challenge.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 10.3</p>	<p><u>Behavioural support</u></p> <p>With the approval of the resident/representative referral to the commissioning trust behavioural support team is recommended should identified behavioural needs require to be further addressed.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered person confirmed that referral to the commissioning trust behavioural support team occurs should identified behavioural needs require to be further addressed.</p>	<p>Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 10.4</p>	<p><u>Policy and procedure</u></p> <p>Examination of Management of Challenging Behaviour policy and procedure dated June 2014 identified that further work is required to ensure the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan as necessary.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered person and examination of the policy document confirmed that this has been suitably updated.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 10</p>	<p><u>Care Plans</u></p> <p>Review of two of care plans identified that these require to be reviewed and revised to include measures in place to minimise recurrence of challenging behaviour, in consultation with trust the trust care manager/personnel and that preventative measures in regard to urinary tract infection is reflected.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered person confirmed that the two identified care plans were reviewed and revised accordingly.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 10.7</p>	<p><u>Security measures</u></p> <p>It is recommended that the inclusion of door security measures is described within the home's Statement of Purpose.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered person and examination of the home's Statement of Purpose confirmed that door security measures were described.</p>	<p>Met</p>

<p>Recommendation 7</p> <p>Ref: Standard 10</p>	<p><u>Activities</u></p> <p>It is recommended that a policy/procedure on Activities/Social Events is developed which describes information on how these are planned in consultation with residents, reflected in care plans, programmed development, frequency, and review of the programme.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered person and examination of the policy document confirmed that a suitable policy was developed.</p>	<p>Met</p>
<p>Recommendation 8</p>	<p><u>Monthly monitoring record</u></p> <p>It is recommended that the registered provider use the RQIA newly update template which can be sourced on the RQIA website.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered person and examination of the monitoring visit reports confirmed that the recommended template is now used.</p>	<p>Met</p>
<p>Recommendation 9</p>	<p><u>Complaints records</u></p> <p>Recommendations made included;</p> <ul style="list-style-type: none"> • Complaints recorded by senior care staff should be proof read for accuracy by the manager. • Provision of staff training in the handling of complaints by staff is recommended. • Ensure staff record full details including; time when reported, surnames of complainants and to whom the complaint was reported. • Record a reference number for each complaint received. • Review and revise the layout of the complaint record as discussed to ensure that all areas including lessons learned is included. <hr/> <p>Action taken as confirmed during the</p>	<p>Met</p>

	<p>inspection: Discussion with the registered person and examination of the complaints records confirmed that all aspects of complaints management are recorded as recommended.</p>	
<p>Recommendation 10</p>	<p><u>Household duties</u></p> <p>The delegation of laundry duties to staff should cease as this practice is not in keeping with good practice or RQIA staffing guidelines. Additionally the cooking of the evening meals two afternoons each week should cease and a review of the cooks' hours to address this shortfall is necessary. (Reference to RQIA Staffing Guidelines in this regard should be undertaken.)</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Discussion with the registered person and evidence from previous inspections confirmed that laundry and catering arrangements were adjusted as recommended.</p>	
<p>Recommendation 11</p>	<p><u>Care management review</u></p> <p>One resident has not had a review since 2012 despite several telephone call made by the manager.</p> <p>The manager agreed to formalise the request in writing to the care manager and to provide RQIA with details of the response received.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Discussion with the registered person confirmed that a formal request was made in writing to the care manager and RQIA was provided with details of the response.</p>	

5.2 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 14 April 2015. The completed QIP was returned and approved by the care inspector.

5.3 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(2)(t)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that – a risk assessment to manage health and safety is carried out and up dated when necessary.</p> <p>Reference to this is made in that all radiators/hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered person confirmed that risk assessments had been undertaken of all radiators. In addition, assurances were provided that suitable radiator covers had been made and were to be fitted before the end of December 2015.</p>	
	<p>Previous inspection recommendations</p>	
Recommendation 1 Ref: Standard 27.3	<p>The building is kept clean and hygienic at all times and decorated to a standard acceptable for the residents.</p> <p>Reference to this is made in that the toilet seat in the identified downstairs toilet should be replaced.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Inspection of the premises confirmed that the toilet seat in the identified downstairs toilet was replaced.</p>	
	<p>Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.</p>	

5.4 Is care safe? (Quality of life)

The person in charge confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or their representative.

In our discussions with the person in charge they confirmed that residents' meetings were held quarterly. We inspected the minutes of these meetings and could confirm that residents' views were actively sought and any actions which may be required were appropriately noted.

Is care effective? (Quality of management)

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

We noted that the home did not have policies relating to residents' meetings and forums and to communicating with residents and representatives. We made a recommendation that suitable policies should be developed in these areas.

In our discussions with the person in charge we identified that annual satisfaction questionnaires had been used to obtain residents' and representatives' views on the quality of care. The person in charge confirmed that the information obtained from residents was collated by the manager and was used to improve services. We examined the summary report prepared by the manager which confirmed this. We noted also that the manager runs a quarterly staff focus group. This allows verbal feedback from residents about the quality of services in the home to be discussed within the staff team and for plans to be made for ongoing service improvement. This was to be commended.

We inspected the reports prepared by staff in advance of annual care reviews and noted that these contained details regarding the views and preferences of the residents. We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded with any actions arising specified. We inspected monthly monitoring visit reports which confirmed that resident views on the services provided were sought and acted upon.

In our discussions with the person in charge and the registered person we confirmed that the management of complaints was covered during staff induction and in staff training. We inspected the complaints register and were satisfied that complaints were recorded and managed appropriately. We noted that Belvedere had received a number of written compliments.

Is care compassionate? (Quality of care)

In our discussions with staff and with eight residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

Areas for improvement

There was one area of improvement identified within the standard inspected. This related to the development of policies.

Number of requirements:	0	Number of recommendations:	1
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5.5 Additional areas examined

5.5.1 Residents' views

We met with eight residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Residents were observed to be comfortable and content in their surroundings and in their interactions with staff.

Five residents' views questionnaires were completed and returned to RQIA; three questionnaires indicated that residents were satisfied that they were provided with safe, effective and compassionate care. One returned questionnaire indicated that there was sometimes not enough staff and another expressed some dissatisfaction with the catering arrangements, namely that a finger buffet was provided twice weekly.

In discussion with the registered person we were advised that these issues had been raised in the home's most recent resident satisfaction questionnaire and in residents' meetings. We were advised that the majority of residents, however, had indicated a high level of satisfaction with these areas. This was confirmed in our examination of the questionnaires and of the minutes of the residents' meetings. We were advised by the registered person that residents had provided feedback that the finger buffet was welcomed, especially on Sunday evenings after a large main meal was served at lunchtime. In our discussion with residents they indicated that staff responded in a timely manner to requests for assistance and that they found the catering arrangements to be very good.

Some comments included:

- "They are very good to me here."
- "I am quite happy here and my family is very happy with me being here, for they know I am safe and well cared for. The girls (staff) are excellent and they would never go past you without having a word. There's always plenty of staff around and they come to me quickly if I need help with anything, I only have to press my alarm button. We have the chance to make suggestions about any changes to the menu that we might want, or to having particular activities that are being planned and I wouldn't hesitate to approach any member of staff if I wanted anything done differently."
- "It's great here. I like it well enough."
- "All is going well for me here. They are all very kind."
- "I love it here. They feed us very well and take great care of us and we have absolutely no complaints."
- "This is a great place."
- "I have enjoyed being here and the staff are excellent."
- "It's going well for me here and I like being here."

5.5.2 Staff views

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- “I feel the residents are cared for very well in Belvedere; I have worked in other care homes over the years and can honestly say that. And if I saw anything that I wasn't happy about, I would speak up right away, for this is the residents' home and only our place of work. Everything should be spot on for the residents.”
- “I love working here as it is so much different from working in a nursing home where everyone is so much more dependent; here the residents are much more able and it is so rewarding to be able to help them enjoy their lives in the home. I find the staff team very good and I have a really good manager who is approachable and supportive and who gets staff the training they need to do their jobs well.”

5.5.3 Residents' visitors'/representatives' views

We met with two residents' representatives who spoke positively about the care provided within Belvedere.

Some comments included:

- “I'm happy with the care here. My (relative's) general health has improved since coming here, due to the good care. Staff were able to arrange for a downstairs room when one became available and that helps as (my relative) has poor vision and was not safe on the stairs. I visit very regularly at all times of the day and evening and I have never seen or heard anything that would make me think that people are being treated poorly. Although (my relative) wouldn't be able to tell me if anything was making (my relative) unhappy, I would know by (my relative's) mood, and I have no reason to believe that (my relative) is not being treated very well.”
- “This is the best home around this country. My friend gets very good care here and the staff are absolutely brilliant, they couldn't do enough for the residents and for visitors.”

5.5.4 Staffing

At the time of inspection the following staff members were on duty:

- 1 x registered person
- 1 x senior care assistant (person in charge)
- 2 x care assistants
- 1 x cook
- 1 x domestic assistant
- 1 x laundry assistant

One senior care assistant and two care assistants were scheduled to be on duty later in the day. One senior care assistant and one care assistant were scheduled to be on overnight

duty. The person in charge advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.5.5 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard.

5.5.6 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.7 Accidents / incidents

A review of the accident and incident notifications since the previous inspection established that these had generally been reported and managed appropriately. We noted that the home retained copies of accident and incident reports in one file and notification of the same accidents and incidents to RQIA or the trust in a separate file. In one instance we identified that an accident had been recorded and a notification form was completed and was to be sent to RQIA. RQIA had no record that the notification was received. We made a recommendation, therefore, that the notifiable events form is stored along with the home's accident/incident record and that all events are appropriately reported to RQIA and a record retained to confirm notification. This will assist in more effective audit of notification of accidents and incidents to all relevant parties.

The notifiable event was reported retrospectively to RQIA following the inspection on 22 December 2015.

The home sent notifications of accidents and incidents to RQIA by fax. This was sometimes problematic as the printed record was often of poor quality and could not be easily read. We made a recommendation that all future notifications to RQIA should be sent electronically via email.

Following a previous serious adverse incident which had been reported to RQIA and the trust, review of training records and discussion with staff confirmed that all staff had received training in first aid and basic life support. Staff were aware of the appropriate action to take in the event of an accident/incident.

5.5.8 Fire safety

The home provided confirmation after the inspection that a fire safety risk assessment was completed on 27 March 2015, also that most of the recommendations arising had been addressed and that others were in the process of being addressed. The registered person confirmed that the emergency lighting system, fire extinguishers and emergency doors were checked monthly and that fire drills were completed regularly. Fire training was provided twice annually.

Areas for improvement

There were two areas for improvement identified within the additional areas examined. These related to the home's internal system for recording and notification of accidents and incidents and to sending such notifications to RQIA electronically via email.

Number of requirements:	0	Number of recommendations:	2
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6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the person in charge, Catherine Hamilton and the responsible person, Aisling McShane as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 21.1 Stated: First time To be completed by: 31 March 2016	The manager should ensure that policies relating to residents' meetings and forums and to communicating with residents and representatives are developed.		
	Response by Registered Person(s) detailing the actions taken: A policy has now been implemented relating to residents' meetings.		
Recommendation 2 Ref: Standard 20.15 Stated: First time To be completed by: 31 March 2016	The manager should ensure that the notifiable events form is stored along with the home's accident/incident record and that all events are appropriately reported to RQIA and a record retained to confirm notification.		
	Response by Registered Person(s) detailing the actions taken: All incidents and accidents are not filed in month order with a copy of the notifiable events form and email attached.		
Recommendation 3 Ref: Standard 20.15 Stated: First time To be completed by: 31 March 2016	The manager should ensure that all future notifications to RQIA are sent electronically via email.		
	Response by Registered Person(s) detailing the actions taken: Staff have all been advised of this and are now emailing all Notifiable Events directly to RQIA.		
Registered Manager completing QIP	Ashley Currie	Date completed	05/01/2016
Registered Person approving QIP	Aisling McShane	Date approved	19/01/2016
RQIA Inspector assessing response	Alice McTavish	Date approved	21/01/2016

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address