



Unannounced Care Inspection Report 4 February 2019



Belvedere

Type of Service: Residential Care Home
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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 21 persons in the categories of care cited on the home's certificate of registration and detailed in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Belvedere Residential Care Ltd Responsible Individual: Aisling McShane	Registered Manager: Catherine Hamilton (acting)
Person in charge at the time of inspection: Catherine Hamilton	Date manager registered: Catherine Hamilton – application not yet submitted
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 registered places: 21 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

An unannounced care inspection took place on 4 February 2019 from 10.00 to 16.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, supervision, care records, audits and reviews, culture and ethos of the home, management of incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to replacing the carpet in the main sitting room area and to improve or replace a number of chairs in the main sitting room area.

Residents shared positive comments regarding their life in the home, the care provided and their relationship with staff.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Catherine Hamilton, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 July 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, 13 residents and three staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. A number of "Have we missed you" cards were provided with contact information included. No questionnaires were returned by residents or residents' representatives within the agreed timescale. One staff questionnaire was returned within the timescale responses were shared with the manager.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments information
- Audits of care plans, accidents and incidents (including falls), complaints, NISCC registration
- Accident, incident, notifiable event records
- Annual Quality Review report
- Reports of visits by the registered provider
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 23 July 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 23 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27. (4) (b) Stated: First time	The registered person shall ensure adequate precautions against the risk of fire, including the provision of suitable fire equipment. A risk assessment for the use of an appropriate fire safety hold open device in the identified sitting room must be completed.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the home showed a fire safety hold open device had been installed in the identified sitting room. The manager advised number of other devices had been installed as a result of the risk assessment.	
Area for improvement 2 Ref: Regulation 29.(5) Stated: First time	The registered person shall ensure copies of the registered provider visit reports are maintained in the home and are made available on request to interested parties.	Met

	<p>Action taken as confirmed during the inspection: Discussion with the manager and review of records in the home showed the provider visit reports were available.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 5.5 Stated: First time</p>	<p>The registered person shall ensure the needs assessments for the two identified residents are reviewed and updated.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of care records showed needs assessments were reviewed and updated accordingly.</p>	Met
<p>Area for improvement 2 Ref: Standard 20.7 Stated: First time</p>	<p>The registered person shall ensure the home's statement of purpose is reviewed and updated accordingly.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of the statement of purpose showed it had been reviewed and updated accordingly.</p>	Met
<p>Area for improvement 3 Ref: Standard 20.9 Stated: First time To be completed by: 23 September 2018</p>	<p>The registered person shall ensure the residents guide is reviewed and updated accordingly.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of the residents guide showed it had been reviewed and updated accordingly.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC). The benefit of reminding staff about their professional accountability and their code of professional conduct was discussed with the manager.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager confirmed there had been no recent safeguarding referrals but that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The manager advised there were restrictive practices within the home, notably the use of keypad entry system, pressure alarm mats, management of smoking materials etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There was an infection prevention and control (IPC) policy and procedure in place. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

“The Falls Prevention Toolkit” was discussed with the manager and advice was given on the benefits of using this or a similar toolkit. Audits of accidents/falls were undertaken on a quarterly basis and analysed for themes and trends.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal environment identified the décor as tired and dated though fit for purpose. Carpet on the ground floor, especially the main sitting room area, was noted to be in poor condition; the need to replace this was identified as an area for improvement to comply with the standards. In addition, the need to improve or replace a number of chairs in the sitting room area was discussed with the manager as a number of these were also in poor condition. This was identified as an area for improvement to comply with the standards. During discussion the responsible individual advised that a plan was being implemented to review and improve the home environment on an ongoing basis. Progress with improvements shall be followed up during a future inspection.

It was established that one resident smoked. A review of the care records of the resident identified that risk assessment and corresponding care plan had been completed in relation to smoking. The manager was advised that a risk assessment and corresponding care plan should be put in place for any resident admitted to the home that smokes.

The home had an up to date fire risk assessment in place dated 13 February 2018. The manager confirmed recommendations had been actioned or were being addressed; information was forwarded to RQIA following the inspection to support this.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and emergency lighting were checked weekly or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision, infection prevention and control and risk management.

Areas for improvement

Two areas for improvement were identified during the inspection relating to the environment, including replacing the carpet in the main sitting room and improving or replacing a number of chairs.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Care records reviewed were observed to be signed by the resident. Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, residents preferred rising and retiring times were recorded in care records as were food likes and dislikes.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, accidents and incidents (including falls) and complaints were available for inspection, and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection. The benefit of using a suggestion box to gather views from residents, representatives and staff was discussed with the manager.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication; for example, the visits by registered provider reports and annual satisfaction survey report were available on request for residents, their representatives and any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, and dignity and explained how confidentiality was protected.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home; for example ministers visit the home regularly and there is a weekly service. Staff explained how one resident was supported to watch their local parish service through the use of a tablet device.

Residents were provided with information in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. The daily menu and activities were displayed on a notice board in the sitting room area of the home.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example,

residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included residents’ meetings and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff, residents and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities, for example armchair exercises, quizzes, games, knitting and reading daily newspapers. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are welcome to the home; musicians and singers would also visit on a regular basis.

Residents and staff spoken with during the inspection made the following comments:

- “Very good, plenty of good food, warm bed, staff very very good. It’s a good place, if its cold outside we don’t feel it, as it is always warm.” (resident)
- “No complaints, staff are great, food lovely, I am very happy here.” (resident)
- “I am quite happy, no complaints.” (resident)
- “I am very happy here, couldn’t be better. Staff are very kind and helpful. I have all I need.” (resident)
- “This is a nice place to live.” (resident)
- “It is just like home, the staff are very good, I have my own room, bed that goes up and down, it’s great.” (resident)
- “Treat them (residents) as individuals. Do it the way you would want for your own parents. It is very homely, you get attached to them.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home.

Review of the complaints information confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party.

The home retains compliments received, e.g. there was a large number of thank you letters and cards displayed on a notice board in the home.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff; for example, International Dysphagia Diet Standardisation Initiative information was displayed in the kitchen. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example continence care, falls prevention, dementia awareness and epilepsy awareness.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager stated that the responsible individual was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home. The responsible individual was present in the home during the inspection.

The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that overall there were good working relationships within the home there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Catherine Hamilton, 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 care 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 27.1 Stated: First time To be completed by: 4 April 2019	The registered person shall ensure the carpet on the ground floor sitting room area is replaced. Ref: 6.4
	Response by registered person detailing the actions taken: Carpet fitters have been booked for 2 nd April to replace sitting room carpet.
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 4 April 2019	The registered person shall ensure the chairs in the main sitting room are improved upon or replaced. Ref: 6.4
	Response by registered person detailing the actions taken: Identified chairs are in process of being re-upholstered.

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



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