

# Unannounced Care Inspection Report 5 December 2017



## Belvedere

**Type of Service: Residential Care Home**  
**Address: 63 Gilford Road, Lurgan, Craigavon, BT66 7EA**  
**Tel No: 028 3832 7509**  
**Inspector: Bronagh Duggan**

[www.rqia.org.uk](http://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 with 21 beds registered to provide care for residents under categories of care as detailed on its certificate of registration.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belvedere Residential Care Ltd  <b>Responsible Individual(s):</b> Aisling McShane	<b>Registered Manager:</b> Catherine Hamilton (Acting)
<b>Person in charge at the time of inspection:</b> Susan Copeland, senior carer	<b>Date manager registered:</b> Acting- No Application Required
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 21 RC-DE for 5 residents

### 4.0 Inspection summary

An unannounced care inspection took place on 5 December 2017 from 10.30 to 16.30.

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 supervision and appraisal, infection prevention and control, audits and reviews, communication between residents, staff and other key stakeholders the culture and ethos of the home, governance arrangements and maintaining good working relationships

Areas requiring improvement were identified with regards to the completion of fire safety checks, diabetes awareness training and ensuring care records were signed appropriately.

Residents and/or their representatives said; “It’s first class here, the food is lovely, we get a choice of two things every day”, “it’s like one big family”, “the care is very good, staff are all very attentive and we are kept well informed of any changes.”

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
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Susan Copeland, Senior Carer, 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 8 July 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with 11 residents, three staff and two residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Six were returned within the identified timescale. Information was also provided for staff to access questionnaires for completion electronically. No responses were received.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- One competency and capability assessment
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care plans, accidents and incidents (including falls) and complaints
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Fire safety risk assessment

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

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 8 July 2017**

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 8 July 2017**

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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (d) (v)  <b>Stated:</b> First time	The registered person shall ensure fire safety checks are completed regularly and maintained on an up to date basis.  Ref: 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the fire safety checks showed the monthly emergency lighting and equipment checks were maintained on an up to date basis. However the weekly break glass fire alarm checks were last completed on 16 October 2017.	
	This area for improvement has been stated for a second time in the QIP appended to this report.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.8 <b>Stated:</b> First time	The registered person shall ensure an audit is completed on all chairs in use and appropriate action should be taken depending on the outcome of the audit.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the senior carer confirmed an audit had been completed and that eight chairs had already been replaced. Inspection of the environment confirmed this. The senior carer confirmed more chairs were due to be put in place as a result of the audit.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered person shall ensure the current speech and language therapy guidance is included within the identified residents care plan.  Ref: 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the identified care record showed the speech and language guidance was included within the residents care plan.	

### 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 senior carer advised on the staffing levels for the home and that these 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, residents' representatives and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. The benefit of all staff

Completing training in diabetes awareness was discussed with the senior carer as records showed eleven staff had completed relevant training. Records showed there were a number of residents in the home who had diabetes. This was identified as an area for improvement to comply with the standards.

The senior carer and staff 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; records of competency and capability assessments were retained. One completed staff competency and capability assessment was reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure during the previous inspection confirmed that it complied with current legislation and best practice. Staff personnel files and recruitment information was not reviewed during this inspection in the manager's absence.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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 senior carer, review of accident and incidents notifications, care records and complaints records confirmed that there had been no recent safeguarding referrals or investigations. The senior carer advised all 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; and that written records would be retained.

The senior carer advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior carer identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The senior carer confirmed there were restrictive practices employed within the home, notably keypad entry systems, pressure alarm mats and timed observations. Discussion with the senior carer regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The senior carer confirmed there were risk management policy and procedures in place. Discussion with the senior carer and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety etc.



An infection prevention and control (IPC) policy and procedure was in place. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. 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. 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 senior carer reported that any outbreaks of infection within the last year had been managed in accordance with the home policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

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

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated February 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 29 November 2017 records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment and emergency lighting were checked monthly however records showed the weekly break glass and fire alarm checks were last completed on 16 October 2017. This was identified as an area for improvement during the previous inspection and has been stated for a second time in the QIP appended to this report.

Six completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### **Areas of good practice**

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

### **Areas for improvement**

One new area for improvement was stated in relation to all staff completing training in relation to diabetes awareness. One area for improvement has been stated for a second time relating to fire safety checks.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1



## 6.5 Is care effective?

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

Discussion with the senior carer 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 senior carer confirmed plans were in place to update photographs maintained in the care records.

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. Review of one of the care record showed a speech and language therapy review had been requested by staff in the home in August 2017. The senior carer confirmed this had not yet taken place. The senior carer was advised to follow up on the referral with the service.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Two of the three care records reviewed had not been signed by the resident and/or their representative. This was identified as an area for improvement to comply with the standards. Discussion with staff confirmed that a person centred approach underpinned practice for example residents are encouraged to participate in activities and social outings.

The senior carer 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), complaints, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The senior carer 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. The senior carer and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

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.

Six completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

## 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 key stakeholders.

## Areas for improvement

One area for improvement was identified during the inspection this related to ensuring the identified care records were signed appropriately.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 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 senior carer confirmed 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.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, were met within the home.

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 for example menu and activity information was displayed on a notice board in the sitting room area of the home.

The senior carer, residents and their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The senior carer and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example residents' meetings, annual reviews etc.

Discussion with staff, residents, representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example quizzes, arm chair exercises and knitting. Arrangements were in place for residents to maintain links with their friends, families and wider community for example residents attend the local centre for a regular tea dance, there was also visits from a local school to promote intergenerational events.

Residents spoken with during the inspection made the following comments:

- “I love it here, they are all very good. Go out of their way to help you.”
- “I can’t complain about anything, the girls are all so good they really are.”
- “It’s first class here, the food is lovely, we get a choice of two things everyday.”
- “It’s like one big family.”
- “Everyone is very kind, there are things to do and the food is really good.”

Six completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

One resident’s representative commented:

- “I have to say the care is very good, staff are all very attentive and we are kept well informed of any changes.”

### 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
<b>Total number of areas for improvement</b>	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 senior carer outlined the management arrangements and governance systems in place within the home. 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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

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 residents guide and information displayed around the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. There had been no new complaints recorded since the previous care inspection. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the senior carer confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff had completed training in dysphagia awareness.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

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 senior carer advised that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home and regular updates.

The senior carer advised that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the senior carer and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The senior carer advised that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The senior carer advised that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Six completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Susan Copeland, senior carer, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27.4.(d) (v)  <b>Stated:</b> Second time  <b>To be completed by:</b> 15 December 2017	The registered person shall ensure fire safety checks are completed regularly and maintained on an up to date basis.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> The manager will ensure all fire safety checks are completed and maintained regularly.

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 9.2  <b>Stated:</b> First time  <b>To be completed by:</b> 5 March 2017	The registered person shall ensure all staff complete training in diabetes awareness.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> All staff members have a deadline to complete diabetes training. This training must be completed by 30 <sup>th</sup> January 2018.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.3  <b>Stated:</b> First time  <b>To be completed by:</b> 5 February 2018	The registered person shall ensure the identified care plans are signed by the residents or their representative, where appropriate. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> Staff members are in the process of ensuring all care plans are signed either by the resident or their representative.

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





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