

# Inspection Report

13 October 2022



## Belvedere

**Type of service:** Residential Care Home  
**Address:** 63 Gilford Road, Lurgan, Craigavon, BT66 7EA  
**Telephone number:** 028 3832 5709

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<p><b>Organisation:</b> Belvedere Residential Care Ltd</p> <p><b>Responsible Individual:</b> Ms Aisling McShane</p>	<p><b>Registered Manager:</b> Ms Susan Copeland – Not registered</p>
<p><b>Person in charge at the time of inspection:</b> Ms Susan Copeland – acting manager</p>	<p><b>Number of registered places:</b> 21</p> <p>Category RC-DE for the five residents currently residing at the home (mild to medium dementia).</p> <p>The home is also approved to provide care on a day basis to six persons</p>
<p><b>Categories of care:</b> 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</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 19</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This is a registered Residential Home which provides social care for up to 21 persons. Resident bedrooms are located over two floors. Residents have access to communal lounges, a dining room, and an outdoor seating area. The home is surrounded by a mature garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 13 October 2022 from 10.00 am to 4.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was clean and tidy with a homely atmosphere. Staff members were attentive to the needs of residents' and carried out their work in a compassionate manner.

Residents' were happy to engage with the inspector and share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Belvedere was safe, effective, and compassionate and that the home was well led. This inspection resulted in no areas for improvement.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, and a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

A poster was provided detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow residents and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

Residents spoke positively about the care that they received. One resident said, "I'm very well taken care off", whilst another said "Staff are very kind". Residents also commented positively on the food and their interactions with staff.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support.

Relatives spoken with told us that they were very happy with the care provided in the home and were kept well updated by the staff about any changes to their loved ones.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management, to allow residents, relatives, visitors and staff unable to meet with the inspector the opportunity to provide feedback on the home. No questionnaires were returned and no feedback was received from the staff online survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 30 March 2022		
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: Regulation 27.(2).(t)</b> <b>Stated: First time</b>	The registered person shall ensure the environment is managed in such a way to reduce risk from hazards. Reference to this includes ensuring safe storage of hazardous substances.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref: Standard 6</b> <b>Stated: First time</b>	The registered person shall ensure care plans are regularly reviewed and updated on a consistent basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents..

Staff confirmed they were provided with an induction programme to support them in the tasks associated with their role and duties. There were systems in place to ensure staff were trained and supported to do their job; a training matrix was maintained to monitor staff compliance with training.

Review of records provided assurances that a system was in place to ensure all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

The duty rotas accurately reflected the staff working in the home over a 24 hour period and identified the person in charge when the manager was not on duty. It was noted that the manager undertook a number of shifts each week; the importance of ensuring the manager has sufficient time to complete management tasks was discussed.

Competency and capability assessments were undertaken for staff members who had responsibility of being in charge of the home. This was discussed with the manager to review the assessments within a meaningful time frame.

Observations confirmed that residents' needs were met by the staff on duty. Residents told us that they were satisfied with the delivery of care, attentiveness and support received from staff.

Staff were seen to attend to residents' needs in a timely manner, and residents' were offered choices throughout the day.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual residents' needs, preferred daily routines, likes and dislikes, for example, where residents preferred to sit and what they liked to eat. Staff members were observed to be skilled in communicating with the residents and to treat them with patience and understanding.

It was observed that staff respected residents' privacy by their actions such as offering personal care to residents discreetly. Expressions of consent were evident with statements such as "Would you like" when dealing with care delivery".

Care records were suitably maintained, regularly reviewed and updated to ensure they continued to meet the resident's needs. It was noted that a recent photograph was not included in all of the reviewed records. This was discussed with the manager for follow up. Resident's individual likes and preferences were reflected throughout the records and care plans contained information on each resident's care needs and what or who was important to them.

There was evidence that the needs of residents who required specific skin care were being managed in conjunction with the community nursing service.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. A menu was provided to inform residents of the meals and choice available. It was observed that residents were enjoying their meal and dining experience. Staff made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Residents commented positively about the quality and choice of meals. Some residents preferred to have their meal in their own room and this was readily accommodated.

There was evidence that residents weights were checked at least monthly to monitor weight loss or gain.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was tidy and warm. Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A use of a room on the ground floor had recently been changed to provide bedroom accommodation. An application to vary the registration of the home and increase the number of bedrooms was submitted to RQIA. However the application had not been approved as the proposed work did not meet with the DHSSPS Care Standards for Nursing Homes April 2015 and the application was subsequently withdrawn by the Responsible Individual (RI). On the day of the inspection the home was operating outside of its Statement of Purpose, as a resident was accommodated in the bedroom which was not registered. This was brought to the attention of the Manager who took immediate steps to address the issue and bring the home back into compliance with the Statement of Purpose. An explanation to how the situation arose was provided by the RI and assurances given that the room would be returned to its previous condition and that the room would not be used as a bedroom in the future.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits were observed to be free of obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were retained.

### **5.2.4 Quality of Life for Residents**

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents preferred to spend their days in their bedrooms while some took opportunities to visit the lounge.

It was observed that staff ensured a social atmosphere in communal areas with music playing on the television. Residents were seen participating in activity ball skills; and residents reported that they enjoyed the hairdresser attending the home.

Staff took time to chat to the residents whilst going about their daily routine. Staff interactions with residents' were observed to be pleasant, polite, friendly and warm. Staff recognised the importance of maintaining good communication with families and visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### **5.2.5 Management and Governance Arrangements**

There has been a change in management of the home since the last inspection. Ms Susan Copeland has been the manager in this home since 23 September 2022.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

### **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.





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