



Belvedere
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**Unannounced Care Inspection
of
Belvedere**

14 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 14 April 2015 from 10.10 to 14.55. Overall, on the day of the inspection, we found the home to be delivering safe, effective and compassionate care. We identified areas for improvement which have been 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, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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	1	1

We discussed the details of the QIP and the timescales for completion with the registered manager, Mrs Ashley Currie.

2 Service Details

Registered Organisation/Registered Person: Belvedere Residential Care Ltd	Registered Manager: Mrs Ashley Currie
Person in Charge of the Home at the Time of Inspection: Mrs Ashley Currie	Date Manager Registered: 18 July 2014
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: Trust rate (£470) plus £10 per week third party fee

3 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4 Methods/Process

Prior to inspection the following records were analysed: the returned QIP from last inspection, notifications of accidents and incidents.

During the inspection we met with five residents, one senior care assistant, one member of domestic staff, one visiting professional and one resident's visitor.

We examined four care plans, complaints and compliment records, policies and procedures relating to dying and death and to continence management, accidents and incidents register, records of monthly monitoring visits and the fire safety risk assessment.

5 The Inspection

5.2 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 29 October 2014. The completed QIP was returned and was approved by the care inspector.

5.3 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9.1	The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process. Reference to this is made in that all care records should contain details of residents' optometrist and dentist, as appropriate.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care records confirmed that records contained details of residents' optometrist and dentist, as appropriate.	

<p>Recommendation 2</p> <p>Ref: Standard 6.2</p>	<p>The resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign, this is recorded.</p> <p>Reference to this is made that all care review forms should be appropriately signed and dated.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care records confirmed that care review forms were appropriately signed and dated.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 10.7</p>	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that the home should request from the Southern Health and Social Care Trust that assessments are completed in respect of each resident for the use of pressure alarm mats.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the Southern Health and Social Care Trust had been requested to complete assessments in respect of each resident for the use of pressure alarm mats.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 27.3</p>	<p>Furniture, fittings and any equipment or mobility aids in areas accessed by residents are positioned to take into account the mobility and overall needs of the residents, including those with sensory impairments.</p> <p>Reference to this is made in that a review should be undertaken of all freestanding wardrobes and consideration is given to having these secured to walls to prevent toppling and potentially causing injury.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager, inspection of documentation and of residents' rooms confirmed that a review had been undertaken of all freestanding wardrobes; a number of wardrobes had been secured to walls to prevent toppling and potentially causing injury.</p>	
<p>Recommendation 5 Ref: Standard 27.1</p>	<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 a daily checklist should be provided for staff to check the toilet adjacent to the large lounge hourly to ensure that it is maintained in a clean and fresh state throughout the day.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the identified toilet confirmed that a daily checklist was provided for staff to check the toilet hourly to ensure that it is maintained in a clean and fresh state throughout the day.</p>	
<p>Recommendation 6 Ref: Standard 27.1</p>	<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 shower tray in the upstairs bathroom is resealed and the lower tiles regouted.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the identified bathroom confirmed that the shower area had been totally refurbished.</p>	

5.4 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We reviewed residents' care records and confirmed that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred and was kept up to date to accurately reflect the needs and preferences of the resident. The needs assessments and care plans were appropriately signed. Care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Spiritual and cultural wishes were noted. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

Is Care Effective? (Quality of Management)

We noted that the home had a policy and procedures in place for dying and death of a resident. Staff had received training in June 2014 relating to death and bereavement.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to family, GP, commissioning Trust, RQIA and relevant others in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is Care Compassionate? (Quality of Care)

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. A staff member described how the family of a deceased resident was provided with support shortly after the death had unexpectedly occurred. The staff member also described how other residents had been informed of the death and were enabled to pay their respects.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home's policy states that a family may have up to two weeks to remove belongings from the room of the deceased resident.

We inspected a sample of compliment letters and cards. We found that many had been sent to the home by relatives of deceased residents in praise and gratitude for the compassion and kindness shown to the resident during illness and at death.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard is assessed to be safe, effective and compassionate.

Number of Requirements	0	Number Recommendations:	0
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

We noted that staff members had received training in continence management. Specific training had been provided to staff in the management of stoma care as this was required for one resident. Staff members we interviewed were able to demonstrate knowledge and understanding of continence care.

We reviewed residents' care records and identified that person centred assessments and care plans were in place relating to continence. Staff members were able to describe to us the system of referral to community services for specialist continence assessment. Care plans were amended as residents' medical changes occurred and kept up to date.

Our inspection of the premises and in our discussion with the registered manager we confirmed that there was adequate provision of continence products. Staff confirmed that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present.

Is Care Effective? (Quality of Management)

We noted that the home had written policies and procedures relating to continence management. Our inspection of the care records of one resident with more complex continence management needs identified that these were documented, also that infection control measures were fully considered. The care records detailed where guidance and advice could be sought from community specialist nurse, when or if required.

In our discussions with staff and in our inspection of care records we identified that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is Care Compassionate? (Quality of Care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they related that staff members provide assistance with continence care in a sensitive and caring manner.

Areas for Improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme is assessed to be safe, effective and compassionate.

Number of Requirements	0	Number Recommendations:	0
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5.5. Additional Areas Examined

5.5.1 Residents' views

We met with five residents in the home on the day of inspection. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "I like it here. There's always plenty of staff around and the food is very good. I like having plenty of people to talk to."
- "There is great care here. I am diabetic and they couldn't look after me better. I don't have a single complaint."
- "They look after us here awfully well."
- "I am happy here. The staff is great and I get help with everything I need. My room is comfortable and warm and is kept very clean. I also like the food."
- "It's very good here. The staff are kindly and I don't have to wait for help if I need it, even at night the staff come immediately if I need help to get to the bathroom."

5.5.2 Relatives' / Visitors' views

We met with one relative in the home on the day of inspection. The relative indicated satisfaction with the home environment and the commented positively on the quality of care provided to residents.

5.5.3 Staff views

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

Some comments included:

- "I love working here. The residents are a very able group, they are able to ask for anything that they need and the staff are able to get it for them quickly. There's always plenty of staff around, they treat the residents well and are very caring. This is a lovely place to work."
- "I believe there is a high level of compassion within the care provided to the residents in Belvedere. That is what makes it such a pleasure to work here."

5.5.4 Visiting professionals' views

We spoke with one visiting professional on the day of inspection who spoke positively of the care provided.

- "I believe the staff are very knowledgeable about each residents' needs and abilities. Staff are very good at ensuring that appropriate treatment is obtained. From what I see on my visits here, the care is very good."

5.5.5. Environment

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

One requirement and one recommendation were made relating to environment. The requirement related to the need to undertake a review of radiators in residents' bedrooms which are in close proximity to beds and which may present a risk of burning or scalding. The recommendation related to replacing a worn toilet seat in a downstairs toilet.

5.5.6 Care practices

In our discreet observations of care practices we evidenced residents were being 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 Fire safety

The home had a current fire safety risk assessment dated 5 March 2015. The registered manager advised that all recommendations arising from this had been duly actioned. Fire drills, emergency lighting checks and fire doors were checked monthly. Break glass alarms were tested weekly. An inspection of the staff training records confirmed that staff members received fire training twice yearly. No obvious fire risks were noted on the day of inspection.

Areas for Improvement

There were two areas of improvement identified with these additional areas examined.

Number of Requirements	1	Number Recommendations:	1
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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 registered manager, Mrs Ashley Currie, 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS 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 will be completed by the registered manager to 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 by the registered manager. 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27(2)(t)</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>a risk assessment to manage health and safety is carried out and updated 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>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>A review of all radiators took place on 05/05/15 with 6 radiators found to be in close proximity to residents beds. A joiner has had a look at all 6 radiators and is currently in the process of making covers to eliminate the risk of scalding / burning of residents.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<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>
	<p>Response by Registered Manager Detailing the Actions Taken:</p> <p>The toilet seat has since been replaced & staff are completing a daily cleaning schedule to keep the toilet clean & hygienic due to it's frequent use.</p>

Registered Manager Completing QIP	Ashley Currie	Date Completed	07/05/2015
Registered Person Approving QIP	Aisling McShane	Date Approved	15/05/2015
RQIA Inspector Assessing Response	Alice McTavish	Date Approved	5 June 2015

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