

Inspection Report

14 June 2021



Belvedere

Type of Service: Residential Care Home
Address: 63 Gilford Road, Lurgan,
Craigavon, BT66 7EA
Tel no: 028 3832 5709

www.rqia.org.uk

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

Organisation/Registered Provider: Belvedere Residential Care Ltd Responsible Individual: Aisling McShane	Registered Manager: Catherine Hamilton - not registered
Person in charge at the time of inspection: Catherine Hamilton until 12.30pm Rebekka Gibson from 12.30 onwards	Number of registered places: 21
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 residents accommodated in the residential care home on the day of this inspection: 15
Brief description of the accommodation/how the service operates: 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.	

2.0 Inspection summary

An unannounced inspection took place on 14 June 2021 from 10.10 am until 16.30 pm undertaken by care Inspectors.

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.

Areas requiring improvement were identified in relation to the management of hazardous substances and care records.

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff, are included in the main body of this report.

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.

The findings of this report will provide the Registered Person with the necessary information to improve the quality of care provided.

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, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the Person in Charge at the conclusion of the inspection and shared with the Manager via telephone after the inspection.

4.0 What people told us about the service

We spoke with twelve residents and four staff. Residents were complimentary about their life in the home and relationships with staff. Staff spoke positively about their experience of working in the home.

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 25 September 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 27 Stated: Second time	<p>The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> the carpet is replaced to the identified upstairs area of the home. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Inspection of the home showed most of the upstairs area had been re carpeted. The date had been identified when the work was expected to be fully completed.</p>	
Area for improvement 2 Ref: Standard 25.6 Stated: First time	<p>The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked.</p>	Met
	<p>Discussion with the manager and review of the duty rota showed this was maintained on an up to date basis and accurately reflected staff working in the home and the capacity in which they worked.</p>	
Area for improvement 3 Ref: Standard 8.2 Stated: First time	<p>The registered person shall ensure care records accurately reflect all personal care and support provided, and unusual or changed circumstances that affect the resident and any action taken by staff.</p>	Met
	<p>Review of a sample of care records showed they accurately reflected recent changes and the care given. The records were maintained on an up to date basis.</p>	

Area for improvement 4 Ref: Standard 20.11 Stated: First time	The registered person shall ensure monthly monitoring reports are completed and available for review in the home.	Met
	Monthly monitoring reports were completed and available in the home for review.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the residents.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics relevant to their roles.

Staff said there was good team work and that they felt well supported in their role. They were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, one resident was able to have a lie in and enjoyed breakfast in bed. Another resident said they enjoyed relaxing in their room during the day.

Staff told us that the resident's needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said the staff were very good and came quickly to help, one residents stated "I am very happy. I asked to come here, I knew someone here that I used to visit. It is very good".

There were safe systems in place to ensure staff were recruited and trained properly; and that residents needs were met by the number and skill of the staff on duty.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

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 appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff had completed adult safeguarding training. Staff told us they would be confident about reporting concerns about residents' safety and poor practice.

It was noted that residents and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home.

At times some residents may be required to use equipment that can be considered to be restrictive for example the use of alarm mats. Review of resident records confirmed that the correct procedures were followed if restrictive equipment was required.

Staff were observed to be prompt in recognising residents' needs, staff were skilled in communicating with residents; and were respectful and understanding to their needs. This included ensuring residents had time to express their wishes.

Residents were positive about their experiences in the home; one resident said "they (the staff) are very good. I have no complaints, I am very happy".

There were systems in place to ensure residents felt safe in the home.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, laundry and communal areas such as lounges and bathrooms. There was evidence that the environment was well maintained and a review of records confirmed that regular environmental checks were completed and actioned as necessary.

Residents' bedrooms were personalised with items important to the residents. It was noted that a number of residents bedrooms had recently been fully redecorated, and looked stylish and modern. The person in charge shared that environmental improvements were ongoing with a plan in place to improve a number of other areas within the home. The home environment was found to be warm, clean and tidy.

Residents could choose where to sit or where to take their meals, and staff were observed supporting residents to make these choices. Information was displayed for residents in the main communal area showing the daily menu and planned activities.

It was noted during the inspection the door to the laundry / cleaning store was left open with easy access to cleaning products which could be hazardous to residents. This issue was discussed with the Person in Charge. The need to ensure this was maintained securely was discussed. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff had completed relevant training. The most recent fire safety risk assessment had been completed in March 2021.

There were systems in place to ensure the safe management of the home environment, one area for improvement was identified in relation to the safe management of hazardous substances.

5.2.4 How does this service manage the risk of infection?

The person in charge told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as masks.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff 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 kept. Visiting arrangements were managed in line with DoH and IPC guidance.

There were systems in place to reduce the risk of outbreaks of infection.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. This was good practice.

Residents who were less able to mobilise required special attention to their skin care. Residents who required this care or who had wounds had this recorded in their care records. There was evidence that their needs were being managed by the community nursing service who would also supply specialist equipment if needed.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example residents had individual care plans and risk assessments completed which showed how to support the resident, they also had use of specialist equipment as assessed.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this could include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to enjoy; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunchtime meal was a pleasant and unhurried experience for the residents.

There was evidence that residents' needs in relation to nutrition and the mealtime experience were being met.

Staff told us how they were made aware of residents' nutritional needs and confirmed that relevant information in relation to resident's nutritional needs was available in the kitchen where the meals were prepared.

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

There were systems in place to ensure care delivered was effective in meeting the resident's needs.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Care records were generally well maintained and regularly reviewed and updated it was noted however that some care records were not being consistently reviewed monthly as planned. This issue was discussed with the Person in charge. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them for example residents preferred rising and retiring times were recorded.

Evaluation records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. Information in the home showed care reviews were largely up to date and were being monitored on an ongoing basis.

Care records were maintained to reflect the care needs of residents. One area for improvement was identified in relation to consistently reviewing the records as planned.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Some residents chose to stay in their bedrooms while others relaxed in communal parts of the home.

It was observed that staff offered choices to residents throughout the day which included what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as quizzes, reminiscing, and music sessions.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits reported for the wellbeing of residents.

There were systems in place to ensure residents had a range of choices and activities during the day.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff 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 regular system of auditing was in place to monitor the quality of care and other services provided to residents. The Manager completed regular audit of IPC procedures, hand hygiene, the environment, care plans and accident and incidents.

There was a system in place to manage complaints. There had been no new complaints received since the previous inspection.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. The home had received a large number of cards and messages which included words of appreciation and thanks.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by 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 were available for review by residents, their representatives, the Trust and RQIA.

There was evidence of effective management and governance systems in place to help monitor and improve the quality of the service provided.

6.0 Conclusion

Residents looked well cared for and spoke positively about living in the home. Staff confirmed there was good team work and felt well supported by the manager. There were systems in place to reduce the risk of outbreaks of infection. There were clear systems in place to monitor and improve the quality of the care and service provided.

Based on the inspection finding two areas for improvement were identified. One related to managing the environment and one to care records.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (2005)** and **The Residential Care Homes' Minimum Standards (August 2011)** .

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, as part of the inspection process and with the manager via telephone following the inspection. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27. (2).(t) Stated: First time To be completed by: 14 June 2021	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. Ref: 5.2.3 Response by registered person detailing the actions taken: Laundry door is now kept locked.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 21 June 2021	The registered person shall ensure care plans are regularly reviewed and updated on a consistent basis. Ref: 5.2.6 Response by registered person detailing the actions taken: Care Plans are reviewed and updated at least monthly or more often as needs change.

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



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