

Inspection Report

14 June 2024



Belvedere

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

<p>Organisation: Belvedere Residential Care Ltd</p> <p>Responsible Individual: Mr Patrick Samuel MacMahon</p>	<p>Registered Manager: Mrs Catherine McConville</p>
<p>Person in charge at the time of inspection: Mrs Catherine McConville</p>	<p>Number of registered places: 21</p> <p>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</p>
<p>Categories of care: 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>Number of residents accommodated in the residential care home on the day of this inspection: 20</p>
<p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 14 June 2024 from 9.30 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; no new areas for improvement were identified; and one area for improvement identified at the previous care inspection has been carried forward for review at a future inspection. Please refer to the Quality Improvement Plan (QIP) in section 6 for details.

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.

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

The inspector spoke with a number of staff, residents, and the management team during the inspection.

Residents spoke positively about the care that they received and on 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.

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. There were no questionnaire responses received; and no feedback was received from the staff online survey within the allocated timeframe.

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 16/11/23		
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 Stated: First time	The registered person shall ensure that fire doors are not wedged open in order to take adequate precautions against the risk of fire.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all areas of the home to which residents have access, are free from hazards to their safety. This refers to the identified rooms noted on inspection.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 27 Stated: First time	The registered person shall review the use of the identified room and if necessary submit a variation to registration to RQIA.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Regulation 27	The registered person shall ensure that the identified rooms during inspection remain free from inappropriate storage.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the premises are kept in a good state of repair and reasonably decorated. A refurbishment plan with timeframes for completion to be submitted to RQIA with this QIP. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 6 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 19 Stated: First time	The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation. This is in relation to exploring gaps in an employment record prior to an offer of employment. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota 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. Staff taking charge of the home in the absence of the manager are required to have undertaken a competency and capability assessment prior to commencing in the role; review of a sample of these records confirmed these had been completed as required.

Discussion with the manager confirmed that a system was in place to monitor the dependency levels of residents and ensure the number of staff on duty was regularly reviewed to assist in meeting the needs of residents.

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

There were systems in place to ensure staff were trained and supported to do their job.

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.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Discussion with the manager and review of records confirmed that 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.

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

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

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 clean and tidy. There was evidence of ongoing refurbishment and a refurbishment plan was in place.

Bedrooms and communal areas were suitably furnished and comfortable. Many residents' bedrooms were personalised with items important to them.

There was evidence throughout the home of homely touches such as snacks and drinks being made available throughout the day.

Corridors and fire exits were observed to be free of obstruction.

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.

There was a range of activities provided for residents by staff, and an activity wall planner was available, and displayed in a central part of the home. It was observed that staff ensured a social atmosphere in communal areas with music and the television available.

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 no change in the management of the home since the last inspection.

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.

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 and were available for review by residents, their representatives, the Trust and RQIA.

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' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	0	1*

*the total number of areas for improvement includes one which is carried forward for review at the next inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Catherine Mc Conville, Registered manager.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 19 Stated: First time To be completed by: Immediate and ongoing (16 November 2023)	The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation. This is in relation to exploring gaps in an employment record prior to an offer of employment. Ref: 5.2.1 & 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care