

# Inspection Report

## 16 November 2023



## Belvedere

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 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> Mrs Catherine McConville</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Catherine McConville</p>	<p><b>Number of registered places:</b> 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><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> 21</p>
<p><b>Brief description of the accommodation/how the service operates:</b> 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 16 November 2023 from 9.00 am to 4.30 pm by a care inspector.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and in Section 6.

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.

RQIA were assured that the delivery of care and service provided in Belvedere was provided in a compassionate manner by staff who knew and understood the needs of the residents.

Addressing the areas for improvement will further enhance the quality of the care and services in the home.

### **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 they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and they would have no issues in raising any concerns with staff. One resident told us "I'm well taken care off", while another resident said "the staff are very good, just excellent".

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. No questionnaires were returned and three responses were received to the staff online survey, indicating a high level of satisfaction with the care and services provided in Belvedere. The responses also included positive comments.

## 5.0 The inspection

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

The last inspection to Belvedere was undertaken on 13 October 2022 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of recruitment records confirmed not all pre – employment checks had been completed prior to a staff member commencing in post. This was discussed with the management for review and action as appropriate; an area for improvement was identified.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC); and, a discussion took place with the management regarding the timeframe for NISCC registration.

Staff members were provided with a comprehensive 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.

The staff duty rota accurately reflected the staff working in the home over a 24 hr period, and identified the person in charge when the manager was not on duty. Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

Staff should have the opportunity to attend supervision and appraisal sessions to review their role and enhance their professional development. There was evidence that a system was in place to ensure staff had the opportunity to undertake supervision, and discussion with the manager confirmed that a plan was in development to undertake appraisals with staff. This will be reviewed at a future inspection.

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".

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. A sample of care records were reviewed and it was observed that generally records were suitably maintained.

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 patients. Staff were observed attending to residents' dining needs in a caring and compassionate manner. 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. A menu was available to inform residents of the meal and choice available, and residents spoke positively in relation to the quality of the meals provided. A discussion took place with the manager to review the menu display to further enhance the resident experience; this will be reviewed at a future inspection.

Some residents preferred to have their meal in an area of their choice, for example, a communal lounge and this was readily accommodated. Staff confirmed how they were made aware of patients who required a modified diet and observation established that patients received their meals as prescribed.

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

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, and communal areas such as lounges. The home was warm, clean and comfortable. Residents bedrooms were clean, tidy and personalised with items of importance to each resident, such as family photos and sentimental items from home.

Corridors and fire exits were observed to be free of clutter and obstruction and fire extinguishers were easily accessible. However, observation noted obstruction of a fire door to an identified room. This was discussed with the management and an area for improvement was identified.

A number of areas in the home were identified, where hazards, which could be harmful to residents, were found to be potentially accessible to residents. This was discussed with the management and identified as an area for improvement.

It was observed that an identified room on the first floor, was not being used as set out in the home's statement of purpose. The importance of rooms being used for the purpose that they are registered for, was discussed with management; an area for improvement was identified.

Observation noted inappropriate storage within an identified room, located on the ground floor. This was discussed with management for immediate review; an area for improvement was identified.

A number of areas throughout the home were observed to require decor updating. Details were discussed with the management and an area for improvement was identified.

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 personal protective equipment (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.

Observation identified inappropriate storage of PPE equipment and personal care items within identified bathrooms. This was discussed with the management and an area for improvement was identified.

#### **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 day in their bedrooms while some took opportunities to visit the lounge.

An activity wall planner was available that detailed the range of activities offered within Belvedere, for example, pamper and music sessions. A discussion took place with the management to review the activity display to further enhance the visibility for residents and relatives: this will be reviewed at a future inspection.

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. It was observed that staff ensured a social atmosphere in communal areas with music playing on the television, and residents commented positively on the genre of music.

### 5.2.5 Management and Governance Arrangements

This inspection incorporated a post registration inspection as the home changed ownership to Belvedere Residential Care Ltd in August 2023. There has been a change in management of the home since the last inspection. Ms Susan Copeland was the Acting Manager at the previous inspection, however, Mrs Catherine McConville resumed their Registered Manager position in August 2023.

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 incidents 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 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; 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.

### 6.0 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 (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the management, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that fire doors are not wedged open in order to take adequate precautions against the risk of fire.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff reminded of seriousness of fire safety with robust check during each Reg29 visit.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all areas of the home to which residents have access, are free from hazards to their safety.</p> <p>This refers to the identified rooms noted on inspection.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All rooms that are accessible to residents have been cleared from hazards.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall review the use of the identified room and if necessary submit a variation to registration to RQIA.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All rooms are to be used in accordance with the statement of purpose, with a potential variation required to change the upstairs bathroom into a wet room.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that the identified rooms during inspection remain free from inappropriate storage.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All inappropriate storage removed.</p>



<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 December 2023</p>	<p>The registered person shall ensure that the premises are kept in a good state of repair and reasonably decorated.</p> <p><b>A refurbishment plan with timeframes for completion to be submitted to RQIA with this QIP.</b></p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Refurbishment plan submitted to RQIA ensuring home remains in good state of repair and reasonably decorated.</p> <p><b>Response by registered person detailing the actions taken:</b> Storage of items in bathroom now removed, and this is also identified on the refurbishment action plan.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1.2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 19</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation.</p> <p>This is in relation to exploring gaps in an employment record prior to an offer of employment.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Robust checklist now in place to ensure that all gaps in employment records are explained prior to offer of job.</p>

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