

Unannounced Care Inspection Report 17 July 2017



Belvedere

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home that provides care for up to 21 residents. Categories of care for which the home is registered include RC-I, RC- DE, RC-MP, RC-MP (E) and LD (E).

3.0 Service details

Organisation/Registered Provider: Belvedere Residential Care Home Ltd Responsible Individual(s): Aisling McShane	Registered Manager: Catherine Hamilton (acting)
Person in charge at the time of inspection: Catherine Hamilton	Date manager registered: 'Acting' Application Not Required
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 registered places: 21

4.0 Inspection summary

An unannounced care inspection took place on 17 July 2017 from 10.30 to 18.15.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, care reviews, audits and governance arrangements.

Areas requiring improvement were identified in relation to fire safety checks, the condition of some chairs, and ensuring speech and language therapy guidance is included in an identified residents care plan.

Residents said “I like it here, the company is good” and “I’m happy there are always staff about”.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Catherine Hamilton, acting manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 January 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with 15 residents, three care staff and the manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care plans, accidents and incidents (including falls), complaints
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 January 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 17 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 28.5 Stated: Second time	The registered provider should ensure that all appropriate action is taken to reduce risk identified during the audit of all radiators in bathrooms.	Met
	Action taken as confirmed during the inspection: The manager confirmed appropriate action was taken to reduce risk of bathroom radiators following audit. Action included the installation of covers on identified radiators as observed during inspection.	

<p>Area for improvement 2</p> <p>Ref: Standard 27.2</p> <p>Stated: First time</p>	<p>The registered provider should ensure that residents are consulted each morning regarding the heat levels in the lounge and appropriate action taken.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of records maintained in the home confirmed residents were consulted on a daily basis.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered provider should ensure the following issues are addressed:</p> <ul style="list-style-type: none"> • bins in communal bathrooms are fitted with lids and toilet rolls enclosed in wipe able dispensers • in an identified bedroom, the handle of the wardrobe is repaired or replaced • in an identified bedroom, the wardrobe is re-secured to the wall and the radiator in the en-suite bathroom is either repaired and repainted or replaced • in an identified bedroom, the carpet is replaced • in an upstairs corridor, the small uneven area under the carpet is investigated and repaired <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and inspection of the environment confirmed all the identified issues had been addressed accordingly.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered provider should ensure that a system is put in place to audit checks on the nurse call system.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of records confirmed a system was in place to audit checks on the nurse call system.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 21.1 Stated: First time	The registered provider should ensure that a policy is developed on the creation, storage, maintenance, disposal and access to records in line with legislation and best practice.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records confirmed that a policy had been developed on the creation, storage, maintenance, disposal and access to records in line with legislation and best practice.	
Area for improvement 6 Ref: Standard 4.6 Stated: First time	The registered provider should ensure that arrangements are put in place to keep the individual agreement up to date for all residents.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records showed individual agreements were being kept up to date.	
Area for improvement 7 Ref: Standard 13.1 Stated: First time	The registered provider should ensure that a review is undertaken of the hairdressing arrangements in the home and additional hairdressing is provided within the home, if residents wish this.	Met
	Action taken as confirmed during the inspection: The manager confirmed hairdressing arrangements had been reviewed and improved to include more frequent access.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. During inspection two staff raised concerns around staffing levels in the home in the mornings. This was discussed with the manager who confirmed staffing levels had been increased and subsequently decreased in

response to resident needs. Further to this, information contained within returned questionnaires also reflected concerns about staffing levels. The manager was made aware of the questionnaire responses following the inspection via telephone and confirmed that the staffing levels would remain under constant review.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of one completed induction record and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the manager and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment. The management of AccessNI information was discussed with the registered manager. Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that there were restrictive practices employed within the home, notably keypad entry systems, fifteen minute observations for one identified resident and pressure alarm mats. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A restrictive practice register was available for inspection.

The manager confirmed there were risk management policy and procedures in place. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. It was noted that a number of chairs in the main sitting room were chipped on the arms and legs, in some cases the upholstery was stained. Considering the infection prevention and control risk an audit should be completed on all chairs in use and appropriate action should be taken depending on the outcome of the audit. This was identified as an area for improvement to ensure compliance with standards.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 18 February 2017 and the manager confirmed all recommendations had been addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Following the inspection the manager provided written confirmation that the most recent fire drill was completed on 18 July 2017; information pertaining to this was available during inspection. Review of fire safety records identified there had been a number of omissions regarding the fire safety checks carried out in the home. This was identified as an area of improvement to ensure compliance with regulations.

Three completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/ satisfied.

Comments received from completed questionnaires were as follows:

- “I would like another member of staff in the mornings.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

Two areas for improvement were identified in relation to ensuring fire safety checks are regularly completed and maintained on an up to date basis, and to undertake an audit looking at chairs used in the home.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed; they included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. One area for improvement was identified. This related to ensuring that the speech and language therapy guidance was clearly incorporated into the care plan of an identified resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records reflected the multi-professional input into the residents’ health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed

were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice, for example staff confirmed residents rise and retire at their preferred times. This information was also reflected in care records.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, accidents and incidents (including falls) and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the annual quality report.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Three completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care record audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified. This related to including the speech and language therapy guidance within an identified residents care plan.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home.

Residents were provided with information in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them. Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example residents' meetings, annual reviews etc.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. During the inspection residents were observed participating in a quiz, while others were supported with short walks around the grounds of the home. Arrangements were in place for residents to maintain links with their friends, families and wider community for example residents are supported to attend a local tea dance on a monthly basis.

Residents spoken with during the inspection made the following comments:

- "I like it here, the company is good".
- "I'm happy, there are always staff about".
- "We have everything we need, if you need anything else the staff will do their best".
- "The home is good, staff are good".
- "It's clean, tidy, food is good enough. We are not told to go to bed or anything we go when we like. It's good that way".

Three completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

One staff member commented:

- “It’s a lovely home, I really enjoy working here”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information displayed around the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, communication with complainants if identity was known, and the outcome of the complaint and the complainant’s level of satisfaction when known. The manager confirmed all complaints were dealt with in a timely manner. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example falls prevention, diabetes and dementia awareness.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Three completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied / satisfied.

Comments received from completed questionnaires were as follows:

- "As junior staff I feel very comfortable to approach seniors for advice and instruction. Again the manager of the home is very approachable and easy to talk to".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Catherine Hamilton, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (d) (v) Stated: First time To be completed by: 24 July 2017	The registered person shall ensure fire safety checks are completed regularly and maintained on an up to date basis. Ref: 6.4 Response by registered person detailing the actions taken: All fire checks are appropriately completed and maintained
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.8 Stated: First time To be completed by: 17 September 2017	The registered person shall ensure an audit is completed on all chairs in use and appropriate action should be taken depending on the outcome of the audit. Ref: 6.4 Response by registered person detailing the actions taken: The audit has been completed and passed on to the proprietor for action.
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 17 August 2017	The registered person shall ensure the current speech and language therapy guidance is included within the identified residents care plan. Ref: 6.5 Response by registered person detailing the actions taken: Identified care plan updated with the necessary information on speech and language guidance and all other speech and language therapy care plans reviewed.

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



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