



The Regulation and  
Quality Improvement  
Authority

## Unannounced Care Inspection

**Name of Establishment:** Belvedere  
**RQIA Number:** 1504  
**Date of Inspection:** 29 October 2014  
**Inspector's Name:** Alice McTavish  
**Inspection ID:** IN016846

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 General information

<b>Name of Service:</b>	Belvedere
<b>Address:</b>	63 Gilford Road Lurgan Craigavon BT66 7EA
<b>Telephone number:</b>	0283832 5709
<b>E mail address:</b>	info@belvedere-care.com
<b>Registered Organisation/ Registered Provider:</b>	Mr John Leo McShane Mr Kevin McShane Ms Aisling McShane
<b>Registered Manager:</b>	Ashley Currie
<b>Person in charge of the home at the time of inspection:</b>	Hilary Bain, Senior Care Assistant
<b>Categories of care:</b>	RC-MP(E), RC-DE, RC-MP, RC-LD(E), RC-I
<b>Number of registered places:</b>	21
<b>Number of residents accommodated on Day of Inspection:</b>	20
<b>Scale of charges (per week):</b>	Trust rate plus £10 p.w.
<b>Date and type of previous inspection:</b>	Primary announced 19 June 2014
<b>Date and time of inspection:</b>	Secondary unannounced 29 October 2014 09.55 – 15.40
<b>Name of Inspector:</b>	Alice McTavish

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

This unannounced inspection was undertaken in response to information received by RQIA from an anonymous whistleblower. The whistleblower alleged that the care provided to one identified resident was insufficient to meet the resident's changing needs and that the resident may be better suited to nursing care, also that the toilets and kitchen areas were not maintained in a clean state.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with Hilary Bain, Senior Care Assistant, the person in charge at the time of the inspection.
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and visitors; with a professional by telephone
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

Any other information received by RQIA about this registered provider and/or the service delivery has also been considered by the inspector in preparing for this inspection.

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

### **Standard 9 – Health and Social Care**

**The health and social care needs of residents are fully addressed.**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Belvedere Residential Care home is situated in the town of Lurgan in Co. Armagh close to all local amenities. The residential home is owned and operated by Mr JL McShane. The current registered manager is Ashley Currie who has been in post since July 2014.

Belvedere is a detached two storey house with eight single bedrooms and one double bedroom on the ground floor along with a visitor's room, two large communal lounges, a dining room, shower room, bathroom and three separate toilets. There is also a large catering kitchen, a laundry, a resident's kitchen, staff accommodation and offices.

The first floor has three double and five single bedrooms, a shower room with toilet, two additional separate toilets and the registered manager's office. Access to the first floor is via stairs and a stair lift is provided.

There are mature gardens to the front of the home and limited parking facilities to the side of the home.

The home is registered to provide care for a maximum of 21 persons under the following categories of care:

### Residential care

I	Old age not falling into 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

### Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of six residents.

## 7.0 Summary of inspection

This secondary unannounced care inspection of Belvedere Residential Home was undertaken by Alice McTavish on 29 October 2014 between the hours of 9:55am and 3:40pm. Senior Care Assistant Hilary Bain was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection had been confirmed by the registered manager, in writing, as having been actioned. These were not examined during this inspection and will be reviewed at the next inspection.

The focus of this unannounced inspection was on standard nine, Health and Social Care. Belvedere Residential Home was compliant in the standard inspected with three recommendations made. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents, staff, relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives and staff are included in section 9.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. Three recommendations are made relating to the environment. See section 9.5 of the report.

A number of additional areas were also examined and included staffing levels, complaints, fire risk assessment. Further details can be found in section 9.0 of the main body of the report.

No requirements and six recommendations were made as a result of the secondary unannounced inspection, details of which can be found in the main body of the report and in the attached Quality Improvement Plan (QIP). The inspector did not find any evidence to support the concerns raised by the whistleblower.

The inspector would like to thank the residents, relatives, the person on charge, registered provider and staff for their assistance and co-operation throughout the inspection process.

**8.0 Inspection Findings**

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The inspector reviewed the care records of three residents. In all cases the name and contact details of each resident's General Practitioner (GP) was present; in the care records of two residents, the details of the dentist was not noted and the details of the optometrist were incomplete.  A recommendation is made that all care records contain details of residents' optometrist and dentist, as appropriate.	Substantially compliant
<b>Criterion Assessed:</b> 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussions with two staff members in relation to specific residents' needs indicated that they are knowledgeable of residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed they are provided with mandatory training including First Aid, Moving and Handling, Protection of Vulnerable Adults, Dementia training, Recording and Reporting.  Staff also confirmed that they regularly avail of refresher training and that any additional training is made readily available to staff on request.  Staff confirmed that they receive updates during staff handovers of any changes in a resident's condition, also that the care plan is updated to reflect details of resultant changes in care provided to residents.	Compliant



**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<p><b>Criterion Assessed:</b>                      9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>The three care records examined contained evidence that comprehensive care assessment had been undertaken which informed care plans and risk assessments which were signed by residents and/or their representatives.</p> <p>The care plans were individual to each resident. All contained detailed information in relation to each element of the care provided and included particular consideration in relation to continence care. All care plans and risk assessments sampled clearly indicated how staff should respectfully approach each resident to ensure the dignity of each resident is preserved.</p> <p>There was evidence of liaison with a wide range of primary health and social care services and all contacts were clearly recorded.</p> <p>Staff members on duty were able to describe to the inspector the referral systems should a resident require the services of health care professionals.</p> <p>An examination of care review records indicated that staff had completed comprehensive assessments in preparation for the review meeting. In one instance, however, this was not signed and dated. A recommendation is made in this regard.</p> <p>It was noted that nine residents use an alarmed pressure mat which alerts staff should a resident attempt to rise from the bed unaided. This may be viewed as a form of restraint. A recommendation is made that the home requests from the Southern Health and Social Care Trust that assessments are completed in respect of each resident for the use of this mat.</p>	<p>Substantially compliant</p>

<b>Criterion Assessed:</b> 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Review of care records and discussion with the person in charge and staff members confirmed that residents' representatives are provided with information verbally during visits or by telephone and that this is recorded in the resident's daily progress notes. Representatives are kept informed of any follow up care during annual care reviews.	Compliant
<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> An examination of three care records confirmed there are sufficient arrangements in place to monitor the frequency of residents' health screening and appointments.	Compliant
<b>Criterion Assessed:</b> 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The person in charge confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff.	Compliant

## 9.0 Additional Areas Examined

### 9.1 Resident's consultation

The inspector met with four residents individually and with ten others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. All residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'They (staff team) are great here, they look after me very well.'

'I've been here for a long time. They are wonderful. If I need help with anything, the staff come to me very quickly.'

'I like it so much here that I have decided to stay here permanently. The staff are excellent, the food is very good and everywhere is spotlessly clean. I have plenty of company and I know that if I need help at any time, there are plenty of people around.'

### 9.2 Relatives/representative consultation

Four relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

'We are delighted with the care here. The family can sleep easy knowing that (our relative) is safe and well looked after.'

'My (relative) has thrived since coming here, (my relative) looks so much better, mood is brighter and there are people around all of the time. It means I can sleep better at night as I no longer worry about (my relative) falling or coming to harm. The staff are wonderful. They keep up informed at all times and that means so much to us.'

### 9.3 Staff consultation

The inspector spoke with two members of staff who were care assistants. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents, especially in relation to identifying when the needs of residents may be increasing and how to respond to such changes.

Comments received included:

'I have worked here for many years and love working here; I believe the residents are very well cared for.'

#### **9.4 Visiting professionals' consultation**

There were no professionals visiting the home on the date of inspection, however the inspector had an opportunity to have a discussion with a District Nurse by telephone. The nurse reported that, in her experience, there were no concerns regarding the home's ability to identify the changing needs of residents, to inform appropriate Trust staff and to obtain guidance and assistance in meeting the changing care needs. In instances where residential care can no longer meet the needs of the resident, it is the nurse's experience that the home initiates timely discussions about moving to nursing care.

#### **9.5 Environment**

The inspector viewed the home accompanied by the home administrator Ms Aisling McShane and alone and inspected a number of residents' bedrooms and communal areas. Particular attention was paid to the cleanliness of the toilets, bathrooms and to the catering kitchen. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

The inspector examined the storage rooms on the ground and first floors and found that there were plentiful supplies of continence products, fresh bed linen and towels and that gloves and aprons are freely available to staff.

A recommendation is made that a review is undertaken of all freestanding wardrobes and consideration is given to having these secured to walls to prevent toppling and potentially causing injury.

The toilet adjacent to the main communal lounge is used very often throughout the day. Whilst this toilet was found to be clean at the time of inspection, a recommendation is made that a daily checklist is provided for staff to check this toilet hourly to ensure that it is maintained in a clean and fresh state throughout the day.

A recommendation is also made that the shower tray in the upstairs bathroom is resealed and the lower tiles regouted.

#### **9.6 Staffing levels**

A review of the staffing levels was undertaken and indicated that the minimum staffing levels were maintained and were sufficient to meet the assessed needs of the residents.

At the time of inspection, staffing levels were as follows –

- 1 senior care assistant, person in charge
- 2 senior care assistants
- 1 administrator (who is also responsible person)
- 1 cook
- 1 domestic
- 1 laundry supervisor
- 1 volunteer – this person is not included on the staff duty rota

## **9.7 Complaints**

Examination of the complaints book evidenced that two complaints were received in to date in 2014 and both had been satisfactorily resolved.

## **9.8 Fire risk assessment**

The current Fire Risk Assessment dated 5 March 2014 was examined and evidence obtained that an RQIA Estates inspection had been undertaken on 20 March 2014. Fire records confirm that glass point checks are undertaken weekly, emergency lighting and fire doors are checked monthly and that the fire alarm is checked quarterly. Records are maintained of all checks. Examination of staff training records and discussion with the person in charge confirms that fire training is provided regularly to staff and that fire drills and evacuations are undertaken. The last evacuation was undertaken on 18 September 2014.

## **10.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Hilary Bain as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Alice McTavish**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



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## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Belvedere

29 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Hilary Bain either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

<b>Recommendations</b>					
<b>These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.</b>					
<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	9.1	<p>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.</p> <p>Reference is made in that all care records should contain details of residents' optometrist and dentist, as appropriate.</p>	One	An audit of care files has been carried out following the inspection & all staff have been asked to seek these details from health professionals & fill them in on the residents files.	31 December 2014
2	6.2	<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>	One	All staff have been asked at a recent staff meeting to ensure care plans & care review forms are signed & dated appropriately.	31 December 2014



3	10.7	<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 this mat.</p>	One	<p>The relevant key workers / care managers from the relevant Trusts were emailed on 13/11/14 regarding assessment to be carried out on the individuals with buzzer mats in place. I spoke to a care manager from the trust on 2/12/12 whom stated that they are far too busy at the present time to carry out assessments regarding buzzer mats.</p>	31 December 2014
4	27.3	<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>	One	<p>A review of all freestanding wardrobes has taken place &amp; a checklist has been drawn up. All unsecured wardrobes will be secured if necessary to prevent a potential risk to residents.</p>	31 December 2014
5	27.1	<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</p>	One	<p>A checklist is now in place &amp; staff are carrying out hourly checks.</p>	31 December 2014

		clean and fresh state throughout the day.			
6	27.1	<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 regrouted.</p>	One	Plumber has been booked and has scheduled the repair to take place within the coming weeks.	31 December 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Ashley Currie
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Kevin McShane

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	YES	Alice McGavish	15 Dec 2014
Further information requested from provider			