



# Unannounced Care Inspection Report 30 September 2019



## Belvedere

**Type of Service: Residential Care Home**  
**Address: 63 Gilford Road, Lurgan BT66 7EA**  
**Tel no: 0283832 5709**  
**Inspector: Bronagh Duggan**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 21 residents within the categories of care as outlined in section 3.0 of this report.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Belvedere Residential Care Limited</p> <p><b>Responsible Individual:</b> Aisling McShane</p>	<p><b>Registered Manager and date registered:</b> Catherine Hamilton (acting)</p>
<p><b>Person in charge at the time of inspection:</b> Catherine Hamilton</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> 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</p>	<p><b>Total number of residents in the residential care home on the day of this inspection:</b> 19</p>

### 4.0 Inspection summary

An unannounced inspection took place on 30 September 2019 from 10.00 hours to 17.30 hours.

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

Evidence of good practice was identified in relation to staffing, staff training, induction and recruitment, communication with other professionals, the culture and ethos of the home and maintaining good working relationships.

Areas for improvement were identified in relation to maintenance of medical equipment and record keeping. Two areas for improvement from the previous medicines management inspection have been carried forward for review at a future inspection.

Residents described living in the home as being a good experience.

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	5

\*The total number of areas for improvement includes two medicines management issues which have been carried forward for review at the next inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Catherine Hamilton, 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 inspection dated 4 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Nine completed questionnaires were returned within the identified timescale. Respondents indicated that they were very satisfied with the care provided.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule and training records
- staff supervision and appraisal schedule
- one staff recruitment and induction record
- sample of staff competency and capability assessments
- three residents' records of care
- complaint records
- compliment records
- minutes of staff meetings
- minutes of residents meetings
- governance audits/records
- accident/incident records from February 2019 to September 2019
- reports of visits by the registered provider from June 2019 to August 2019
- fire safety checks
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

Areas for improvement identified at the last medicines management inspection were not reviewed as part of this inspection and are carried forward to the next inspection.

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 last care inspection dated 4 February 2019

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
<b>Area for improvement 1</b> Ref: Standard 27.1 Stated: First time	The registered person shall ensure the carpet on the ground floor sitting room area is replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of the sitting room area confirmed the carpet had been replaced. In addition new flooring had also been laid on the ground floor hallway area.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time	The registered person shall ensure the chairs in the main sitting room are improved upon or replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of chairs in the main sitting room area confirmed these had been improved upon.	
<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure that the management of warfarin is reviewed and revised to ensure robust procedures are implemented.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall closely monitor medicines for recently admitted residents through the audit process.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival we found the home bright, comfortable and welcoming. Residents were mostly up, washed and dressed, some residents sat within the lounge areas watching TV and doing puzzles while others were observed relaxing in their bedrooms, or walking about the home.

The manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. No concerns were raised by residents or staff regarding staffing levels in the home. Residents spoken with confirmed staff were available to help when needed. The staff duty roster reviewed reflected staff on duty over the twenty four hour period.

The manager confirmed competency and capability assessments were in place for staff in charge of the home in the manager's absence. A sample of one assessment was viewed and found to be satisfactory.

One recruitment record was viewed, this showed that appropriate checks including for example Access NI and reference checks were completed prior to new staff commencing employment in the home. Staff spoken with confirmed there was an appropriate period of induction completed upon commencement of employment specific to their role.

The manager explained that care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and regularly reviewed. Records available in the home confirmed this.

Staff spoken with said they received good support from the manager who was described as being "very approachable". Staff confirmed they also received regular supervision and appraisal. Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis.

Staff training in adult safeguarding was included within mandatory training records and staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse. There was a safeguarding champion in the home and an annual adult safeguarding position report had been completed for the period April 2018 to March 2019.

Accident and incident records were reviewed, the measures in place to minimise the risk of falls included for example: fall risk assessments and associated care plans. Residents were also referred where necessary for assessment regarding the use of specialist equipment to aid mobility.

The Falls Prevention Toolkit was discussed with the manager who confirmed she was aware of the toolkit.

An inspection of the home was undertaken. Residents' bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be odour free and clean. Some variations in temperature were noted throughout the home, discussions with residents confirmed they found the heating in the home to be satisfactory, and no issues were raised. The variations noted were discussed with the manager who confirmed by the end of the inspection additional thermometers had been ordered to be placed in different parts of the home to ensure ongoing monitoring of temperatures.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents and wearing appropriate protective equipment. Review of training records showed staff completed training in infection prevention and control (IPC). Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection, the importance of

handwashing, and outlined cleaning arrangements in the home including focus on various touch points. Observations made in relation to the cleanliness of a nasal cannula in use for an identified resident was discussed with the manager. The need to ensure any medical devices and equipment used are regularly checked, cleaned and replaced in keeping with manufactures guidelines was discussed with the manager. An area for improvement was identified.

Walkways throughout the home were kept clear, review of staff training records showed staff had completed fire safety training. Records showed fire safety checks and fire drills were completed and maintained on an up to date basis.

**Areas of good practice**

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

**Areas for improvement**

One area was identified for improvement in relation to maintaining the cleanliness of medical devices and equipment with reference to nasal cannula.

	<b>Regulations</b>	<b>Standards</b>
<b>Total numb of areas for improvement</b>	0	1

**6.4 Is care effective?**

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work. Staff spoken with had a good knowledge of peoples’ abilities and level of decision making; staff appeared to know residents’ needs well.

We reviewed three care records. There was evidence within care records reviewed that risk assessments were completed and reviewed on a regular basis. Records reviewed showed risk assessments and associated care plans had been completed in relation to residents who were at risk of falls in the home. Records reflected residents individual preferences with regards to rising and retiring times, food choices and personal interests. It was noted from one of the care records reviewed the assessment of needs was last reviewed in 2017; this issue was discussed with the manager. The need to ensure residents’ assessments are reviewed regularly and no less than annually was discussed with the manager; an area for improvement was identified. Further to this it was noted one of the care records did not clearly reflect the management of an identified resident’s health condition. An area for improvement was identified.

Weight records were reviewed as part of the inspection, although there was a system in place to ensure monthly weights (or more frequently if needed) were gathered and recorded. Records



showed omissions for the months of June and July 2019. This issue was discussed with the manager who confirmed she would address the issue with staff and ensure the reviewing of monthly weights information was incorporated into regular audits completed within the home. This shall be followed up at a future inspection. The manager advised during the inspection there were currently no residents in the home that required specialist speech and language therapist (SALT) guidance regarding their diets, but that any specialist guidance would be followed as necessary. Discussion with staff in the kitchen confirmed they were aware of residents dietary needs, staff also shared they had completed training in relation to International Dysphagia Diet Standardisation (IDDSI).

Regarding the dining experience we could see that residents had a choice at meal times, a selection of drinks were also available. We could see that the portion sizes were good, both meals offered were well presented and looked appetising. It was noted only a small number of residents went to the dining room for lunch, while others stayed in the main living area. This issue was discussed with the manager who advised residents are encouraged to use the dining room; however, they often choose to eat meals in the main living room area. The manager advised residents' wishes on where they choose to have their meals were respected. Drinks and snacks were observed as being served during the day. Residents spoken with confirmed they were happy with the food provided.

Comments from residents included:

- "The food is beautiful here, just lovely. Its stew later, very nice."
- "The food is very nice, you have good choices."
- "Everything is fine. Staff are very kind, good choices with the food, I love the stew."

The front door to the home was locked using a keypad system. Records in the home showed restrictive practices including the locked doors and use of alarm mats were regularly reviewed. We discussed with the manager plans in place regarding the introduction of the Mental Capacity Act (Northern Ireland) 2016 and Deprivation of Liberty Safeguards. The manager advised she had recently completed relevant training and that plans were in place to ensure all staff in the home also completed training. This shall be followed up at a future inspection.

There was good evidence of effective team work; staff confirmed they were kept up to date with any changes and they said there was good information sharing within the home. Staff demonstrated good knowledge of residents' care needs and confirmed that all residents' care needs were being met. Review of staff meeting minutes showed that the last meeting was held September 2019; staff also advised they were kept up to date regarding any changes during the handover period at the beginning of each shift.

The manager explained review of residents' progress was ongoing and there were regular updates provided to staff from visiting professionals including, for example, occupational therapists, GP and district nurses. From the three care records reviewed we could see the residents had an annual care review completed.

### **Areas of good practice**

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

## Areas for improvement

Two areas were identified for improvement in relation to the review and updating of an identified assessment of need and to ensure a care plan is updated to clearly reflect the management of an identified condition.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.5 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.**

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere within the home, with residents interacting easily with staff. Residents appeared relaxed, content and confident with staff. Staff were attentive to residents as they expressed their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate with knowledge of residents' preferences and assessed needs. There was a relaxed atmosphere within the home, with residents conversing with staff and each other readily.

This was evidenced from observations of staff interactions with residents, and responses from residents about the care received that they felt comfortable and relaxed in the home. Residents were observed talking and joking with staff. We could see there were a large number of compliments including thank you cards and messages of thanks and gratitude from representatives displayed in a central part of the home.

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. Staff described how they aim to promote residents' independence, for example, by way of encouragement to help residents maintain their independence as best as possible.

Comments from residents and staff included:

- "This is a good place, everyone is very nice. They are very kind." (resident)
- "The staff are very good, I am very comfortable here, the food is lovely." (resident)
- "I am getting on the best, am quite happy here." (resident)
- "This is a nice place, everyone is very helpful. They don't be long getting a doctor or anything if you need it." (resident)
- "I just think it is a great wee family home. I love it here, I have been here (working) 13 years." (staff member)

Residents were observed interacting with each other and with staff throughout the day, while others were reading newspapers, knitting and doing puzzles. Activities were provided on a daily basis and included, for example, arts, crafts, exercises, and musical events. Staff confirmed residents' spiritual needs were met within the home with regular visits from lay groups and ministers.

Nine completed questionnaires were returned within the identified timescale. All responses received showed that respondents were very satisfied with the care provided in the home.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, and taking account of the views of resident.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 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 certificate of registration issued by RQIA was appropriately displayed in the front hall area of the home. The certificate identifies the management arrangements for the home and the maximum number of residents allowed to be accommodated in the home. Discussion with the manager and observations confirmed that the home was operating within its registered categories of care.

The manager outlined the organisational structure of the home. Staff spoken with confirmed that the home’s manager was ‘very approachable’ and they would have no problem in raising any issues to be addressed.

The manager remained on duty throughout the inspection and was accessible for residents, staff and visitors. Staff we spoke with demonstrated good understanding of their roles and responsibilities. Staff spoken with were aware of the reporting procedures within the home and discussed their awareness of the whistleblowing policy and procedure for the home.

The home retains a wide range of policies and procedures in place to guide and inform staff.

Review of accidents and incidents records in the home showed these had been managed appropriately and reported onwards to relevant bodies as necessary.

There were a number of audits completed on a regular basis to ensure ongoing quality review in the home; these included, for example, audits relating to care reviews, the environment, complaints, restrictive practice register, and accidents and incidents. It was noted the accident and incident audit was completed on a three monthly basis the benefit of completing this monthly to pick up on patterns or trends sooner was discussed with the manager. Further quality assurance was demonstrated from the completion of monthly monitoring visits by the registered provider. Review of reports in the home for the period of June to August 2019 showed the views of residents and representatives were regularly sought; information in relation

notifiable events, safeguarding, complaints, records and the home environment were also monitored to gather information on the quality of the service. Action plans were included and these were followed up on accordingly.

The home had a complaints policy and procedure in place. Review of complaints records showed the outcome of any investigations undertaken. There had been no new complaints recorded since the previous inspection.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### 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
<b>Total number of areas for improvement</b>	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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> Ref: Standard 30 Stated: First time	The registered person shall ensure that the management of warfarin is reviewed and revised to ensure robust procedures are implemented.  Ref: 6.2
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b> Ref: Standard 30 Stated: First time	The registered person shall closely monitor medicines for recently admitted residents through the audit process.  Ref: 6.2
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 3</b> Ref: Standard 34 Stated: First time To be completed by: 1 October 2019	The registered person shall ensure medical devices and equipment provided for residents' treatment and care are used safely. Reference is made to ensuring nasal cannula in use is regularly checked, cleaned and replaced.  Ref: 6.3
	<b>Response by registered person detailing the actions taken:</b> Care plan reviewed, nasal cannula is checked daily, replaced monthly or more often as necessary e.g. ill health
<b>Area for improvement 4</b> Ref: Standard 5.5 Stated: First time To be completed by: 7 October 2019	The registered person shall ensure the identified resident's assessment of need is reviewed and updated accordingly.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Assessments of need are reviewed monthly or more often as needs changed.
<b>Area for improvement 5</b> Ref: Standard 6.2 Stated: First time To be completed by:	The registered person shall ensure the identified residents care plan is updated to reflect clearly how the identified condition is best managed.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Staff liased with the resident's GP and a care plan was implemeted

7 October 2019	
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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