



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 31 January 2020



Belvedere

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

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.

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.

3.0 Service details

<p>Organisation/Registered Provider: Belvedere Residential Care Ltd</p> <p>Responsible Individual: Aisling McShane</p>	<p>Registered Manager and date registered: Catherine Hamilton - acting manager</p>
<p>Person in charge at the time of inspection: Susan Copeland, Team Leader</p>	<p>Number of registered places: 21</p> <p>Category RC-DE for the 5 residents currently residing at the home (mild to medium dementia). The home is also approved to provide care on a day basis to 6 persons.</p>
<p>Categories of care: 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>Total number of residents in the residential care home on the day of this inspection: 20</p>

4.0 Inspection summary

An unannounced care inspection took place on 31 January 2020 from 09.00 hours to 16.00 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.

Areas for improvement in respect of the previous pharmacy inspection have also been reviewed and validated as required.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management, record keeping, audits and reviews, and communication between patients, staff and other key stakeholders. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, robust governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

An area for improvement was identified in relation to ensuring resident equipment and the premises are well maintained.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents 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
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Susan Copeland, team leader, 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 30 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 30 September 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. Eight completed questionnaires were returned from residents and two from relatives 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 from 13 January to 9 February 2020
- staff training schedule and training records
- staff supervision and appraisal schedule
- 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 30 September 2019 to 31 January 2020
- reports of visits by the registered provider
- fire safety checks
- RQIA registration certificate

Areas for improvement identified at the last care and pharmacy inspections were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 30 September 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
Area for improvement 1 Ref: Standard 34 Stated: First time	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.	Met

	<p>Action taken as confirmed during the inspection: A review of documentation and observation of identified equipment evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 2 Ref: Standard 5.5 Stated: First time</p>	<p>The registered person shall ensure the identified resident's assessment of need is reviewed and updated accordingly.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A review of three residents' care records confirmed that residents' assessment of need is reviewed monthly and updated accordingly.</p>	
<p>Area for improvement 3 Ref: Standard 6.2 Stated: First time</p>	<p>The registered person shall ensure the identified resident's care plan is updated to reflect clearly how the identified condition is best managed.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A review of residents' care records and discussion with the team leader confirmed that the resident's care plan has been updated to reflect clearly how the identified condition is best managed.</p>	

<p>Areas for improvement from the last medicines management inspection</p>		
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 30 Stated: First time</p>	<p>The registered person shall ensure that the management of warfarin is reviewed and revised to ensure robust procedures are implemented.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Discussion with the team leader and review of documentation confirmed that Warfarin medication is checked twice daily and is audited regularly by the manager.</p>	

Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall closely monitor medicines for recently admitted residents through the audit process.	Met
	Action taken as confirmed during the inspection: Review of medicine records and governance audits evidenced that this area for improvement had been met.	

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.

The team leader confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the residents were met. A review of the staffing rota from 13 January to 9 February 2020 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support the care staff.

Observation of the delivery of care evidenced that residents' needs were met by the levels and skill mix of staff on duty and that staff attended to residents needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. We also sought staff opinion on staffing via the online survey. No responses were received within the required timeframe. Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Belvedere Residential Care Home.

Relatives spoken with during the inspection did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Two questionnaires were returned within the required time frame and the respondents were very satisfied with the service provision across all four domains.

The manager was off duty and recruitment files were securely locked in her office. However the team leader confirmed that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

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

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Staff spoken with said they received good support from the manager who was described as being "very approachable". Staff also confirmed they also received regular supervision and appraisal.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the staff and the team leader, confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

We reviewed accidents/incidents records from the previous care inspection in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the team leader and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visits.

From a review of records, observation of practices and discussion with the team leader and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction and the home was found to be warm and comfortable throughout. We observed dust and debris on identified resident mobility aids and on door fixtures. Debris was also identified where a gap was evident between the skirting board and floor covering in an identified toilet, and a carpet was observed to be worn and uneven in the upstairs area of the home. This was discussed in detail with the team leader who stated that a refurbishment plan was ongoing to address these deficits and provided assurances that the areas identified above would be cleaned. This was identified as an area for improvement.

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.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, alarm mats. There was also evidence of consultation with relevant persons.

Areas of good practice

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

Areas for improvement

An area for improvement was identified in relation to ensuring resident equipment and the premises are well maintained.

	Regulations	Standards
Total number of areas for improvement	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 in a timely manner. Staff were able to describe the care needs of individual 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 appeared to know residents' needs very well.

Review of three residents care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. Records evidenced risk assessments and associated care plans in relation to residents who were at risk of falls. Records reflected residents individual preferences with regards to rising and retiring times, food choices and personal interests.

The team leader advised that 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). Weight records confirmed that there was a system in place to ensure monthly weights (or more frequently if needed) were gathered and recorded.

Observation of the lunchtime meal confirmed that residents had a choice at meal times, tables were set appropriately with tablecloths, cutlery condiments and a selection of drinks. 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 team leader who advised residents are encouraged to use the dining room; however, they often choose to eat meals in the main living room area. The team leader 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.

The front door to the home was locked using a keypad system. Records in the home showed that restrictive practices including the locked doors and use of alarm mats were regularly reviewed. We discussed with the team leader plans in place regarding the introduction of the Mental Capacity Act (Northern Ireland) 2016 and Deprivation of Liberty Safeguards. The training records confirmed that staff had received training in Deprivation of Liberty Safeguards in November 2019.

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 meetings take place on a quarterly basis or more often if required. Staff also advised they were kept up to date regarding any changes during the handover period at the beginning of each shift.

Residents care records confirmed that residents had an annual care review. The team leader explained that a review of residents' progress was ongoing and there were regular updates provided to staff from visiting professionals including occupational therapists, GP and district nurses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 arrived in the home at 09.00 and were greeted by staff who were helpful and attentive. Some residents were enjoying breakfast whilst others were being assisted to wash and dress or attend to personal care as was their personal preference.

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 and joking with staff and each other. We could see there were a large number of compliments including thank you cards and messages of thanks and gratitude from representatives displayed in 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.

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.

Ten completed questionnaires were returned within the identified timescale, eight from residents and two from relatives. All responses received showed that respondents were very satisfied with the care provided in the home. No comments were provided.

Consultation with 10 residents individually, and with others in smaller groups, confirmed that living in Belvedere Residential Care Home was a good experience.

Comments from residents included:

- “The staff are brilliant. They certainly put me back on my feet again. When I came in here first I could hardly walk.”
- “It is a good place. You will not get better anywhere else.”
- “I am getting on the best, am quite happy here.”
- “The man that owns the place comes and sits beside you and chats away.”
- “They keep the place clean and keep us clean too.”

Staff were asked to complete an on line survey; we had no responses within the timescale specified. However, staff who met with the inspector during the inspection did comment positively on the care delivered and the working relationships within the home. Some of the comments included:

- “I am very happy working here. Everyone is very supportive.”
- “I am working here a month. I had a good induction and have regular supervision with the manager.”

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, listening to and valuing resident and their representatives 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

6.6 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 foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and residents evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager. 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 home has a wide range of policies and procedures in place to guide and inform staff. Staff we spoke with demonstrated good understanding of their roles and responsibilities. They were aware of the reporting procedures within the home and discussed their awareness of the whistleblowing policy and procedure for the home.

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

Discussion with the team leader and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care reviews, the environment, complaints, restrictive practice register, maintenance, accidents and incidents and monthly falls audits. As previously mentioned in 6.3 there were a number of resident mobility aids and door fixtures identified with dust/debris. The team leader agreed to include these areas in the monthly cleaning audits going forward. Further quality assurance was demonstrated from the completion of monthly monitoring visits by the registered provider.

The home had a complaints policy and procedure in place. Review of complaints records evidenced the nature of the complaint, contributing factors, the investigation, outcomes and lessons learned.

Discussion with the team leader and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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
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 Susan Copeland, team leader, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • the gap between the floor and the skirting boards in the identified toilet is repaired to enable adequate cleaning. • the carpet is replaced to the identified upstairs area of the home. • resident mobility aids and door fixtures are adequately cleaned and included in cleaning audits. <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There is now a document in place to reflect that mobility aids and door fixtures are adequately cleaned.</p> <p>Gap between the floor and skirting board in identified toilet has now been repaired.</p> <p>Carpet fitters are due to replace identified carpet by 31st March.</p>

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



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