

Belvidere Nursing Home Limited

Belvidere Nursing Home Limited

Inspection report

85-89 Seabank Road
Wallasey
Merseyside
CH45 7PB

Tel: 01516397773

Date of inspection visit:
04 February 2021
09 February 2021

Date of publication:
27 April 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Belvidere Nursing Home provides accommodation for up to 35 people who need help with their personal care. At the time of the inspection 23 people lived in the home. Some of the people living in the home, lived with dementia.

People's experience of using this service

Wirral NHS Infection Control Team raised concerns with CQC about infection control practices within the home. CQC visited to inspect infection control standards. We identified serious concerns with the management of infection control and COVID-19. Infection control standards and procedures did not comply with government guidelines. This meant people were not adequately protected from the risk of infection. We spoke with the manager immediately to ensure improvements were made.

We returned to the service three days later, to check on progress and saw that infection control improvements had been made. During this visit, concerns relating to medication management, record keeping, leadership and governance were also identified.

The management of medication was not always safe as it did not adhere to recognised standards of best practice. The competency of staff to administer medication safely had also not been properly assessed. This placed people at risk of harm.

People's risks were assessed but information and guidance for staff to follow was not always up to date or sufficient. Other records relating to the care people received were repetitive and not always meaningful. This meant it was difficult to tell from people's records what care they received. We asked the manager to ensure people's care plans and daily records were updated without delay. A lack of accurate record keeping in places people at risk of inappropriate or unsafe care.

Accident and incidents were recorded but record keeping in relation to this and other aspects of service delivery also required improvement. For instance, audit records and safeguarding records did not provide sufficient information about what had been reviewed and what action had been taken to respond to or, drive up improvements.

The systems in place to monitor the quality and safety of the service were ineffective. This meant the concerns we identified had not been picked up and addressed. The manager's knowledge of best practice guidance required improvement to ensure the service complied with relevant standards and legislation.

Staff recruitment was safe and there was enough staff on duty to meet people's needs. People's relatives told us staff were kind, caring and attentive and felt people were well looked after. Everyone was complimentary about the home and felt it was a good service. This provided some assurances that people were not at significant risk of harm whilst improvements to the service were being made.

Rating at last inspection and update

The last rating for this service was good (published 20 September 2018).

Why we inspected

The inspection was prompted in part due to concerns received about infection control from Wirral NHS Infection Control team. A decision was made for us to inspect and examine those risks. A targeted CQC inspection looking specifically at infection control standards took place on the 04 February 2021. We have found evidence that the provider needed to make urgent improvements with regards to infection control and COVID-19

As a result of these concerns, we widened our inspection and undertook a focused inspection on the 09 February 2021. This inspection included the key questions of safe and well-led. During this inspection we found that the provider needed to make improvements in respect of medication management, record keeping and the leadership and governance of the service.

We looked again at infection prevention and control measures under the Safe key question. We saw that progress on the provider's infection control action plan was being made.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 12 (safe care and treatment) and Regulation 17 (good governance) with regards to the service.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Safe findings below.

Requires Improvement ●

Belvidere Nursing Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act under the domains of safe and well-led, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by an inspector and an inspection manager.

Service and service type

Belvidere Nursing Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted both the Local Authority and the NHS infection Control Team to gain information on the service. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with four relatives of people living in the home. We spoke with the manager, the deputy manager, a nurse, and other staff. We reviewed a range of records. This included three people's care records, a sample of medication records, three staff recruitment files and records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Infection prevention control procedures (IPC) including those relating to COVID-19 were not always robust or being followed.
- Staff had not completed sufficient training to ensure they were competent in how to mitigate the risk of COVID-19.
- The risks associated with COVID-19 were not properly assessed to identify and support people or staff working in the home who may be at higher risk of contracting the virus than others.
- The provider was accessing testing for people using the service and staff. The home was currently closed to visitors due to an outbreak of COVID-19.
- In response to the concerns we identified, the manager acted immediately to improve infection control standards within the home. This work is still ongoing.

Infection control within the home did not protect people from the risk of, or, spread of infection. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The administration of medicines did not adhere to recognised standards of best practice recommended by the National Institute of Health Care Excellence (NICE).
- Staff removed medicines from their original packaging and placed them in a separate pot prior to administration. This is called secondary dispensing and is not good practice as it increases the risk of errors. People's medication records were also signed by a member of staff who had not administered or observed their consumption.
- Staff did not always have enough information to ensure that as and when required (PRN) medicines such as painkillers and asthma inhaler were administered appropriately.
- The competency of staff to administer medicines safely had not been assessed to ensure they were competent to do so.

Unsafe management of medicines places people at risk from serious harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were assessed however information on how to mitigate risks was not always sufficient. This required improvement to ensure staff were clear on the support people needed.

- Accidents and incidents and safeguarding events were noted but records in relation to these were poor and did not demonstrate that learning from these incidents had been shared in order to prevent them from happening again.
- There were appropriate procedures and arrangements in place to protect people from harm in the event of a fire.

Systems and processes to safeguard people from the risk of abuse;

- Relatives of people living in the home, told us they felt people were safe and well looked after.
- There were no recorded safeguarding incidents in the home.

Staffing and recruitment

- Checks on the safety and suitability of staff to work with vulnerable people were completed prior to employment.
- On the day we visited, there were enough staff on duty to meet people's needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection, this key question has deteriorated to 'requires improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was clear about their job role in relation to provided person centred care but lacked an understanding of the health and social care regulations and knowledge of best practice guidance. This meant staff practice did not always comply with government guidelines or recognised best practice. This placed people at risk of harm.
- People's care was planned but records in respect of their needs and care were not always up to date or accurate. This placed people at risk of inappropriate and unsafe care.

Continuous learning and improving care

- The audits in place to check the quality and safety of the service were not meaningful. They did not detail what checks had taken place, what learning had been gained or what improvements had been made.
- The audits and governance arrangements in place were ineffective. They failed to identify the concerns we found during our inspection with regard to infection control standards, the management of COVID-19, medication management, record keeping or poor governance.
- There was little evidence of any provider oversight of this service. This made it difficult to know how the provider was assured that the service was safe and well-led.

The governance arrangements in place were not always robust and record keeping was not always accurate or contemporaneous. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- During the COVID-19 pandemic, the provider has not always engaged with government incentives to support the service and its staff. For example, by accessing government funding or free infection control training from Wirral NHS Infection Control Team. This required review.
- Prior to the outbreak, the service has supported people to visit their loved ones in a safe way or helped them keep in touch via social media and telephone calls. The relatives we spoke with confirmed this.
- People's well-being was supported in partnership with other health and social care professionals, such as GP's, District Nurses and Mental Health Teams.
- Relatives' views on the support their loved ones received was positive. Their comments included, "More than satisfied, delighted with care". "Worth every penny" and "We are very pleased we chose Belvidere

Nursing Home".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and staff team were person centred. They knew the people they looked after really well, and people's care was tailored to their likes, dislikes and preferences. This was good practice and helped people achieve good outcomes.
- The relatives we spoke with told us staff were kind, caring and inclusive. Their comments included, "Excellent, the staff are very friendly and attentive to [name of person]"; "They are so kind, inclusive"; "Atmosphere is lovely, everyone says hello, very friendly. Really, really lovely staff" and "I only have admiration (for staff at the home). There is not a single one of them, that I wouldn't like looking after [name of relative]".
- This feedback showed there were elements of the service that were well led. It was clear people's well-being was at the heart of their care and that the manager and staff genuinely cared for the people they looked after.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The governance arrangements in place were not always robust and record keeping was not always accurate or contemporaneous.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Infection control within the home did not protect people from the risk of, or, spread of infection.
Treatment of disease, disorder or injury	The management of medication was not always safe.

The enforcement action we took:

We have issued the provider with a warning notice. This will be followed up and we will report on any action when it is complete.