

Unlimitedcare Limited

Belvedere Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

What life is like for people using this service:

The service had deteriorated since our last inspection. Risks were not identified, managed or monitored to ensure people were safe. Information received from speech and language therapists was not consistently transferred to care records to direct staff on managing risks. Medicines were not always managed safely, in particular the use of thickeners. People were not always protected by good infection prevention and control procedures. Equipment within the service such as hoists and utilities such as gas was checked regularly. Despite some staff not being up to date with safeguarding training, they understood their responsibilities for keeping people safe. People using the service and their family members told us they felt safe. Improvements had been made in the recruitment of staff; safe processes were followed. People and staff members told us there were adequate staff on duty.

The service had deteriorated in relation to the skills, knowledge and experience of staff members. There were significant gaps in training, in particular to meet the needs of people with health issues. Staff did not receive supervisions and appraisals in line with policies and procedures. The provider was not working within the principles of the Mental Capacity Act (MCA) and had failed to apply for the correct authorisations to deprive people of their liberty lawfully. Care plans did not consistently identify desired outcomes for people. People were not consistently supported to eat and drink enough throughout the day. There had been some improvements made to the suitability of the environment since our last inspection.

People were not always supported to express their views or be involved in making decisions about their care. Care plans and their reviews had not been signed by people. We saw staff were respectful of people's privacy and dignity. Visitors were made to feel welcome at the service. People told us staff were kind and caring and positive interactions were observed during our inspection.

There had been a deterioration in how people's needs were responded to. Care plans did not consistently reflect people's current needs and were not person centred. People's end of life wishes had not been considered. There was a lack of meaningful activities to keep people stimulated and prevent boredom. All the people we spoke with knew who to speak with if they wished to raise a complaint.

There had been a deterioration in the leadership of the service. The registered manager lacked knowledge around the regulations, legislation and best practice guidance. There was a lack of robust systems in place to check on the quality and safety of the service which had resulted in a lack of improvements from previous inspections. The service was not well-led.

More information in detailed findings below

Rating at last inspection: Requires improvement (report published 7 August 2018).

About the service: Belvedere Care Home is a residential care home that was providing personal and nursing

care to 27 people at the time of the inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw the service had deteriorated since our last inspection and the rating had changed to inadequate.

Enforcement: Full information about the Care Quality Commission's (CQC) regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals are concluded.

Follow up: The overall rating for this service is inadequate and the service is therefore in special measures. Services in special measure will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Belvedere Care Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two adult social care inspectors and an Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, older people. The Expert by Experience was present on the first day of inspection.

Service and service type: Belvedere Care Home is a care home. People in care homes receive accommodation and nursing or 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: Day one of our inspection was unannounced and day two was announced.

What we did: Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people using the service, one family member and one friend of a person to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us.

We spoke with the registered manager, three deputy managers and four members of staff, including care and ancillary staff. We looked at six people's care records and a selection of medicines and medicines administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for all staff members and records of checks carried out on the premises and equipment.

Details are in the key questions below.

The report includes evidence and information gathered by both inspectors and the Expert by Experience.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk

- Risk assessments to keep people safe were not consistently in place. For example, those at risk of choking or with an allergy did not have risk assessments to guide staff on the support they required.
- Information received from speech and language therapists (SALT), was not consistently transferred to care plans. Verbal information from SALT had not been documented to show updated advice. Staff were using different amounts of thickener to thicken fluids for one person. Some were using two or three scoops, some were using one scoop. We requested the correct information from SALT to be reflected in all the persons care records as a matter of urgency, to keep the person safe. This was put in place.
- None of the staff working in the service had received training in dealing with a choking person. Two days after our inspection we received reassurance from the registered manager that action had been taken to ensure people at risk of choking were safe.
- The provider had failed to ensure appropriate risk assessments and care plans were in place, failed to monitor risks to people's health and wellbeing and failed to ensure people were safe. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We found some improvements had been made to the environment since our last inspection. However, we still found badly stained carpets in some bedrooms and some smelled strongly of urine.
- Refurbishment work had not been prioritised.
- We found a large container of disinfectant had been left accessible. A similar issue had occurred at a previous inspection.
- Advice from the local authority infection control lead was not being followed, such as infection control audits being undertaken to ensure safe processes were maintained.
- The provider had failed to ensure infection prevention and control systems and processes were in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely.
- None of the people we spoke with believed their medicines were reviewed. One person commented, "No I don't think they are reviewed. It would be a good idea."
- On the second day of our inspection we observed the registered manager administering medicines during the lunch time period; this included eye drops. This is poor practice.
- The use of prescribed thickeners was not safe; there was no medicine administration record (MAR) for thickeners, staff were unclear of how much to administer and one tin of thickener did not have a

prescription label on it to identify who it had been prescribed for.

- Whilst staff had undergone training in administering medicines, only the registered manager administered medicines on a regular basis.
- All the people we spoke with told us they received their medicines when they should.
- Controlled drugs were managed safely and in line with legislation and guidance.
- The provider had failed to ensure that medicines were consistently managed safely. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Safety monitoring and management

- Whilst accidents and incidents had been recorded on an accident forms, there was no evidence of what action had been taken as a result of these.
- Care records, such as care plans, were not updated when an accident or injury had occurred.
- Service records and equipment was safe and well maintained. Records were safely stored and destroyed when no longer needed in line with the relevant law.
- Checks were carried out on the safety of equipment within the service, such as hoists.
- Utilities were checked to ensure they were safe to use.
- Emergency procedures for keeping people, staff and others safe, were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and a business continuity plan.

Learning lessons when things go wrong

- There was no evidence to show how the service used any incident as a lesson learned.

Systems and processes

- People who used the service told us they felt safe. One person told us, "Yes I feel safe. The building is secure. Staff make it easy to talk to them if there are problems."
- Not all staff had completed an annual safeguarding training refresher. However, they were able to tell us how they would respond to any concerns. Safeguarding policies and procedures were in place.
- The recruitment of staff was safe. Prior to an offer of employment being made applicants were subject to a series of pre-employment checks to assess their suitability for the job.

Staffing levels

- Staffing levels had improved since our last inspection.
- Most people who used the service felt there were enough staff on duty to meet their needs. Comments we received included, "Well I think there is enough staff, I don't want a lot of care though, I am quite independent" and "There is enough staff some days."
- All the staff we spoke with told us there were enough staff to meet people's needs.
- The service used agency staff as and when required.
- The registered manager was available on site 24 hours a day if required.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff skills, knowledge and experience

- We asked people who used the service if they felt staff members had the appropriate skills and knowledge to meet their needs and support them. Comments we received included, "Yes, they point out if I seem a bit down and ask if anything's bothering me", "Some of them are" and another person told us staff were not skilled but would not comment further.
- We found significant gaps in training for staff members.
- Supervisions were not held in line with service timeframes, which specified they were required every four to six weeks. Some staff had only received one supervision in 2018.
- The provider had failed to provide suitable and appropriate training and support through formal training and supervisions and is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.
- The registered manager and staff members lacked understanding of the MCA and DoLS.
- Capacity assessments were generic and not decision-specific.
- One person deemed as lacking capacity had their consent forms signed by a family member; there was no evidence the correct lasting power of attorney was in place.
- DoLS applications were not used consistently or correctly.
- The provider had failed to ensure they were working within the principles of the MCA and the correct DoLS were in place and is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff providing consistent, effective, timely care

- The systems in place for referrals to external services, such as GPs, were not always effective. We had to ask the registered manager to seek medical attention for one person who used the service during our

inspection.

- People's conditions were not monitored effectively when they were presenting as unwell.
- Guidance from healthcare professionals was not always followed, as discussed in the 'safe' section of this report.
- The service had the 'Telemedicine' system in place within the service. Telemedicine is the use of technology that enables remote healthcare advice to be obtained in the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support was not always planned, delivered and monitored in line with current evidence-based guidance, legislation, standards and best practice.
- Assessments obtained from other health and social care professionals were not always used to plan effective care for people.
- Staff were unable to apply learning in line with best practice. This does not promote good outcomes for people or support a good quality of life.

Supporting people to eat and drink enough with choice in a balanced diet

- We received mixed responses about the meals provided. People told us, "The meals are good that they do but it is repetitive, same every week" and "Not my taste. I don't need wonderful things to eat but I don't like half of it."
- All the people we spoke with, apart from one, told us they did not get a choice of what they wanted to eat every day. We informed the registered manager of the mixed responses, who advised us that people who used the service had chosen the menus.
- People were given plenty of time to eat their meals and staff provided appropriate support to those who needed it. People had a choice of what they wanted to eat.
- Whilst condiments were on tables, they were not in reach for people.
- Some people we spoke with said they did not have access to fruit, snacks or drinks outside of regular mealtimes or drink times. Drinks and biscuits were given out at set times. Jugs of juice and water were only available at meal times.

Adapting service, design, decoration to meet people's needs

- None of the people we spoke with felt they were involved in making decisions about the environment.
- Signage was available to promote people's independence, for example to locate bathrooms.
- We saw people had personalised their bedrooms with their own items of furniture and ornaments.
- As mentioned in the 'safe' section of this report, some carpets were badly stained. However, there had been other areas where improvements had been made, such as communal bathrooms.
- Technology was used within the service such as, sensor mats for those at risk of falls.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Supporting people to express their views and be involved in making decisions about their care

- People were not always involved in making decisions about their care. Not all the people we spoke with believed they were involved in decisions about their care and support. Comments we received included, "Not really involved, no" and "Yes, they go through the care plan."
- Care records we looked at did not evidence people had been involved in the development or reviewing of their support needs.
- Information about people's background, history, favourite past times and life experiences had not been captured in care records. We saw new documents in place in some files, however, these were blank. The deputy manager told us they would be completing them for all people using the service. None of the care plans had been signed by the people who used the service.
- Most people felt that information was given to them in a way they could understand. However, one person told us, "Not always. I would like more information to me straightaway rather than to my daughter."
- People who used the service had not heard about advocacy nor knew how to access this service.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was not always respected. Personal care records were in the registered manager's office which was left unlocked when unattended. We discussed this with the registered manager as records should be kept safely and securely who gave assurance that records were stored safely.
- People who used the service were treated with dignity and respect. We saw staff knocked on doors before entering bedrooms and bathrooms.
- Staff promoted people's independence and encouraged them to do things for themselves.

Ensuring people are well treated and supported

- People who used the service told us, "Staff are kind. They speak nicely to me", "They show kindness and concern", "They are respectful, treat you as an individual and make an effort to get to know you" and "Yes they are kind, they call you things like 'sweetie pie' and show us affection." One relative we spoke with told us, "They are kind. They help him and talk to him. They also have a joke with him."
- We observed positive interactions with staff during our inspection. Staff presented as kind and caring.
- Staff understood how best to communicate with people, for example, speaking slowly and clearly.
- Visitors to the service were made to feel welcome and were offered refreshments. Visitors including family members, friends and health and social care professionals told us that staff were always welcoming, polite and courteous.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were not always met. Regulations may or may not have been met.

How people's needs are met

Personalised care

- People told us they were not always empowered to develop care and support plans.
- Care plans did not always set out how to meet people's needs in a personalised way. Whilst care plans were reviewed on a regular basis, they did not involve the person. Reviews did not always reflect changes in people's needs.
- Care plans did not always reflect people's choices, wishes and preferences and things that were important to them.
- People's needs, including those related to protected equality characteristics, were not always identified.
- The registered manager did not know about the Accessible Information Standard. We did not see any information available in alternative formats. Care plans were always hand written and often difficult to read.
- People who used the service told us there was a lack of meaningful activities for them to engage in. One person told us, "They have started to do a bit more like Christmas cards and jigsaws. There was nothing before." Another person told us, "There are no activities, I would like knitting."
- On the first day of our inspection we did not see any activities being undertaken. On the second day there was card making in the afternoon. The registered manager informed us they had made arrangements with an external company to provide activities three days a week, but this had yet to commence.
- None of the care records we looked at contained information about people's end of life wishes.
- We saw blank advanced care plans in care records, which directed staff to not complete them if people lacked capacity. This meant those people deemed as lacking capacity did not have their end of life wishes considered.
- The provider failed to ensure the care and treatment provided was appropriate, met people's needs and reflected their preferences and is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- All the people we spoke with told us they knew who to go to if they wanted to raise a concern or complaint. Two people we spoke with told us they had raised a concern or complaint. However, the registered manager told us they had not received any complaints. There was no recorded evidence of complaints or concerns.
- There was a complaints policy and procedure. However, we did not see this was accessible in communal areas of the service.

Is the service well-led?

Our findings

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was not well-led. The registered manager continued to lack knowledge around the regulations, legislation and best practice guidance to ensure the service improved.
- Leadership within the service was disjointed. It was unclear, when three deputy managers were on duty, who took overall responsibility in the absence of the registered manager.
- There was a significant lack of understanding around risk management.
- Those people with complex needs were at risk of receiving inappropriate or inadequate care and support.
- The provider failed to assess, monitor and mitigate the risks relating to the health and welfare of people using the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Quality assurance processes and systems in place were not sufficiently robust to identify the issues we found during this inspection.
- The registered manager had failed to ensure improvements were maintained and sustained from previous inspections and there was a continuous failure to meet the regulations.
- There was no learning culture embedded in the service.
- The provider failed to assess, monitor and improve the service and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager failed to ensure they promoted person centred, high quality care and support.
- There was no learning from accidents or incidents.
- Records relating to the care and treatment of people who used the service were not always kept up to date and did not reflect current needs.
- Care plans were hand written and were often not legible.
- The provider failed to maintain securely an accurate and complete record in respect of each person using the service. 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

- The service had commenced regular meetings with people who used the service. There were no meetings for relatives; the registered manager informed us these had not been successfully attended in the past.
- Staff meetings were held on a regular basis to give all staff members the opportunity to feedback on the service.
- Surveys were also given out to people who used the service. We saw the results of these were mainly positive.

Working in partnership with others

- There was evidence to show the registered manager had involved external agencies as and when required. There was a district nurse visiting during our inspection and records showed SALT had been involved for some people.
- The registered manager was able to identify the need to work in partnership with other health care professionals.