

Ablecare Homes Limited

# Belvedere Lodge

## Inspection report

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Date of inspection visit:  
12 February 2021

Date of publication:  
13 April 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Belvedere Lodge Residential Care Home provides accommodation and personal care for up to 20 older people, some of whom were living with dementia. People who live at the home access nursing care through the local community healthcare teams. At the time of the inspection 14 people were living at the home.

### People's experience of using this service and what we found

People living at Belvedere Lodge received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

The provider's care recording system had improved. People had access to meaningful activities which had been adapted in line with current guidelines. Staff consistency enabled people to receive good care from staff who knew them well. Staff knew how to support people during end of life care.

The home was managed by a registered manager who had been in post since the last inspection and was committed to improving people's quality of life. The service had a management and staffing structure in place. However, this was not always clear to staff and as a result they were not always working well as a team. The provider had established an effective quality assurance system to monitor the quality and safety of the service. The service worked well with external social and health care professionals.

### Rating at last inspection

The last rating for this service was requires improvement (Published 20 May 2020).

At this inspection we found improvements had been made.

### Why we inspected

We carried out an announced inspection of this service on 11 February 2021. We received concerns in relation to infection control procedures, poor staffing, poor care within the service and poor governance systems. As a result, we undertook a focused inspection to review the concerns raised within the key questions of Safe and Well-led only.

We looked at infection prevention and control measures. We look at this in all care home inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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. We announced our inspection and requested information relating to infection prevention control policies, audits, contingency plans, staff training in infection control procedures and visiting policy during the COVID pandemic. We found no evidence during this inspection that people were at risk of harm from these concerns.

The ratings from the previous comprehensive inspection were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belvedere Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Belvedere Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided 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

The inspection team consisted of two inspectors.

#### Service and service type

Belvedere Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 announced. Inspection activity started on 11 February 2021 until 26 February 2021. One inspector visited the location on 11 February 2021. One carried out the inspection remotely.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people and received feedback from one relative. We looked at four people's care records and four medicine administration records (MAR). We spoke with the registered manager and five staff which included, deputy manager, chef and carers. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two professionals who regularly visit 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection people's individual safety and well-being were not assessed and recorded adequately to protect them from personal and environmental risks. Records did not have up to date risk management plans or detailed care plans to guide staff on how to support people against ongoing risks. In other places risk assessments did not contain consistent information and systems were either not in place or robust enough to demonstrate risks were effectively managed. This placed people at risk of harm.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the required improvements had been made and there was no longer a breach of this regulation.

- People told us they felt safe living at Belvedere Lodge. One person said, "Yes, I feel safe." One relative said, "She is in a very safe place."
- Staff had a comprehensive awareness and understanding of abuse and knew what to do to make sure that vulnerable adults were protected. People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "Abuse can be physical, financial or neglect. I will report to the senior or the manager."
- The provider had safeguarding policies in place and the team reported concerns accordingly. Where required, investigations were thorough. There was a consistent approach to safeguarding and matters were always dealt with in an open and transparent way.

Assessing risk, safety monitoring and management

- Risk assessments did not have sufficient information for staff to proactively anticipate and manage risks to people who lived in the home. One risk assessment said staff should apply distraction techniques when a person was agitated. However, there were no instructions on how and what staff should do. In another risk assessment there was no detail on how staff should respond or support a person who had behaviours which challenged. Staff told us they had not received training to support people whose behaviour could be perceived as challenging. We did see elsewhere in the care plan that the provider had been working with the GP and the behaviour wellbeing team to support this individual. After the inspection the provider sent us updated care plans. However, we have not been able to test the effectiveness of these care plans.
- Risks associated with people's personal care and well-being were documented and staff took appropriate action to ensure these risks were managed and that people were safe.

- People's risk assessments included areas such as nutrition and medicine management. People were supported to take positive risks.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary. However, one incident report needed clearer direction for staff on how to respond when a person was assessed as Do Not Resuscitate CPR. Although staff could tell us what DNRCPR meant, this was not documented. After the inspection, the provider sent us updated risk assessments and lessons learnt.

#### Staffing and recruitment

- There were enough staff to meet people's needs. Staff told us they were not rushed and had sufficient time to support people. The service regularly reviewed staffing levels and adapted them to people's changing needs.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

#### Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. Records showed staff administered medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Staff followed correct procedures to protect people with limited capacity to make decisions about their own care, treatment and support, when medicines needed to be given without their consent.

#### Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it. We were assured the provider's infection control policy was up to date.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required. We were assured that the provider was using PPE effectively and safely.
- Staff received training in COVID-19 and general health and safety infection controls, food hygiene and good hand hygiene practice.
- Staff told us the provider ensured they always had plenty of PPE available. For example, disposable gloves, aprons and hand sanitiser.

#### Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls identified at the last inspection. For example, staff told us the importance of providing detailed information in incident reports. We saw accident and incident forms had been completed with detailed information to reduce falls from recurring.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we identified auditing and governance systems were not always fully effective in identifying shortfalls relating to the environment, medicines management, records, equipment and safe recruitment of staff. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- The registered manager had been in post since the last inspection. They had made significant changes in the home which had resulted in better care provision.
  - The registered manager was supported by an area manager. They had recruited a senior carer who would work closely with the deputy manager and the registered manager.
  - The provider had introduced a more robust quality assurance system since the last inspection which were used to drive improvement within the service. These included audits of care plans and medicine records. These provided an overview to ensure improvements were made where necessary.
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- The provider's management system had not ensured a positive teamwork culture in the service. Staff told us they were not always confident they would be listened to by the registered manager. One staff said, "At times it feels like them and their favourite and us, just carers not being listened to." However, during the inspection, the registered manager showed us some initiatives they had put in place to enable staff to raise their concerns openly. The provider sent us an action plan to foster openness and encourage engagement between senior staff and care staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service in areas such as nutrition and activities.

Continuous learning and improving care

- The service had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation.
- Staff had objectives focused on improvement and learning. Some staff had been supported to develop into senior roles such as deputy manager and senior carers.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits.

Working in partnership with others

- The service was transparent, collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care. Since the last inspection, the service had worked very closely with the commissioners to improve people's care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.