

Belvidere Residential Care Home Limited

Belvidere Residential Care Home

Inspection report

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Date of inspection visit:
10 March 2022
15 March 2022

Date of publication:
09 May 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Belvidere is a residential care home providing personal care and accommodation for up to 28 people some of whom may live with Dementia. The service was supporting 23 people at the time of the inspection in one adapted building.

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

Improvements were required with the systems in place to manage people's medicines. This is to ensure people received their medicines as prescribed and records supported when these were given to people. Risks to people were not consistently well managed and left people at potential risk of harm. Safeguarding procedures were in place but required further improvements to ensure they included all aspects of potential abuse. We were somewhat assured with some of the measures in place to prevent the spread of infection.

Improvements were required with the systems in place to submit and manage deprivation of liberty applications and authorisations. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not always support this practice.

Timely action was not always undertaken to ensure people's healthcare needs were addressed. Although staff received training for their role, they would benefit from more in-depth training to support people with complex needs. The environment was not always dementia friendly and homely and lacked signage to enable people to orientate themselves. A renewal programme was in place and improvements were being made.

The systems and processes in place were not robust to enable the provider to identify where areas for improvement were needed and to take action to address these. The registered manager did take immediate action when information of concern was shared with them to protect people from potential harm.

Staff felt supported in their role. Systems were in place to support people to maintain contact with their loved ones. People and relatives were happy with the care provided. The registered manager was described as approachable, open and transparent. The registered manager demonstrated a commitment to make the improvements required.

Rating at last inspection: The last rating for this service was good (published 22 November 2018).

Why we inspected

We received concerns in relation to the management of medicines and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

We looked at infection prevention and control measures under the Safe key question. 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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. The provider had started to take action to mitigate the risks we had identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belvidere residential care home on our website at www.cqc.org.uk.

Enforcement and Recommendations

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 and will take further action if needed.

We have identified breaches in relation to the management of medicines, and risk and to the overall governance of the service. We have issued the provider with a warning notice.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Belvidere Residential 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 (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 Health and Social Care Act 2008.

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 was undertaken by one inspector, an assistant inspector, a specialist advisor and an Expert by experience who undertook telephone calls. The specialist advisor was a nursing professional. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Belvidere is a residential care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Belvidere residential care home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 10 March and ended on 31 March when feedback was provided. We visited the service on 10 and 15 March 2022. The Expert by Experience called relatives on 11 March 2022.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 five people who used the service about their experience of the care provided. We telephoned and spoke with 10 relatives to gain feedback about their loved one's care. We also spoke with 10 staff which included care and senior staff, domestic and laundry staff, the administrator, deputy manager, registered manager, and regional manager.

We reviewed a range of documents and records including the care records for eight people, 20 medicine records, three staff recruitment files. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Using medicines safely;

- The management of medicines was not always effective to ensure people received their medicines as prescribed. We found two people had ran out of their medicines which placed them at risk of harm. For one person they did not have their medicines administered for a period of 17 days and another person for a period of three days. Although action was taken to try and obtain these medicines this was not undertaken in a timely manner to ensure the medicines were received and administered as prescribed.
- Records to support the administration of medicines were not always in place. We found for one person who was prescribed oxygen did not have records completed to support when this was administered. The records for three people who were prescribed time specific medicines where not clear when these were administered to ensure the prescribed instructions had been followed.
- People who were prescribed 'as required' medicines did not have protocols in place to guide staff when these medicines should be administered.
- The dates were not recorded on people's eye drops and liquid medicines to support when they were opened and administered to ensure they were not used after their expiry date.

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

- Risks to people had not always been assessed and mitigated to reduce the risk of harm. We found for one person who chose to use the stairs a risk assessment had not been considered to assess and mitigate these risks.
- Environmental risk assessments had not been considered for people who mobilised and able to use the lift but had to navigate two steps which had ramps in place to aid the use of wheelchair users. This placed people at risk of harm.
- Incidents and accidents were recorded on a monthly basis but an analysis of these was not undertaken to identify patterns, trends or learning to reduce and mitigate future risks to people.
- A Fire risk assessment had been completed in February 2021. We were advised there had been a delay in the report being received and some confusion if the report related to this home. We were provided with a copy of the recommendations which we were advised by the registered manager were for this service which included the need to check certain fire doors. There was a delay in addressing the issues relating to the Fire risk assessment and associated recommendations to ensure the premises was safe for people, staff and visitors.

The provider had not ensured of risks to people were managed effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Once these concerns were shared with the registered manager they took immediate action to mitigate the risks we had identified.
- Risk assessments had been completed for individual people in areas such as pressure relief and moving and handling and actions for staff to follow to mitigate risks were in place and followed.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding procedure was in place, but this did not cover potential abuse between people that lived in the service and the action to be taken in response to this.
- We identified two safeguarding incidents that had not been reported to the local authority or CQC as required. One of these incidents occurred when a previous manager was in post. Once we highlighted this to the current registered manager these incidents were reported.
- People told us they felt safe when supported by staff. One person said, "Yes I do feel safe here and when the staff support me."
- Relatives we spoke with told us they had no concerns about the safety of their loved ones. One relative told us, "Most definitely I think [person] is safe. I wouldn't want [person] to go to another home. [Person] is really happy there. They treat us, the family and [person], like their own. They are friendly and caring towards us. Nothing is too much trouble. I've got no worries."
- Staff we spoke with confirmed they had received training in relation to safeguarding people from risk of harm. One staff member told us, "I would report any concerns to management, and I am confident they will take action." Staff were not fully sure which external agencies they could report any concerns to if this action was needed.

Staffing and recruitment

- Recruitment checks were undertaken to ensure staff were suitable to work at the home. However, we found gaps in employment for three staff which had not been explored. We also found one staff member had commenced employment in the home before their Disclosure and Barring Service check (DBS) had been received. A risk assessment had not been completed in relation to this to assess and mitigate any risks until the DBS was received. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We received mixed feedback from people, staff and relatives when asked if there was enough staff to meet people's needs. One person told us, "They are always very busy, and I think they could do with more." Another person told us, "Yes, I think there is enough, but I can do most things myself, so I don't need them as much as other people do." We received similar feedback from relatives. Staff feedback varied. Some staff felt there was enough staff to meet people's needs, whereas other staff told us an additional staff member at peak times would be beneficial.
- We observed people's needs were met when needed. However, as people used four different communal areas this sometimes impacted on staff's ability to supervise people, particularly people with complex needs such as dementia. This meant during peak times staff were not always available in the communal areas.
- A dependency tool was not yet in place, but this was being developed by the registered manager to determine the staffing levels required to meet people's dependency needs.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We saw areas of the home where the integrity was compromised due to wear and tear. A renewal programme was being developed by the registered manager.
- We were somewhat assured that the provider was admitting people safely to the service. People were

asked to isolate regardless of where they were admitted from. We have signposted the provider to resources to develop their approach.

- We were somewhat assured that the provider was using PPE effectively and safely. On our arrival we observed one staff member that was not wearing a face mask. This was addressed immediately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following the current government guidance and visiting was promoted. Systems were in place to support visiting through COVID-19 testing and providing PPE. Visitors were able to see their loved ones where is most comfortable for them.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people living at the home had deprivation of liberty authorisations (DoLS) in place or these had been applied for. However, we found there had been a delay in submitting applications for two people whose DoLS authorisations had previously expired. For one person their DoLS had expired when the previous management team was in place. This person also had a condition on their DoLS which had not been actioned by the previous manager. The registered manager told us this condition was no longer required due a change in the person's needs. The second person DoLS had been delayed by 14 days until the current registered manager had identified this shortfall. The registered manager has now implemented a monitoring system to ensure applications were submitted in a timely manner.
- People told us their consent was obtained prior to staff providing support.
- Staff we spoke with confirmed they had completed MCA training as part of their induction and records confirmed this. Staff had a basic understanding of the MCA and how this related to seeking consent before supporting people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Records we reviewed did not show people received support in all areas to maintain their health. For example, records of oral health support were completed but where people had refused this support there was no evidence to support this had been escalated.
- We observed one person to have a sore eye, but no action had been taken to address this until we raised this with staff.

- Due to COVID-19 there had been some delays with people accessing chiropodist and opticians support, but arrangements had been made and healthcare professionals were now visiting the home to support people in these areas.
- Relatives, we spoke with told us they were kept informed about any medical needs or incidents that may have occurred in the home. A relative said, "I am kept informed absolutely. They ring and say if [person] has fallen or if [person] has had to go to hospital or been seen in the home by the paramedics."

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed training was provided to enable staff to have the skills required for their role. However, the training matrix provided indicated gaps where not all staff had completed essential training for their role. The registered manager advised us discussions were being held with individual staff members to address this.
- Staff completed training through e-learning programmes. This included training on supporting people with complex needs and de-escalation techniques that could be used when people displayed distressed behaviours. Staff told us they would benefit from more in-depth training in this area to ensure they had the required skills to support people when they became distressed.
- The registered manager told us new staff completed the care certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- We saw there was several areas of the home both internally and externally that would benefit from renewal due to wear and tear. The environment was not dementia friendly as there was limited directional signage to communal areas, or toilets, and there was no directional signage to bedrooms to promote independence in moving around the home. There were no memory boxes outside people's bedrooms to orientate people to their personal space. A renewal programme was in place and the registered manager was receptive to our feedback.
- There was a large garden area to the rear of the home, but this could only be accessed by steps. This meant people had to walk from the front of the home to access the garden if they were unable to use the steps. We did observe some people being supported to go outside and walk around the home.
- People's rooms were personalised with pictures and ornaments that reflected the person.
- People had access to aids and equipment to support them with their daily lives, and assistive technology was used to support people's independence in line with their best interests.

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

- Due to COVID-19 this has impacted on the registered managers ability to visit people and assess their needs prior to their admission to the home. The registered manager told us an assessment is sent to them from a professional detailing peoples support needs and key information. From this information the registered manager is able to make a judgement if they were able to meet people needs. Care records were then completed from this assessment and additional information gained from relatives or key people in the person's life.
- We reviewed the care records and saw people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- Relatives confirmed they were involved where possible in providing information about their loved one's care needs. One relative told us, "Absolutely. They ring about any query or question. There's been no issue

with that."

Supporting people to eat and drink enough to maintain a balanced diet

- A menu was in place, which reflected choices were available daily. However, these menus were displayed on the back wall of the dining room and the print was small which meant they would not be accessible to all people living in the home.
- People were asked their choice of meal before the meal was served. Pictorial aids were not used or both meal options shown to assist people living with dementia to make an informed choice.
- A person told us, "The food is okay, I enjoy it and we do get choices."
- People had equipment such as adapted cutlery to promote their independence to eat their meal.
- Discussions with staff demonstrated their knowledge about people's dietary requirements, and food consistency. Records were in place containing this information for staff to refer to.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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;

- Systems and processes to assess and monitor the service provided to people failed to identify the shortfalls we found on this inspection.
- Although some audits were completed these did not identify the lack of risk assessments in place to assess and mitigate risks to people. Medicine audits had been completed but these failed to identify or reflect the shortfalls we had found with the management of medicines, to enable lessons to be learnt and improvements to be made, sustained and monitored.
- Systems and processes were not in place to ensure notifiable incidents had been reported to the appropriate agencies. (These have now been submitted). The lack of systems also meant DoLS authorisations had not been submitted without delay and conditions met.
- Audits of monitoring charts were not in place to maintain oversight of the support staff were providing to people and to ensure they were completed accurately, and any risks were escalated. For example, where people had refused personal care for several days. The audits also did not identify where risk assessments had not been updated following incidents and accidents such as falls, to ensure future risks were mitigated, and care records reflected people's current needs.
- Robust systems were not in place to audit staff files to ensure all required recruitment checks had been undertaken prior to staff commencing employment.
- There was a lack of robust governance and quality assurance systems in place, completed by the provider to enable them to maintain oversight of the service provided and to drive improvements.

Systems and processes were ineffective and not robust enough to maintain oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Since our last inspection there has been a change in management. The current manager has been in place since June 2021.
- Following our feedback, the registered manager took immediate action to address some of the areas of concerns we had shared. This included implementing records, audits, and completing risk assessments. A Fire risk assessment was also arranged to be completed in April 2022.
- Throughout the inspection we found the registered manager to be honest, open and transparent about any issues we brought to their attention. They were receptive to our feedback and demonstrated their

commitment to making any required improvements.

- Audits were being completed on people's care records which had identified missing care plans, and these were currently being rewritten.
- An internal kitchen audit had been completed in September 2021 and actions identified had been addressed.
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed within the home.

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

- People we spoke with knew who the registered manager was. One person said, "The atmosphere is better now she [registered manager] is here, it is much better, and things are improving. She [registered manager] is nice and listens to me."
- Relatives we spoke with were happy with the service provided. One relative said, "I think it is being managed better now with the new manager. It's even better run. The staff say she's a brilliant manager. You can feel things have changed. People's rooms are being done up and they've put things up on people's walls and got new bedding. The place is starting to look more homely than before. They want to do the best for people. It's impressive how the manager treats people. She [manager] seems very efficient and the sort of person who would get something for a person if they wanted it."
- Staff told us they felt supported in their roles and described the registered manager as approachable. A staff member said, "Things are improving here, the manager is lovely, helpful and I feel able to discuss any issues with her."
- Relatives told us the registered manager and staff have kept them informed about people's well-being and supported them to maintain contact with their loved ones during the COVID-19 pandemic. One relative said, "It was such a difficult time and continues to be so. They [staff] apologised for the COVID restrictions, but they said they had to have them. I've had video calls with [person] to say hello or I've phoned the home's phone and they've taken it to [person] so I can say hello to [person] and maintain contact."

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

- People told us they were asked about the care provided and they confirmed staff met their needs. One person said, "I am happy here, everything is alright as far as I am concerned. I have nothing to grumble about at all."
- Systems were in place to gain feedback from relatives. The registered manager told us due to COVID-19 surveys were not sent out last year but have recently been sent out in order to gain feedback. One relative told us, "I've done a questionnaire, not since Covid, but they act on what I say and if they are unsure about anything about [person], they call me." Another relative said, "Initially I did a questionnaire, but not for a while. Last week the manager said she's doing new care plans for people with more about them and what they like doing so they can have more activities that people enjoy. She's very on the ball."
- We asked relatives about any improvements they would like to be made at the service. One relative said, "I don't think there's anything to improve. They staff have such a positive attitude and the communication's good. They're friendly and they ask if everything's all right and they ask me if there's anything they need to know. When they talk to people, they show respect and they work well as a team." Another relative told us, the décor could be improved, and the communication could be better especially when people first move in a handover would be nice."
- Staff we spoke with confirmed they had meetings to discuss their role and the service provided. Staff felt able to share ideas and felt listened to. Staff surveys were also sent out recently in order to gain feedback.
- Staff also confirmed systems were in place to ensure they were involved and kept updated such as

handovers, and staff briefings.

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 understood her responsibilities in relation to the duty of candour regulation.
- The registered manager aimed to promote an open culture within the service. They were able to describe the actions she had taken and discussions that had taken place in staff meetings to ensure the service learnt from any previous incidents that had occurred. For example, improving the management of medicines.

Working in partnership with others

- The registered manager is working with the local authority to improve areas in the home as suggested following a recent quality review.
- The registered manager has also worked with the local Public Health England office to ensure feedback and recommendations in relation to preventing and managing COVID-19 outbreaks had been implemented in a timely manner.

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 People were not protected from harm due to the lack of robust risk management processes within the service.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided.

The enforcement action we took:

Warning notice