

Belvidere Nursing Home Limited

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Inspection report

85-89 Seabank Road
Wallasey
Merseyside
CH45 7PB

Tel: 01516397773

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29 August 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Belvidere Nursing Home is situated in a residential area of Wallasey and can provide nursing and residential care or short-term care for up to 40 people.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The home has a registered manager who was supported by a deputy manager and the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medications were safely managed. People who lived in the home and relatives we spoke with all gave positive feedback about the home and the staff who worked in it. The service had a relaxed feel and people could move freely around the service as they chose. People were able to have control over their lives and participate in activities they enjoyed.

Care plans and risk assessments were person centred and detailed how people wished and needed to be supported. They were regularly reviewed and updated as required with input from people and their families. Care plans showed that people's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. We saw the service had responded promptly when people had experienced health problems.

The registered manager and provider used different methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. The staff team were consistent and the providers were also involved in the running of the service.

Staff were recruited safely, received a robust induction and suitable training to do their job role effectively. All staff had been supervised in their role.

The home had carried out various checks to ensure the environment was safe and infection control processes were in place.

Further information is in the detailed findings below.

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 remains Good | Good ● |
| Is the service effective? The service remains Good | Good ● |
| Is the service caring? The service remains Good | Good ● |
| Is the service responsive? The service remains Good | Good ● |
| Is the service well-led? The service remains Good | Good ● |

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Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 29 August 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

We looked at all of the information that Care Quality Commission had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

The registered manager had completed a provider information return. A provider information return is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Wirral. Healthwatch Wirral is an independent consumer champion for health and social care.

During the inspection we spoke with the registered manager, the provider representative, one nurse, four care staff and four relatives. We also used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

Is the service safe?

Our findings

We observed the care being delivered in the home and spoke to four relatives. We asked if they felt their family member was safe. Each relative said yes. Comments included "Definitely" and "I'm here every day, they [staff] all really look after [person]." The registered manager maintained clear records and the required notifications had been sent to CQC. We asked staff members if they knew safeguarding processes and asked if they felt confident to report any type of potential abuse. Staff we spoke with were knowledgeable and told us they were confident identifying and reporting any safeguarding concerns.

Medications were managed safely in the home, staff had to undertake a training programme before they were able to administer medication. Relatives we spoke with told us that there had been no problems with people receiving their medications.

We looked at a variety of risk assessments and saw that risks were clearly identified and monitored including moving and handling, pressure area care and nutrition. We looked at the records for accidents and incidents and significant events, we saw that appropriate action had been taken following each event. This meant people were monitored and health issues were identified and acted on in a timely manner. We saw how the registered manager had audited significant event and that this had led to improvements in documentation and the recording of any issues.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in case they were required in the event of an emergency. The registered manager had not had a fire risk assessment carried out due to the boiler and heating system being replaced. This was carried out following our inspection.

We looked at staff personnel files and all of the files we looked at included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. There was a disciplinary policy in place if needed.

There appeared to be enough staff on duty on the day of the inspection and we saw records to show that this had been consistent. We saw the manager used a dependency tool to gauge what staff were needed to safely care for people.

We saw that staff had received infection control training and the home employed domestic staff. We observed that the home was clean with no offensive odours. The kitchen had recently been inspected by the Food Hygiene Standards Agency and had achieved the highest possible score of '5'. One relative told us "It's always clean here, [persons] room smells lovely."

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager continued to work within the principles of the MCA. Each relative we spoke with said that consent was asked for about the care people received and this was observed during the inspection. One relative told us "They respect [persons] wishes."

A variety of nutritious food and drink was provided in line with people's preferences and dietary needs. Each care file contained a nutritional risk assessment and care plan that had been updated regularly. People's weights were also monitored. Records showed that people had been supported to see health care professionals when needed and that staff had supported people to follow any health care advice they had been given.

Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs. We looked at three staff files that showed each staff member had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. We also saw how agency staff received an induction if they were new to the home.

The staff were trained regularly and this was demonstrated by the records in staff files. Staff had training in all of the required areas the provider deemed was necessary and in additional areas to meet the needs of the people whom they supported. Nurses also had their competencies checked in clinical roles such as wound management catheterisation and syringe driver therapy. One relative told us "They seem very well trained."

The home was bright and cheerful. This created a friendly and homely environment and people were able to personalise their bedrooms'. The provider was in the process of updating the décor of the home including carpets and the furniture.

Is the service caring?

Our findings

All of the people we spoke with told us that the staff were caring in their approach. Comments included, "They are very kind and caring", "They are brilliant" and "I think they're all lovely."

We observed that people made choices and decisions about their lives and staff respected these decisions, for example, people were able to choose what to wear, what food and drink they wanted, and if they wanted company or not.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This meant we could observe staff interactions with people who were unable to verbally communicate. We saw staff communicate and engage with care and respect. Staff talked with people effectively, giving the opportunity to talk and show preferences. We observed the staff interacting with the people who lived in the home and it was obvious that the staff knew them well and how it was best to support them. Staff and people living in the home laughed and joked together meaning the atmosphere in the home was happy and relaxed.

Confidential information was kept secure so that people's right to confidentiality was protected. People's dignity was also respected, we observed this as we walked around the home and saw staff knock on doors and close doors when people needed support with personal care.

Staff engaged with people and visitors in a warm and friendly manner. The relatives told us that there was good communication between them and the staff and they were updated if necessary.

We saw that the home had a 'Service User Guide' that was available for people to read and this contained information that included facilities, services and staff. There was information available advocacy services.

Is the service responsive?

Our findings

We looked at support files for four people. The files contained assessments that were reviewed regularly to monitor the person's health and welfare. This included assessments of their eating and drinking, personal care, medication and sleep needs. Where an assessment identified the person needed support, a plan was written providing guidance to staff on the support required. This included information on health issues and personal information such as a lady preferring to wear trousers. Regular reviews of care plans had been carried out. One relative told us "I think [persons] care is fine." Records showed that staff had worked in partnership with the individual, their relatives and other professionals to develop a support plan outlining how people needed and wanted to be supported. We saw input into people's histories from family and friends. We also saw how people were supported in their faith if it was what they wanted.

A copy of the complaints procedure was at the entrance of the home and this gave information on who to contact if people had a complaint. We asked the people living at the home and their relatives if they knew who to complain to and if they were comfortable to do this and we were told yes. No one we spoke with had any complaints about the service. Comments included "No concerns or complaints at all" and "I'd go straight to [registered manager]."

The home had completed the "Six Steps" programme with the focus of this being care in the last six months of life. It ensures that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a co-ordinated way. We saw those who were receiving end of life care had relevant health and social care professionals involved to ensure they met people's needs and wishes at the end of their life.

The home had an activities programme and activities co-ordinator who ensured people were involved with any activities that they wanted. The home also had access to a mini bus that had been sourced following a resident's forum meeting where it had been suggested that the home would benefit from one.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was in attendance during the inspection.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

The registered manager and provider had systems available to them to monitor the quality of the service and drive improvement. Quality and safety audits such as staff medication, health and safety and care plans were completed regularly. Staff and resident meetings were carried out regularly.

The service worked with other organisations to make sure they were following current practice, providing a quality service and the people in they supported were safe. These included social services, healthcare professionals including General Practitioners, dentists and opticians. We saw from the documentation in the support plans and other records that there was good communication with other professionals.

Policies and procedures were updated and other documentation, such as health and safety checks had been regularly completed and updated. Staff said that they felt supported by the registered manager and that the registered manager was approachable. One staff member told us "We're like a little family here."