

# The Community of St Antony & St Elias

## Belvedere

### Inspection report

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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

About the service: Belvedere is a small care home for people who are experiencing severe and enduring mental health conditions. The home provides accommodation and support for a maximum of four people. Belvedere belongs to a group of homes owned by The Community of St Antony and St Elias. The homes act as a community with group activities and group management meetings and oversight. At the time of the inspection there were four people living at the home.

What life is like for people using this service:

People continued to receive care that was safe, effective, caring, responsive to their needs and well-led. People told us they felt safe and were happy living at the home. The registered manager and staff were aware of how to keep people safe. Staff had received safeguarding training and could describe signs that may indicate someone was at risk of abuse or harm.

Risks associated with people's complex care needs had been appropriately assessed and staff had been provided with information on how to support people safely. People's medicines were managed, stored and administered safely and appropriately by staff who had been trained and assessed as competent to do so.

Staff were recruited safely and there were sufficient numbers of staff deployed to meet people's needs. Staff told us they felt supported and we saw evidence staff had received an induction, training and ongoing supervision.

Care and support was personalised to each person which ensured they could make choices about their day to day lives. People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns.

People's healthcare needs were monitored by staff and people had access to healthcare professionals according to their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People benefitted from a home that was well led by a registered manager who was open and approachable. The provider had systems in place to review, monitor and improve the quality of service provided. This included a programme of audits and checks, such as reviewing medicines management, quality of care records, support to staff and environmental health and safety checks.

The home was clean, well maintained and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

Rating at last inspection: The home was previously rated as Good. The report was published on the 19 July 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The home was Safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The home was Effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The home was Caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The home was Responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The home was Well-Led.

Details are in our Well-Led findings below.

# Belvedere

## 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 was 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 home under the Care Act 2014.

**Inspection team:** The inspection team consisted of one adult social care inspector and an expert-by-experience. 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:** Belvedere 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 home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection took place on the 10 December 2018 and was unannounced.

**What we did:** Before the inspection we reviewed the information we held about the home, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us some key information about the home, what the home does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we met and spoke with three of the people living at the home, three members of staff, the registered manager and a senior manager [provider's representative]. We asked the local authority who commissions care services from the home for their views on the care and support provided at Belvedere. Following the inspection, we received feedback from one healthcare professional and one relative.

To help us assess and understand how people's care needs were being met we reviewed two people's care records. We also reviewed a number of records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm.

Safeguarding systems and processes:

- People told us they felt safe living at Belvedere. One person said, "I like living here." Another said, "Yes I do feel safe and the staff are really supportive, it has been a good home for me." A relative said, "[person's name] is safe and supported by staff who know him well."
- People were protected from the risk of abuse and avoidable harm. Staff attended safeguarding training and demonstrated a good understanding of how to keep people safe and who they should report concerns to. A member of staff said, "I would go straight to the manager if I had any concerns." The registered manager was aware of their responsibility to liaise with and/or report any concerns to the local authority.
- People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable.

Assessing risk, safety monitoring and management:

- People were protected from the risk of harm. We found risks such as those associated with people's complex mental health, medical needs and the environment had been assessed and were being managed safely. For example, each person had in place a comprehensive risk management plan which was linked to their support plan. Risk management plans described what needed to happen to keep people safe and were regularly reviewed. Staff were aware of people's individual risks, potential triggers, signs that might show the person was becoming unwell and how to support the person to manage/minimise these risks.
- The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, water temperature testing, gas safety testing, portable appliance testing (PAT), and the five-year electrical installation test.
- Fire safety systems were serviced and audited regularly and staff received training in fire awareness. Records showed the home's Fire Risk Assessment had recently been updated and the registered manager told us they had recently met with their local fire officer to obtain further advice and support. Individual personal emergency evacuation plans (PEEPs) indicated any risks and any support people needed to evacuate them safely.

Staffing levels:

- People received care and support from sufficient numbers of staff to meet their needs.
- Relatives and staff felt there were enough staff on duty to support people and keep them safe.
- Staffing levels were organised around each person's specific support needs and records showed where people had been identified as needing or had asked for one to one support this was being provided.

Using medicines safely:

- People continued to receive their medicines safely.
- Not everyone living at the home needed assistance with their medicines. Where they did, people received their prescribed medicines on time and in a safe way.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused. We checked the quantities of a sample of medicines against the records and found them to be correct.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Staff had received training in the safe administration of medicines and were having their competency regularly assessed.

#### Preventing and controlling infection:

- People continued to be protected against the risk of infection.
- The home was clean throughout with no unpleasant odours.
- Systems were in place to prevent and control the risk of infection. Staff were aware of infection control procedures and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and spread of infection.
- There was an on-going programme to redecorate and make other upgrades to the premises when needed. For example, following the last inspection the provider had refurbished the main bathroom and purchased a number of white goods as needed.

#### Learning lessons when things go wrong:

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. For example, medicines errors were identified and acted on.
- Accidents and incidents were recorded and reviewed by the provider's health and safety manager to identify any learning which may help to prevent a reoccurrence, and to ensure the physical environment remained safe for people to live in.

# Is the service effective?

## Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Care needs assessments identified people's needs and provided staff with guidance about how best to meet these needs in line with best practice guidance and people's preferences.
- People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. Referrals were made to GPs and community nursing services when needed and people had opportunities to see a dentist or optician regularly. The provider employed an consultant psychiatrist who was available to see people on a weekly basis and to provide guidance to staff when needed.
- Regular care reviews ensured changes to people's needs were identified quickly and support plans amended to reflect these changes. A relative told us that staff responded quickly and efficiently when people's healthcare needs had changed. "[Person name] has been out of hospital now for the longest period since he was xx years old. We attribute this to the excellent care of the 'Community,' and the team at Belvedere." A healthcare professional said, "I cannot praise the staff and manager enough. They are communicative, they attend regular reviews, contact me with any question, and provide all the information I need to fulfil my role."

Eating, drinking, balanced diet:

- People were supported to maintain a balanced healthy diet and were encouraged to be involved in choosing, planning and preparing their own meals. People told us they could make decisions about what they ate and drank and when. One person said, "There is always plenty of choice I had eggs benedict yesterday." Another person said, "When we're not cooking for ourselves. we tend to decide each day what to have. We then go into town with staff to get anything we need, it works really well."
- Staff knew people's food preferences well, were knowledgeable and sensitive about the extra support that some people might need, and understood how this might affect a person's physical health. For example, records showed where staff had supported one person to lose weight by choosing healthy options which were low in fats and sugars.
- People could help themselves freely to food and snacks throughout the day and night and we saw the kitchen was well stocked with tea, coffee, and soft drinks.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.
- Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful and that any conditions of the authorisation were being met.

Staff skills, knowledge and experience:

- People were supported by staff who had completed a range of training to meet their needs.
- All new staff undertook a taster day prior to being offered a position at the home and staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- The homes training matrix showed staff had received training in a variety of subjects. For example, safeguarding adults, physical intervention, medication administration, first aid, health and safety and infection control. However, records showed that staff were not receiving regular specialist mental health training to support the complex needs of people living at the home. The provider's representative confirmed that following recent inspections at the provider's other homes this was an area that was currently being looked at. We did not find that the lack of specialist training had led to people's needs not being met.
- Staff had opportunities for regular supervision and appraisal of their work performance. The registered manager had good systems in place to understand which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported by the registered manager and the provider.

Adapting home, design, decoration to meet people's needs:

- Belvedere was spacious, homely and well maintained. Each person had their own bedroom which they had personalised. The main lounge led onto a dining room/games area with a pool table. Patio doors provided access to a large secure garden which people could freely access. There was also a covered decked area which enabled people to enjoy the garden and smoke whilst being protected from the elements.
- Technology and equipment was used effectively to meet people's care and support needs. For example, we saw one room had been fitted with an additional smoke detector to reduce the associated risks of smoking. The provider had recently installed a thumb scanner which gave people greater freedom to come and go as they pleased, while providing increased security. One person, said, "The new entry system works really well for me as I'm not very good with keys."

## Is the service caring?

### Our findings

People were supported and treated with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported:

- People were supported by staff who were skilled in delivering care and support and had a good understanding of people's individual needs. A relative and healthcare professional spoke positively about the care and support people received. A relative said, "[person's name] is well known to all the staff, they are aware of his needs and the difficulties he faces, and support him effectively."
- Support plans contained information about people past, cultural and religious beliefs as well as their future aspirations. Staff used this information get to know and build positive relationships with people.
- Staff took a positive approach in encouraging and supporting people to increase their independence whilst recognising when people needed some additional support. For example, when preparing meals or planning trips. A relative said, "Staff are aware of [person's name] broader needs, especially in financial matters, and are very supportive."

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

- People told us they were happy living at the home. One person said, "It's great, its my home, not just where I live. I have friends here and the staff know me really well. I love it here."
- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. Staff followed guidance and best interest decisions in this respect and understood people's rights to make unwise choices.
- People, along with family members, were encouraged to share their views about the care people received through regular reviews and meetings.

Respecting and promoting people's privacy, dignity and independence:

- People had control over their lives and enjoyed varying levels of independence. People's goals were central to the care and support provided. People were encouraged to play a part in the planning of their care and the running of the home. Staff described how they supported and encouraged people to develop their daily living skills by helping them to take part in household tasks such as shopping, meal preparation, washing their clothes or tidying up.
- People's right to privacy and confidentiality was respected. Staff knocked on people's doors and waited for a response before entering bedrooms. People had a key to their own room which was kept locked when they were not present.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships.
- People's personal records were kept secured and confidential and staff understood the need to respect people's privacy including information held about them.

## Is the service responsive?

### Our findings

People received personalised care that responded to their needs.

Personalised care:

- People continued to receive individualised care and support from staff who knew them well. We looked at the care and support records for two of the people living at the home. Support plans were informative and provided staff with detailed information on people's likes, dislikes, personal preferences, care needs and medical history. This enabled staff to support people in the way they wished to be supported to live full and active lives.
- People's support plans guided staff on how to support people in managing their mental health in a way which caused the least amount of distress to the person and others, should they deteriorate or suffer a relapse. Risk management plans contained information on the signs and triggers that might indicate the person was becoming unwell and guided staff as to the action they should take. Staff were skilled in delivering care and support and relatives told us that staff had a good understanding of people's individual needs.
- People's communication needs were known and understood by staff. Support plans identified people's communication needs and the registered manager ensured people had access to the information they needed in a format they could understand. For example, they had developed a number of easy read guides in relation to complaints, MCA and DoLS. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People's needs were reviewed on a regular basis with external professionals and any changes in people's needs or support was recorded accordingly. People and relatives, where appropriate, were involved in reviews and could express their views about the care and support provided.
- People were encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities. Each person's support plan included a list of their known interests and staff supported people daily to take part in things they liked to do. For example, going to the gym, cinema, theatre or into town for a coffee. One person said, "Staff have recently helped me join the gym as I need to get fit and lose some weight." A relative said, "[Person's name] has been encouraged to be positive and to take part in a range of activities, including walking, tennis and singing. The role of the extended 'Community' is really valuable as it increases the range of opportunities open to him and allows him to have social contacts which he would struggle to find if living independently, due to his illness."
- The provider produced a monthly activity programme and people were able to freely choose which activities they wanted to take part in, for example, walking, climbing, cookery, art and creative writing, and music sessions. People told us they enjoyed taking part in these activities and the feedback received from people following the 2017 programme was very positive.

End of life care and support:

- All the people living at Belvedere were young adults and did not have life limiting conditions. As such end of life caring planning had not been discussed with them. However, each person's support plan held detailed information about the person's care and support needs. This helped to ensure people's wishes and needs were respected in an emergency.

Improving care quality in response to complaints or concerns:

- People were aware of how to make a complaint and felt able to raise concerns if something was not right.
- The provider's complaints procedure was freely available and the home maintained a record of any complaints received. These showed people's complaints were taken seriously and the home acted upon these to resolve issues.
- All three of the people we spoke with told us they felt able to raise any concerns they might have with staff or the registered manager. One person said, "I know how to complain, but as a general rule I have no problems the staff are great and really supportive."
- People had access to advocacy support if needed and advocacy details were displayed within the home so that people had contact details should they need them.

# Is the service well-led?

## Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture.

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

- The registered manager was committed to providing high-quality care for people in an environment where people could feel at home. Relatives, staff and healthcare professionals were confident in the abilities of the registered manager and the leadership of the home. One relative said, "Belvedere is an excellent place." A healthcare professional said, "The registered manager is brilliant, there is a lot that other providers could learn from this excellent service."
- The registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.
- Learning took place from accidents and incidents as well as other CQC inspections that had taken place across the group of homes. Concerns and complaints were listened to and acted upon to help improve the services provided by the home.

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

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided.
- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the home.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Any learning was shared at regular staff meetings.
- Staff understood the providers ethos and felt respected, valued and well supported. One staff member said, we are like one big family and we all support each other." Another said the [registered manager's name] is fantastic, I love working for the 'Community'."

Engaging and involving people using the service, the public and staff: Working in partnership with others:

- People were encouraged to share their views and could speak to the registered manager if they needed to. Relatives told us the communication with staff and the registered manager was 'very good.' One relative said, "The staff are very organised, we are very grateful that [person's name] has this placement."
- There were a variety of ways in which people could give feedback. These included annual surveys, residents' meetings, care reviews and through the complaints process.
- The registered manager and staff had good working relationships with partner agencies with good outcomes for people. This included working with commissioners, safeguarding teams and other health and social care professionals.

