

Unlimitedcare Limited

Belvedere Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on the 17 and 18 July 2017. We carried out an unannounced comprehensive inspection of this service on 7 June 2016. After that inspection we received concerns in relation to attitudes of staff members including the registered manager, infection control, staffing levels, lack of leadership and inadequate care plans and risk assessments. As a result we undertook a focused inspection to look into those concerns.

This report only covers our findings in relation to the concerns raised. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belvedere Care Home on our website at www.cqc.org.uk

Belvedere Care Home is a purpose built detached home close to the centre of Accrington, Lancashire. Accommodation is provided over three floors. The home is registered to provide accommodation and personal care for up to 38 people. On the day of our inspection 24 people were living at the home.

The service had a registered manager in place at the time of our inspection. 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.

During this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We saw risks had been identified but no further action had been taken to minimise the risks to people who used the service. For example, one person had been identified as at very high risk of falls; there was no further risk assessment or care plan in place to show how staff were to support the person and to reduce the risks.

Medicines were not always managed safely within the service. We saw creams in people's bedroom that did not have a name on or the label had been removed. This meant we could not be sure the cream had been prescribed for the person. Temperature checks were not being undertaken to ensure medicines were stored correctly.

We observed a number of concerns in relation to infection control. We saw some bedding was stained with faeces, one hand rail had faeces on, a wheelchair contained dried food and some carpets were badly stained.

Staffing levels within the service were not sufficient to meet people's needs. There was a lack of sufficient

numbers of suitably experienced staff members on duty throughout our inspection. We asked the registered manager to address this as a matter of urgency.

People who used the service had access to various healthcare professionals. During our inspection we observed visits were undertaken by GP's and district nurses.

We observed that people had a choice of meals. We saw that at both lunch and evening meal time's people were eating different things. This showed various choices were available.

People's privacy and dignity was not always respected. Bathrooms did not always provide sufficient privacy.

We observed interactions from staff members that were kind and caring.

Care plans were not person centred and did not contain sufficient information to direct staff on meeting the needs of people who used the service.

There was a lack of leadership within the service, particularly at times when the registered manager was not in the home. The deputy manager was unable to answer our questions on a number of occasions.

Following our inspection, on the 2 August 2017 we met with the provider and deputy manager to discuss some of the concerns we found during our inspection. The provider had taken immediate action to reduce some of the risks after our inspection such as hot water temperatures, privacy and dignity, cleanliness of the property, staffing levels and medication.

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 safe. As this was a focused inspection we could not change the rating for Safe from Requires Improvement. We will check for improvements during our next planned comprehensive inspection.

Risks to people who used the service had been identified but the service had not considered how these risks were going to be minimised to keep people safe.

Medicines were not always managed well within the service. Temperature checks were not being undertaken to ensure medicines were being stored safely,

We found continuing concerns with infection control. We found some bedding was soiled with faeces, a hand rail had faeces on and a number of bedrooms had heavily stained carpets.

Requires Improvement ●

Is the service effective?

The service was effective. As this was a focused inspection we could not change the rating for Effective from Good. We will check for improvements during our next planned comprehensive inspection.

People who used the service had access to various healthcare professionals. During our inspection we observed visiting GP's and district nurses.

We observed that people had a choice of meals. We saw that at both lunch and evening meal time's people were eating different things. This showed various choices were available.

Good ●

Is the service caring?

The service was not always caring. As this was a focused inspection we could not change the rating for Caring from Good. We will check for improvements during our next planned comprehensive inspection.

People's privacy and dignity was not always respected. Bathrooms did not always provide sufficient privacy.

Good ●

We observed interactions from staff members that were kind and caring.

Is the service responsive?

Good ●

The service was not always responsive. As this was a focused inspection we could not change the rating for Responsive from Good. We will check for improvements during our next planned comprehensive inspection.

Care plans were not person centred and did not contain sufficient information to direct staff on meeting the needs of people who used the service.

Is the service well-led?

Good ●

The service was not always well-led. As this was a focused inspection we could not change the rating for Well-led from Good. We will check for improvements during our next planned comprehensive inspection.

There was a lack of leadership within the service, particularly at time when the registered manager was not in the home. The deputy manager was unable to answer our questions on a number of occasions.

Belvedere Care Home

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection on 17 and 18 July 2017 due to concerns that had been raised with us since our last inspection. The concerns raised were around; risk assessments, infection control, staffing levels, attitudes of staff members, lack of meal choices, lack of leadership, medicines management and weight loss of service users.

The inspection team consisted of two adult social care inspectors.

The local authority safeguarding team had made contact with us to make us aware of some concerns they had at Belvedere Care Home during a recent visit. We contacted the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not received any concerns regarding the service.

During the inspection we carried out observations in all public areas of the home. We spoke with three people who used the service; some people who used the service were unable to speak to us due to their capacity and understanding. We also spoke with three staff members, deputy manager, and registered manager. We also spoke with a visiting GP and two district nurses. We looked at the care records for three people who used the service.

Is the service safe?

Our findings

Prior to our inspection we received concerns relating to the weight loss of one person who used the service. We checked this out prior to our inspection and were satisfied that the person's weight was stable and being monitored.

During the inspection we looked at the risk assessments in place to keep people who used the service safe. This was because at our inspection of 13 July 2016 we had concerns about the risk assessments. The provider had sent us an action plan which stated all risk assessments would be in place by the 19 July 2016.

Records we looked at showed risks to people had been identified such as pressure ulcers, falls and nutritional assessments. However, no action had been taken to show how risks were to be mitigated. There was no direction for staff on how to keep people safe. For example one person scored as a high risk of falls; however, there were no details to show how staff could reduce the risks.

We also looked at a number of care plans which highlighted some risks but not how these were being managed. For example one mobility care plan highlighted the person require the use of a hoist and sling; the type of sling staff members were expected to use was not highlighted. We also saw that one person was to be re-positioned regularly during the night to prevent pressure ulcers. However when we looked at the positional charts we found they had not been completed correctly and did not evidence how often the person should have been re-positioned.

The service provider had failed to ensure appropriate risk assessments were in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we found concerns in relation to the safe storage of medicines and therefore reviewed the systems in place. We saw creams that people had been prescribed were being stored in bedrooms; many of which had missing labels or labels where the name of the person it had been prescribed for had been removed. This meant we could not be sure that creams had been prescribed for them. The registered manager told us that staff members applied the creams but administration records were signed by the person responsible for the medicines. This is not good practice and has the potential for errors to be made. Body maps were not in place to identify where on a person the cream was to be applied.

We noted that temperature checks were not being undertaken for the medicines room. We asked to see the temperature checks for those medicines stored in a fridge. The registered manager could not locate this, however told us they were done every two weeks. Fridge temperatures should be checked on a frequent basis to ensure they remain at recommended temperatures. This meant the provider could not be sure that medicines were being stored as recommended by the manufacturer. Medicines incorrectly stored have the potential to be less effective. However, in a meeting with the provider on 2 August 2017 they assured us that the required action had been taken, and all necessary temperature checks for the storage of medicines were now being carried out.

We looked at a number of medicine administration records (MARs) and found these had been completed correctly and with no missing signatures. However, we saw hand written MARs had not been signed by two people in line with good practice guidance.

The service had a medicines policy and procedure in place. However this contained out of date information even though it had been reviewed in April 2017.

The service provider had failed to ensure that medicines were managed safely within the service. This was a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we received concerns relating to the cleanliness of the service. We had also highlighted infection control issues at our inspection of 13 July 2016. The provider had sent us an action plan stating how they would address the concerns. However, we found similar concerns during this inspection.

We spoke with a district nurse during our inspection. They told us, "I recently visited and a used dressing that I had replaced two days previously was still left in the service user's bin. It is dirty in here sometimes." All the staff members we spoke with felt they did not have time to adequately clean the service.

During the first day of our inspection we undertook a tour of the building. We found some bathrooms did not contain a foot operated bin or paper towels. Some of the bathrooms did not have hot water and in some the water was very hot. We spoke with the registered manager regarding this who told us that it took the hot water longer to come through to some bedrooms than others. However, we noted water temperature checks were not being carried out and as such people were at risk of scalding.

During our tour of the building we looked in a number of bedrooms. We found a number of carpets were badly stained, some bed rail protectors were dirty, one person's bed had been made despite the quilt and sheet having faeces on them, faeces on a handrail in the corridor, wheelchairs and hoists contained dried food and stains and one sling in the lounge smelled of urine.

There was a laundry sited away from any food preparation areas. We found the door to the laundry was wedged open despite chemicals being in this area. We asked for the door to be locked but were told none of the staff members had a key for this. We therefore asked for all chemicals to be removed and placed out of reach. This action was taken immediately.

In a meeting with the provider on 2 August 2017, they informed us that they had taken steps to address the concerns raised during our inspection. They informed us a cleaning company had been into the service to undertake a thorough clean of the service. We were also shown a report from the local infection control nurse who had also been into the service after our inspection. This report noted that there were no offensive smells within the service and overall the service was clean. A number of recommendations were made by the infection control nurse, which the provider has begun to address.

Prior to our inspection we received information of concern in relation to the staffing levels within the service. Other professionals who had been into the service described the atmosphere as 'chaotic'. We asked staff members if they felt there was enough staff on duty to meet people's needs. Comments we received included, "I think that if cleaning was taken off care staff that would be beneficial", "Sometimes it is difficult fitting cleaning in with all the other responsibilities" and "I am employed as a carer not a cleaner and caring takes priority."

On the first day of our inspection we asked how many staff members were on duty. We were told there was the deputy manager and two care staff to support the 24 people who used the service; a minimum of six people required the support of two staff members. There was also a cook. The service did not have a cleaner or a laundry staff member so care staff were also expected to undertake these roles.

We spoke with the registered manager regarding staffing levels to ascertain how they would address the low staffing numbers. They told us they would employ a cleaner and ensure that staffing levels were increased by a minimum of one staff member each day.

In a meeting with the provider on 2 August 2017, we were informed that steps had already been taken to improve the staffing levels within the service. People had been recruited and were awaiting the necessary checks to be completed before they could commence in post. We were shown copies of rota's to show the increase in staffing levels and were again reassured that care staff were no longer expected to undertake cleaning duties.

During our inspection we found a number of concerns in relation to fire safety. We found a bathroom was stored with lots of equipment, some bedroom doors did not have the necessary fire strips around them and did not close correctly into the recess and a door in the laundry room did not appear to be a fire door. We discussed this with the registered manager who told us the fire officer had recently been into the service and had asked them to address some issues. Some of these issues were being address during our inspection such as the moving of some fire doors in a corridor. We spoke with the fire officer after our inspection. They told us they had issued an advisory notice on the provider on the 17 June 2017. The notice was unavailable at the time of the inspection. In a meeting with the provider after our inspection they told us they had not been in receipt of any advisory notice. They assured us that all the actions the fire officer had told them to address were being actioned.

Is the service effective?

Our findings

Prior to our inspection we received information of concern in relation to GP's not being permitted to enter the service. On the second day of our inspection we spoke with a visiting GP. They told us "There is quite a low threshold for calling on GP's. They are disorganised and the systems could be better managed. I am well supported by carers when I visit." A visiting district nurse told us, "The service seems to follow instructions I leave with staff and record properly in the daily notes and care plan."

Records we looked at showed people had access to a range of healthcare professionals in order for their health care needs to be met. Records we looked at showed that visiting professionals included GP's and district nurses.

Prior to our inspection we received concerns relating to the meal choices available to people who used the service. The service had employed catering staff; one cook worked 7am until 1pm and another cook who worked 1pm until 7pm. On both days of our inspection we found people had a choice of two meal options at lunch time and in the evening. We also saw people being asked if they would like more to eat if they had finished their meal. On both days of our inspection we saw people eating meals that were not on the menu; this showed people had various choices made available to them.

Is the service caring?

Our findings

Prior to our inspection we received concerns relating to the attitude of management and staff members towards people who used the service and visitors. One person who used the service told us, "I am really well looked after. [The registered manager] and staff members are wonderful. There is nothing they could do better." Throughout both days of our inspection we observed staff members spoke to people in a kind and caring manner.

During our tour of the building we noted some windows in bathrooms did not provide any privacy and dignity for the person using them. The male bathroom on the ground floor looked onto a main road and people were able to look through the window into the bathroom. There were also a number of en-suites where privacy was compromised. We spoke with the deputy manager regarding this and asked for this to be addressed as soon as possible. In a meeting after our inspection on 2 August 2017 we were informed by the provider that this had been addressed.

Is the service responsive?

Our findings

We looked at the care records for three people who used the service. We found that care plans contained basic information about each person's needs and what level of support they required from staff members. However, they were not person centred as people's preferences and routines had not been incorporated into their care plans. They did not direct staff on how to specifically meet people's needs. For example one person's personal hygiene care plan did not describe what kind of toiletries the person liked, how often they would like a shower or a bath or if there was any specific time of day they preferred to bathe. Another person had a mobility care plan in place. This showed the person required the use of a hoist to mobilise. However, this did not show the type of sling the person had been assessed as requiring or any instructions for staff to adhere to when supporting this person with this moving and handling procedure.

We spoke with the registered manager regarding this who told us there was a nominated person who wrote care plans. They told us they had personally trained them in how to write person centred care plans.

The service provider had failed to ensure that care plans reflected service user preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Prior to our inspection we had concerns raised with us about the lack of leadership within the service, in particular at times when the registered manager was not within the service. In the absence of the registered manager a suitably competent person should be deployed to make sure they can meet people's care and treatment needs. On the first day of our inspection the registered manager was not on site and we were shown around by the deputy manager. We asked the deputy manager how many people were subject to a deprivation of liberty safeguard (DoLS), to which they responded they did not know. We asked further questions about the service and were told they did not know the answer or gave us incorrect information.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service provider had failed to ensure that care plans reflected service user preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service provider had failed to ensure that medicines were managed safely within the service. The service provider had failed to ensure appropriate risk assessments were in place.