

Belvidere Residential Care Home Limited

Belvidere Residential Care Home

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

We inspected the service on 02 October 2018. The inspection was unannounced. Belvidere residential home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates people.

On the day of our inspection 23 people were using the service.

At our last inspection on 21 October 2015 we rated the service good in all the key questions and at this inspection; we found the service remained 'Good' again in all areas. At this inspection we found the evidence continued to support the rating of good. 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.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place and used. People received their prescribed medicines safely and these were managed in line with best practice guidance. Accidents and incidents were analysed for lessons learnt and action was taken to reduce further risk.

People continued to receive an effective service. Staff received the training and support they required to meet people's individual needs. People were supported with their nutritional needs. Staff identified when people required further support with eating and drinking and took appropriate action. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were distressed and made sure that emotional support was provided. People's independence was promoted.

People continued to receive a responsive service. People's needs were assessed and planned for with the involvement of the person and or their relative where required. People had opportunities to pursue their interests and hobbies, and social activities were available. There was a complaint procedure and action had been taken to learn and improve where this was possible.

The service continued to be well-led. There was an open and transparent culture and good leadership,

oversight and accountability. People received opportunities to share their feedback about the service and staff felt valued. The provider had quality assurance checks in place on quality and safety.

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 ●

Belvidere Residential 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 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 comprehensive inspection took place on 02 October 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with three people who used the service for their views about the service they received. We spoke with the registered manager, two care staff, the cook, a visiting healthcare professional and nine relatives.

We looked at the care records of three people who used the service. The management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks and the management fire risks, policies and procedures, complaints and meeting records.

Is the service safe?

Our findings

People told us they felt safe, and relatives felt their family members were cared for safely. One person said, "I've never felt as safe as I do here. I have never been so well looked after in my life." Staff had received training about protecting people from abuse and understood their responsibilities. Staff told us they would report any concerns to their manager and to other organisations such as the CQC.

Risks associated with people's needs were assessed and staff knew what action to take to reduce risk. For example, people had their risk of falls assessed. Staff understood people's needs and the plan of care to keep people safe. Staff knew what action to take in the event of an accident including when to call for medical assistance. They also knew about emergency procedures such as the safest way to evacuate people in the event of a fire. Accidents and incidents were recorded and an audit and analyses was carried out each month to check if there were any obvious trends or high numbers of incidents.

People had their freedom respected while being supported to stay safe. A visitor said about their relative "If they do not want to do something, they will leave them be. Staff gave us examples of how they managed people's behaviour when it presented as a risk. Care plans instructed staff about how to respond if a person displayed challenging behaviour and knew the things that may trigger it.

People were supported by the right numbers of staff with the right experience and skills. When asked if there was enough staff, one person said, "There seems to be loads of them." A visitor praised the staff and said they had high standards, they told us there was a low turnover of staff and you consistently saw the same staff team. Another visitor said, "There is always a member of staff around". During our visit we saw that staff attended to people's needs quickly and people did not have to wait.

The registered manager did not use a recognised staffing or dependency tool to assess staffing needs but they were able to give examples of how staffing numbers fluctuated when people's needs changed. The provider carried out checks before offering staff employment. This meant that so far as possible only staff with the right character, skills and experience were employed.

People received their medicines safely. People told us that staff managed their medicines and always brought it to them at the right time. We saw that staff assisted people in a sensitive and appropriate way. We saw that staff tried three times to administer one person's medicine. They were successful on the third time because they gave the person time and were very patient. During our inspection medicines were audited by the supplying pharmacist. They told us their checks showed there were no concerns and people's medicines were managed in a safe way. We saw that medicines were stored securely and correctly and that records were up to date and accurate.

Infection control policies and procedures were in place and staff understood how to prevent the spread of infection. Changes had recently been made as a result of a local authority infection control audit. Some equipment and storage areas had been changed so that they were easier to keep clean. Protective equipment such as gloves and aprons were provided and used by staff.

Is the service effective?

Our findings

People had their need assessed before they began using the service. People's physical, emotional and social needs were assessed and this information was used to develop a plan of care.

Staff had the skills and knowledge required to meet people's needs. People spoke highly about the staff and felt they were well trained and skilled. One person said "I was scared that the care home would not be up to scratch, but I needn't have been. Another person said, "All staff, especially the young ones have a passion, which is nice to see." A relative said about the staff "Everyone does the job well."

All new staff received induction training. The 'care certificate' was used to train new staff. The care certificate is an agreed set of standards that set out the expected knowledge, skills and behaviours. Additional and on-going training was also provided. Staff were supported to access the training and development they required. This was discussed every three months at staff 'supervision'. A staff member told us, "The manager is constantly on at us for training. If there was any training I wanted, I could say and my manager would put it on for me. we do get asked in supervision if we want more." Another staff member told us about their induction training. This involved working with an experienced member of staff and attending training delivered at the service and on-line training. The staff member said, "The training goes through everything you need to know. I could defiantly ask for extra training. We have asked for challenging behaviour training and this is being arranged."

People received sufficient amounts to eat and drink and received a balanced diet. The majority of people we spoke with told us they liked the food on offer and this met their needs. We saw that at lunchtime, people chatted with each other and with staff. The atmosphere was pleasant and relaxed. Meals were well presented and looked appetising. People were offered a choice and were supported and assisted in a sensitive and appropriate way. Staff encouraged people to drink and were flexible so that people could make choices about their meal or where they wanted to eat their meal. People's eating and drinking needs were assessed and a plan of care was in place where this was required. This included people's likes and dislikes and cultural needs. Staff and catering staff had a good understanding of people's preferences. They knew about people's dietary requirements and appetite. Pictures were used for some people if they required assistance communicating their preference. Risk of malnutrition were assessed and where risk was identified action was taken.

People had access to the healthcare services they required. A visitor told us "Any medical concerns they were straight on it, they would get help straightaway." We saw that staff had consulted with a dietician about the best way to increase the calories in food when people required a fortified diet. Records showed that staff had contacted opticians and doctors and assisted people to attend appointments. We spoke with a visiting health care professional. They said about staff, "They are always helpful and have all the information I need when I arrive, if we leave instructions, the staff always follow it."

The premises and environment met the needs of people who used the service and were accessible. A reminiscence room had been set up like a bar in a public house. Reminiscence is known to be beneficial for

people living with dementia. Bathrooms had recently been updated and re-decorated. There was a choice of communal lounges and dining rooms.

Consent was sought before care and support was provided. 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff knew about the MCA, they told us they always presumed people had the capacity to make decisions and if they did not then a best interest decision would be made. Staff knew who had a DoLS authorization in place and why.

Is the service caring?

Our findings

People were treated with kindness and compassion. People said they had good relationships with staff and often had a laugh with them. One person said about the staff, "They're all on my side, rooting for me. One carer is coming in on their day off to help me contact the Citizen's Advice Bureau which I think is so selfless and marvellous." We saw that staff were kind and had time for people. They tried to engage with people individually. A relative said about the staff, "They do an excellent job and they genuinely care. They are so patient." When people were distressed staff responded quickly and knew what to do to reassure the person.

People's families were made welcome and encouraged to be involved in making decisions about care and support where this was appropriate. A visitor said, "I would move in here that's how welcome I feel here. They always welcome me with open arms." Another visitor told us that staff always showed their relative respect and had a lot of empathy. Staff knew people well and supported people to make decisions and express their views. A staff member told us how the registered manager was a role model to staff and was very caring and supportive.

Communication was good and people were given information in ways they could understand and this assisted them to make decisions and express their views. Staff used picture formats where this assisted people to communicate their preferences. Another person was provided with some audio equipment to enhance their hearing and this made a positive difference especially when the person's relatives came to visit. A visitor told us their relative had freedom at the service. They said, "they get up whenever they like and can have a shower whenever they want." They also told us that staff sit and talk with and sometimes sing with their relative. They said, "It's not that they don't have anything else to do, they put themselves out to give one to one time and make a connection."

The registered manager had supported people to access advocacy services where required. One person had been recently supported by an advocate following a referral made by the registered manager who had recognised that the person may benefit from this support.

Staff knew how to promote privacy and dignity, they had received training about this when they first began working at the service. They told us how they provided privacy when providing personal care. One person told us staff always knocked on their door before entering. A visitor told us how staff used screens to protect people's privacy and dignity when this was required. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff knew about the things that were important to the person. Information about people's life histories and social and cultural needs was recorded. This information was important especially where people had communication difficulties. It assisted staff to communicate and provide care that was personalised. Records included the way people preferred to receive care and support. For example, if they preferred a bath or a shower and how frequently. Religious and cultural needs were recorded and respected by staff. A relative told us it had taken a little while before staff understood and could meet their relatives needs but they did now understand and could meet their needs in the way they preferred. The registered manager told us that night time staffing had been increased in response to people wanting to stay up later in the evenings.

There was a range of activities available and people were supported to follow their interests and hobbies. For example, one person was supported by staff to visit the local pub. During our inspection we saw that people were supported to take part in activities in the communal lounge such as singing. We saw that people were laughing and chatting and enjoyed this activity.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

People knew how to make a complaint and said they would feel comfortable doing so and confident they would be listened to. People said that they were aware of the complaints procedure and had been provided with this information when they first began using the service. A relative said, "Its very homely. I've no complaints but the manager made it clear we could go to them if we needed to." There had only been one complaint since our last visit which had been investigated and resolved.

People's preferences and choices for their end of life care were recorded in their care plan. There was no one in receipt of end of life care at the time of our visit.

Is the service well-led?

Our findings

There was a positive culture that was open and person centred. People and visitors praised the manager. They said the manager was visible, approachable and always sorted things out. Comments about the registered manager included, "They are one in a million." "The manager has been excellent. you can tell it's their passion & they really care."

The service had an experienced registered manager. 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 told us they got the support they required to carry out their role from the provider.

Staff were supported and respected by their manager. Staff spoke highly of their manager. A member of the care staff said "I do feel supported. I can raise concerns & they will be acted on." Staff supervision and appraisal was carried out so that learning and development and performance could be discussed and planned for.

Audits were carried out to check that people were receiving care and support in the right way and in a safe way. These checks had identified where improvements were needed. For example, a premises audit had identified that it was time to replace the kitchen units and the registered manager was in the process of getting quotes for this. An infection control audit had identified that more staff training was required.

People and their relatives were asked for their views and feedback and were sent surveys to complete. The outcomes of the previous survey sent in March 2018 were displayed in the entrance. All comments made were positive. There was a comments box people could use. A visitor told us how the registered manager had assisted them and sorted an issue out for their relative.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.