

Unlimitedcare Limited

Belvedere Care Home

Inspection report

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Date of inspection visit:
06 August 2019
07 August 2019

Date of publication:
02 September 2019

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 Care Home is a residential care home providing personal care to 20 people aged 65 and over at the time of the inspection. The service can support up to 38 people in one purpose-built building. Bedrooms comprised of 20 single bedrooms and 16 double bedrooms, all of which had en-suite facilities, spread over three floors. There was a lift to access the first and second floor. People had access to a number of communal areas, including quiet spaces and a garden.

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

The service had enlisted the assistance of independent consultants to support and direct the registered manager. Considerable improvements had been made since our last inspection. Staff were positive about the changes and improvements within the service. The registered manager demonstrated sound knowledge of their regulatory obligations. New systems and processes had been developed and new initiatives put in place to ensure positive outcomes for people.

People told us they felt safe living at Belvedere Care Home. Staff had received training in safeguarding and understood their responsibilities. The registered manager had systems and processes in place to assess and manage risk, including risk assessments and safety checks. Staff knew their responsibilities in relation to infection control and we found the service was clean. Hazardous substances were safely stored.

Medicines were mainly managed safely. We have made a recommendation about medicines management.

Robust recruitment procedures had not always been followed. We have made a recommendation about safe recruitment.

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; the policies and systems in the service supported this practice. Staff were supported in their roles through appropriate induction, training and supervision. People were supported to eat a healthy and balanced diet. The introduction of a 'hydration station' was well received. Appropriate and timely referrals were made to external health professionals as and when required.

People told us staff were kind and caring. Staff interacted with people in a kind, sensitive and caring manner and people appeared comfortable in staff presence. Staff had completed equality and diversity training, ensuring people's rights were protected. People were involved in decisions about their care and were at the centre of the planning process. Staff respected people's right to privacy and dignity.

The service was responsive to people's needs and preferences. Care plans holistically reflected people's needs in a personalised way and were very detailed. The registered manager ensured these were reviewed and updated when people's needs changed. People's end of life wishes, and needs had been considered. Staff supported people to engage in activities to avoid social isolation.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 29 May 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 13 December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Belvedere 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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors 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 Care 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the service provided.

Notice of inspection

This inspection was unannounced.

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. We also contacted Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, a deputy manager, care workers and a cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting healthcare professional and a representative from the consultancy firm involved with the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager had systems and processes in place to assess and manage risks. Care records contained detailed risk assessments to guide staff and keep people safe. For example, risks of choking, malnutrition and falls had all been identified and control measures put in place. Risk assessments were regularly reviewed.
- The registered manager ensured equipment and installations were checked and serviced regularly. Fire safety systems and procedures were in place. People had emergency evacuation plans in place, detailing the support required in the event of an emergency situation.
- Staff documented all accidents and incidents, including the completion of body maps. The registered manager reviewed all accidents and incidents to spot for any themes and trends.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were consistently managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- In the main, medicines were managed safely. Processes were in place for the ordering and supply of medicines and medicine administration records (MARs) demonstrated people received their medicines regularly. Medicine policies and procedures were in place and accessible to staff. Staff had received training and the registered manager checked staff competency on a regular basis.
- The registered manager ensured detailed protocols were in place for the administration of medicines to be given 'as required'. Care plans detailed all the medicines people were prescribed and gave a detailed explanation of what they were prescribed for and any possible side effects. People told us, "I know which

medicines I am taking; staff have informed me. I take tablets three times a day" and "Yes I know which tablets I need to take." A relative told us, "Recently his medication review took place and I was informed. Medication has helped him to be stable."

- MARs we checked, did not identify a set of codes for staff to use. For example, a code to use if a person refused their medicines or if a medicine was omitted. Similarly, there was no space for staff to make notes in relation to any administration details. Liquids did not consistently have a date of opening on them.

We recommend the registered manager considers best practice guidance on medicines to ensure consistent and safe management of these.

Preventing and controlling infection

At our last inspection the provider had failed to ensure infection prevention and control systems and processes were in place to keep people safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager had taken steps to ensure safe infection prevention and control systems and processes were in place. Staff had received training and knew their responsibilities. For example, to use personal protective equipment such as, gloves and aprons. Staff also had access to hand sanitiser.
- The service was visibly clean, and we did not observe any malodours. People told us the service was clean. A person commented, "They keep it clean. Every morning a cleaner comes in. There is no smell in the home." A relative told us, "The home is clean and tidy. It doesn't smell either." Cleaning products were safely stored.

Staffing and recruitment

- The registered manager ensured adequate staff were on duty to meet the needs of people using the service. People told us, "Staffing numbers are sufficient. I don't need much help", "Yes there are enough staff to look after me" and "I get help whenever I ask." A relative told us, "There has been enough staff whenever I have visited."
- The registered manager had not always followed robust recruitment procedures. Whilst references had been received on relevant previous employment, it was not always evident why a decision to employ a person had been made. For example, the registered manager had taken many steps to check an applicant's conduct but had not documented this. Health conditions had also not been explored.

We recommend the registered manager considers best practice guidance when recruiting staff to ensure people are safe.

- The registered manager ensured disclosure and barring service (DBS) checks were carried out. DBS checks are a way a provider can make safer recruitment decisions and prevent unsuitable people from working with people who may be vulnerable.

Learning lessons when things go wrong

- The registered manager ensured when things went wrong, and lessons were learned these were shared with staff. The registered manager told us lessons learned would be a standard agenda item for team meetings.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had safe systems and processes in place to protect people from the risk of abuse. Staff had received training in safeguarding and knew their responsibilities. Safeguarding policies and procedures were in place and were accessible to staff.
- People told us they felt safe. Comments we received included, "I feel very safe here", "I don't feel intimidated in any way" and "I always feel safe here."
- The registered manager had sent us notifications of any incident which had placed people at risk, in a timely manner.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure they were working within the principles of the MCA and the correct DoLS authorisations were in place which was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was working within the principles of the MCA. Appropriate applications had been made to the appropriate authority, to deprive people of their liberty in the least restrictive way possible. Where there were concerns about people's capacity to consent to or make decisions about their care, the service had completed decision specific capacity assessments. For example, for decisions about medicines, where to live, personal care, skin integrity and accessing the community.
- People signed care records to consent to their care where they were able to and, if appropriate, their relatives were consulted when they lacked the capacity to make decisions about their care. When necessary, care was designed and delivered in people's best interests.
- Staff had received training in MCA and DoLS and understood their responsibilities. Policies and procedures were also in place to guide staff.

Staff support: induction, training, skills and experience

- The registered manager ensured staff were supported in their roles through appropriate induction, training and supervision. Staff told us induction consisted of training and shadowing experienced staff until such time they felt confident to work unsupervised. The registered manager had a programme of training courses deemed as mandatory that staff had completed.
- People told us they were supported by knowledgeable staff. Comments we received included, "They are always having training and are qualified to look after me", "They certainly are trained" and "Staff know what they are doing."

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

- Staff completed assessments of people's needs prior to them moving in to the service. There had been no admissions to the service since our last inspection. When people's care needs changed a review was completed to see if their care plan needed changing to reflect their current needs.
- The registered manager supported staff to ensure they delivered effective outcomes to people using current legislation and best practice guidance. For example, the registered manager had consulted our thematic review on oral health and had ensured care plans reflected people's oral health needs.

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

- People were supported to eat a healthy and balanced diet. Care records detailed people's dietary and nutritional requirements, including any allergies. Staff weighed people on a regular basis and took prompt action if people were losing weight. For example, referring people to relevant healthcare professionals such as, dieticians and speech and language therapists. Staff monitored people's dietary intake and, if they were at risk food and fluid charts were completed.
- People we spoke with told us the meals were good and there was always plenty to eat and drink. Comments we received included, "The food is good. We get plenty to eat", "Sometimes I like to buy food which I like, and the chef will cook it for me" and "Yes I like the meals."
- The registered manager had introduced a 'hydration station' in the main entrance of the service. This contained bottles of water and different fruit for people to help themselves to throughout the day. We saw this was frequently used by people. People also had their own, personalised water bottles; this encouraged people to drink regularly and was a way of staff monitoring and encouraging fluid intake.

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

- The registered manager and staff made appropriate referrals to health and social care professionals as and when required. For example, referrals to GP, dieticians, mental health teams, social workers and speech and language therapists. We also noted people were in the process of being registered with dentists (if they were not previously) and supported to attend for treatment. One person told us, "On the notice board the topic of the month is displayed and this month was dental care. Staff have arranged dental appointment check-ups for us."
- Staff ensured people's care plans reflected their healthcare needs. This included a detailed history of their past medical conditions as well as current conditions. The registered manager told us they had closely liaised with GP's to obtain relevant information, to ensure care plans were robust.
- The service used the 'Telemedicine' system. Telemedicine is the use of technology that enables remote access to healthcare professionals.

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

- The registered manager had taken steps to make the environment more suitable for people living with

dementia. For example, we saw sensory boards had been placed on the walls in various areas and observed people using these. The registered manager was aware further work needed to be undertaken in relation to dementia friendly adaptations and they were considering best practice guidance. Other areas had been de-cluttered and there were plans to make a tea room; an indoor garden room was also available to people

- People's bedrooms were personalised, and people could bring their own furniture and ornaments into the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. Comments we received included, "They are excellent the staff", "Staff are kind and definitely respectful" and "They are very keen to do anything. If you mention it, they will do it." A relative we spoke with told us, "The staff are supportive, and the care is excellent. [Family member] is well dressed, showered and shaved." Staff interacted with people in a kind, sensitive and caring manner. People appeared comfortable around staff and enjoyed chatting with them.
- Consideration had been made to the Equality Act 2010 and people were protected against any discrimination. The registered manager ensured equality and diversity training was completed by staff and relevant policies and procedures were accessible. Respecting people's human rights, equality and diversity was reflected in the care planning process. People were supported with their religious needs.

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

- People were involved in decision-making and were at the centre of the care planning process. People unanimously told us they had been involved in the care planning process and were involved in making decisions. A person told us, "Yes I was involved in care plan discussions. I have done them together with staff, who typed it and then I read and signed it."
- People had access to advocacy services. These services can be used to support people to express their views when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. People told us, "Staff always knock before coming into my bedroom", "Staff maintain my dignity and have asked if I want a female staff when showering" and "Staff will close the door and draw the curtains when they help me to dress." Care records were stored securely and were only accessible to authorised staff.
- Staff supported people to be as independent as possible. Care records evidenced what people could do for themselves to maintain their independence. A person told us, "Staff support me to be independent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider failed to ensure the care and treatment provided was appropriate, met people's needs and reflected their preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care and support that was responsive to their needs and preferences. Care plans holistically reflected people's needs in a personalised way and identified people's choices, wishes, preferences and things that were important to them. These were very detailed and provided staff with ample information to provide care and support to people, ensuring their needs were met. Guidance from external professionals had also been incorporated.
- The registered manager ensured care plans were reviewed on a regular basis and were updated if people's needs or wishes changed.

End of life care and support

- No one was receiving end of life support at the time of our inspection. The registered manager ensured end of life policies and procedures were in place which were accessible to staff.
- People had end of life care plans in place, if they had consented to discuss this, to ensure their needs and wishes were met at the end of their life. Staff had documented if people had refused to discuss this. Staff had received end of life training.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities to avoid social isolation. In the main, people gave us positive feedback about activities in the home. Comments we received included, "We do all sorts of things, singing, listening to music and going in the garden", "We do baking. I enjoy baking ginger biscuits" and "Not a lot to do all day." A relative to us, "There is a lack stimulation. It is rare they take them out in the garden."
- The service had previously made arrangements for an external company to come in and engage people in activities three days a week. However, the registered manager informed us this had been lacking in continuity in recent times, with people not turning up as planned. Activity records showed people were

engaged in activities such as, crosswords, chess, games, singing and baking. One person had expressed an interest in gardening and had been supported to plant new flowers in the garden and undertake gardening on a regular basis. External singers and bands also came into the service. The registered manager had also researched and found an exercise programme to reduce falls, entitled 'stop falls campaign'; staff engaged people in simple exercises four times a week with the aim of building and toning muscles to prevent/reduce falls.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibilities in relation to the AIS. They told us, "We have cue cards to communicate with one person. We also have a sign up for people to show that we can get audio and braille. The surveys we send out are in large print as well."

Improving care quality in response to complaints or concerns

- People told us they had not needed to complain but told us they knew to could raise a complaint if they needed to. Comments we received included, "I would speak to one of the girls and if that didn't work I would talk with the person in charge", "At the residents meeting we were informed about how to make a complaint. This will be recorded in the minutes of the meeting" and "I have nothing to complain about."
- Information relating to how to make a complaint was readily available throughout the service. The complaints policy and procedure was displayed in the main entrance and was discussed in meetings. The service had received one complaint since our last inspection. The registered manager had dealt with this in line with policies and procedures.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to assess, monitor and mitigate the risks relating to the health and welfare of people using the service and failed to improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had enlisted the assistance of independent consultants to support and direct the registered manager in improving the service to meet the regulations. We saw new systems and processes had been developed and new initiatives put in place. This ensured positive outcomes for people. We found the registered manager had almost met their action plan and there were no longer any breaches of the regulations.
- Staff were positive about the changes and improvements within the service. They told us, "Lots of changes have occurred", "I really enjoy working here. The registered manager is very supportive and will listen to any ideas for improvement. She is also very up to date with any guidance or information we need" and "The registered manager is brilliant. She is approachable and very knowledgeable."
- The nominated individual and registered manager told us, there were further long-term plans for improvement within the service. For example, making the environment more suitable for those people living with dementia. The registered manager had commenced a new quality assurance system with support from the independent consultants. We found this was sufficiently robust to identify further improvements. This included auditing of medicines, care plans, accidents and incidents, environment and safeguarding.
- The registered manager demonstrated sound knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary.

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

At our last inspection the provider failed to maintain securely an accurate and complete record in respect of each person using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager promoted a person-centred culture within the service. Care plans had been redeveloped and people were closely involved in the planning of their care and support. There was a positive culture within the service and staff spoke about how their purpose was to care and support people how they wished. Staff told us, "People definitely get individualised care here", "It is not about us, it is about the residents" and "It's all about them, their preferences and beliefs. Each individual is different."
- People unanimously told us they were involved in decisions about their care and treatment as well as the service. The registered manager was a visible presence within the service and people told us they knew who they were.

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

- We found the registered manager was open and transparent throughout the inspection. They understood and acted on their duty of candour responsibilities and promoted and encouraged candour through openness and honesty from staff, for example reporting incidents or complaints.
- The registered manager had ensured statutory notifications had been submitted to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law. The rating from the previous inspection was on display.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager sought feedback from people, relatives, staff and external professionals about how the service. We saw surveys had been sent and the results analysed. The registered manager had completed a 'you said, we did' wall to evidence the results of the survey and what action they had taken. For example, a new menu had been developed after feedback from people, a new activity planner had been developed and an explanation of how the registered manager would attempt to improve communication. Regular meetings were also held with people, relatives and staff.
- The registered manager and staff worked well with a variety of health and social care professionals to meet the needs of people using the service. An external professional positively commented on how the service had improved and the knowledge of the registered manager.