

Unlimitedcare Limited

Belvedere Care Home

Inspection report

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Date of inspection visit:

07 June 2016

08 June 2016

Date of publication:

13 July 2016

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

We carried out an unannounced inspection of Belvedere care home on the 7 and 8 June 2016.

Belvedere Care Home is registered to provide accommodation for up to 38 people who require personal care. Belvedere is situated in the centre of Accrington in Lancashire. At the time of the inspection there were 27 people accommodated in the home.

At the last inspection on 30 September 2014 we asked the provider to make improvements to the maintenance of records, staff training and to take action to ensure people's best interests and wishes were considered and followed in a safe way. Following the inspection the provider sent us an action plan which set out what action they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

Prior to this inspection we had received some concerning information in relation to medicines management, infection control issues, inadequate lighting and lack of meal choice. We looked into these areas during the inspection.

We found the service to be in breach of two regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a failure to assess prioritise and update necessary risk documentation to ensure the safe care and treatment of a person whose needs had changed considerably and failing to have adequate and effective infection control measures in place. You can see what action we told the registered provider to take at the back of the full version of the report.

We also made recommendations to the provider around failing to ensure premises were safe for intended use by having inadequate lighting and not storing equipment safely.

The registration requirements for the provider stated the home should have a registered manager in place. There was a registered manager in post on the day 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.

People using the service and their visitors talked about the service providing a safe caring environment. We found in most cases people were protected from risk without compromising their independence. Processes were in place to ensure the safety of people using the service, staff and visitors by means of environmental and individual risk assessments. However we found in one case essential individual risk assessments did not reflect the person's current care needs.

Clear safeguarding policies and procedures were in place at the service and staff were provided with guidance and training in recognising the signs of abuse. This helped to ensure the staff team were fully

aware of action they needed to take should they be concerned about a person's welfare. Staff and the registered manager displayed appropriate knowledge about how to respond to and ensure any safeguarding issues had been notified to the relevant authorities.

We saw evidence that fire audits were up to date. People using the service had personal evacuation plans (PEEP) in place. Staff displayed a sound knowledge of processes to follow in the case of an emergency. However we noted two fire doors propped open with door stops. During the inspection the registered manager removed these and fitted electric door guards.

The service had a consistent number of care staff to support people throughout the day and night. This provided people with safe and personalised care and supported the operation of the service.

The service did not have a domestic cleaner at the time of inspection. This was having an impact infection control matters in the building. We found in some areas furniture was contaminated with dry food and carpets were stained. The service had an infection and prevention control policy in place; however, this was not robust enough to inform practice. The registered manager told us she intended on resolving this issue as a matter of priority; however, in the interim care staff had been offered additional hours in a domestic role.

We noted the provider offered a variety of training to its staff which ensured the staff team were skilled and experienced in safely and effectively supporting the people using the service.

We found the service followed a safe recruitment process and took appropriate steps to check applicants' previous employment and conduct, identity and any criminal record before being successfully appointed. Thorough induction processes were in place to ensure the correct amount of training and support was given to new staff. Disciplinary procedures were also in place to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures.

The service had processes in place for appropriate and safe administration of medicines. Staff were adequately trained in medicines administration. Medicines were stored safely and in line with current guidance. People had been consulted about their dietary requirements and preferences. A selection of refreshments were offered including juice. We saw appropriate referrals had been made to dieticians and instructions were strictly followed in cases where people had known dietary requirements.

Mealtimes were relaxed and people did not feel rushed. We noted on the first day a hot meal was offered and a choice of sandwiches. People told us they were able to request a different meal should then not like the menu choice. On the second day we saw a choice of two hot meals offered in addition to sandwiches.

Positive examples of staff engagement with people using the service were seen and staff were observed to be caring and respectful in their approach and treated people as individuals. They promoted privacy and dignity and supported people to maintain control over their lives. People were given information about their care and the service to help them make informed decisions. Their opinions were routinely sought and acted on by means of questionnaires enabling them to influence the service they received.

We received positive feedback from people using the service, visitors, staff and health professionals about the registered manager. The registered manager ensured she was at the heart of the service and always made herself available when people required her help and advice. People told us any questions/ issues would be dealt with effectively and professionally.

It was evident that the ethos of the service was built on care and trust. The registered manager appeared

very passionate about her role and very caring toward the people using the service. This was also reflected in comments from people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People told us they felt safe. They were supported by care staff that were considered to be of good character and had been recruited through a thorough and robust procedure.

Risk assessments were not always up to date to reflect current need; therefore, placing people at risk.

Infection control was not managed well and we found a number of areas were in need of attention to ensure the environment was clean and safe for people to live in.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of procedures to follow if they suspected any abusive or neglectful practice.

Is the service effective?

Good 

The service was effective.

Systems were in place to ensure staff were sufficiently trained.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate action was taken to make sure people's rights were protected. People had access to healthcare services and received healthcare support.

Staff received a thorough induction prior to commencing employment.

Supervision and appraisal was carried out effectively and in line with the provider's policy requirements.

Is the service caring?

Good 

The service was caring.

People told us they were treated well and their privacy and dignity was respected by staff.

People's care and support was delivered to reflect their wishes and preferences.

People and their families were involved in the initial care planning process and were invited to annual care reviews.

Staff were knowledgeable about people's individual needs.

Is the service responsive?

Good ●

The service was responsive.

People told us they enjoyed living at the service.

Pre admission assessments were detailed and clear. Care was tailored to meet people's individual needs and requirements.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager employed who was registered with the Care Quality Commission and was qualified to take on the role.

The registered manager effectively monitored the quality of the service by means of audits, observation and gathering feedback from people who used the service, staff and visitors.

Staff told us they felt well supported in their role by the registered manager and felt able to approach her with any issues.

The registered manager was approachable and responsive.

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 was planned to check 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 service under the Care Act 2014.

This inspection took place on 7 and 8 June 2016 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist infection control nurse (present on the first day of inspection) and an expert by experience who was also present on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information two "share your experience" forms and previous inspection reports. A "share your experience" form is available on the internet and is a means for the public to give the Commission valuable feedback about how services are performing. In addition to this we contacted the local authority safeguarding team, contract monitoring team and Environmental health who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with 11 people who used the service and six relatives. We spoke with three care assistants, the cook and the registered manager. We also spoke with four visiting health care professionals.

We looked around the premises. We looked at a sample of records, including four care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

Is the service safe?

Our findings

People living at the service talked about the home being a safe place to live. Comments included, "It's a very safe place here. I have no worries in that department" and "The staff are grand they always make sure I am safe and [registered manager's name] is a little diamond." Health professionals spoken with told us how the service had improved over the past year and felt that the service was safe for the people living within it and informed us they had no concerns with the care and treatment of people using the service. Relatives were very happy with the safety of the care provided. One visitor said, "Oh I will certainly be living here when the time comes, it's a fantastic place." We saw written compliments stating the service always appeared clean and odour free. People using the service and visitors also indicated that their bedrooms and communal rooms were clean and free from clutter.

At the last inspection, we found the provider's arrangements for the care and welfare of people using the service was not always planned and delivered in a way that would ensure people's safety and welfare. This was a Breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which was the legislation applicable at the time of the visit. We also found that the provider's arrangements to safeguard people who use the service did not always identify the possibility of abuse and prevent abuse from happening. This was a Breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which was the legislation applicable at the time of the visit. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

We looked at how the service managed risk. We looked at four people's care documents. We saw a range of risk assessments in use including Waterlow (pressure ulcer risk assessment), Malnutrition Universal Screening Tool (MUST), falls and moving and handling. However these were not always completed in detail for people. We saw an example where one person's moving and handling risk assessment had not been updated to reflect their current needs. This meant the person's risk assessments lacked clarity around clearly identified risk. In addition to this the registered manager had failed to refer to the appropriate health professionals to ensure a thorough assessment of their current care needs had been done for this person following their recent discharge from hospital.

The provider failed to adequately assess prioritise and update necessary risk documentation to ensure the safe care and treatment of a person whose needs had changed considerably. This is a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

During the inspection the registered manager acted responsively and urgent requests were made to the appropriate health professionals for a further assessment of the person. However, we would have expected these issues to be addressed without our intervention.

Before the inspection we had received concerning information regarding the provider failing to provide adequate lighting to ensure a safe environment was maintained. We had also received information to indicate the provider had inadequate infection control processes in place.

We looked at how the service managed infection prevention and control. At the time of inspection the service did not have a domestic cleaner working on a full time basis. The registered manager told us that care staff worked additional hours to ensure that cleaning was being done. The service had policies for infection prevention and control; however, they were not robust enough to inform practice effectively, particularly the cleaning schedule, use of personal protective equipment (PPE) and cleaning of spillage. We found in some bedrooms carpets were stained, wheel chairs were contaminated with dried food and other debris. Six commodes/ bath chairs were also found to be contaminated. The lounge had soft furnishings which were generally not conducive to cleaning. The laundry did not have a clinical waste pedal operated bin for soiled PPE. Access to the hand washing sink was also difficult due to an array of buckets and other items blocking the area, negating good hand washing practice.

The provider did not have adequate infection control measures in place at the home. This is a breach of regulation 15 (1) (a) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We spent time walking around the building to look at the appropriateness of the environment. We found a number of areas were in need of attention to ensure the environment was clean and safe for people to live in. We noted some corridors had no natural light and were dimly lit. We observed a hoist and a commode in the corridors which presented a trip hazard. Low hanging ceiling lights were also noted in corridors. We spoke with the registered manager about the risks associated with inappropriate lighting and equipment which was not stored safely. The registered manager told us she would deal with this as a matter of urgency. On the second day of the inspection we saw an electrician at the service who was looking at replacing all the existing light fittings in the corridors with flush fitting fluorescent lighting. Following the inspection the registered manager told us a date had been arranged for this work to be done.

We noted other areas of the building were in need of decoration, in particular the toilet areas on the lower ground floor.

We recommend that the provider takes appropriate steps to ensure the environment is free from trip hazards and appropriate lighting is installed. We also recommend that the provider implements a time scaled redecoration/refurbishment plan to upgrade the home and to ensure the home is maintained in good decorative order.

Lift equipment was serviced by a contractor and checks around legionella, electrical and gas appliances had been done and were in date. Other tests such as call systems, water temperature and portable appliance testing (PAT) had also been completed within the last 12 months. The registered manager told us the service used a maintenance company for any general maintenance and repairs. We saw an audit trail of requested work with timescales for responses and work being carried out.

We saw the service had fire risk procedures in place and detailed annual fire risk assessments were followed. These risk assessment covered areas such as monitoring the fire alarm and fire drills. Care staff we spoke with told us fire alarm tests and drills were frequent. We saw fire training was up to date. We also noted that each person had a personal emergency evacuation plan (PEEP) which offered detail on their mobility and responsiveness to a fire alarm. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. However, we found fire exits were obstructed with wheelchairs and furniture and fire doors were propped open with wheelchairs and wooden door stops. We spoke with the registered manager about this who informed this issue would be dealt with immediately. During the inspection we saw improvements had been made and fire exits were freely accessible. Fire door guards had also been fitted which ensured that doors were held in an open position but could easily close in the event of a fire. .

We looked at how the service protected people from abuse and the risk of abuse. There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse.

We discussed safeguarding procedures with staff and the registered manager. Staff spoken with showed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff told us they had received training and guidance on safeguarding and protecting adults. The registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies.

We looked at staff rotas. These indicated processes were in place and aimed to maintain consistent staffing arrangements. We looked at rotas from four weeks prior to the inspection date and the week of the inspection. We noted adequate staffing levels and observed adequate staff presence throughout the building. Staff constantly moved in and out of the communal areas and knew where people were. The registered manager told us the service had recently had a high level of staff sickness and annual leave; however, no agency staff were used as, "Staff were happy to pick extra shifts up to cover." The registered manager told us she preferred not to use 'agency' staff as it did not provide continuity for the people using the service. She felt unfamiliar faces could disorientate people and she did not want that to happen.

Staff we spoke with indicated they were happy to work extra shifts and confirmed they had not been required to work an unsafe amount of hours. People using the service told us that staff were responsive to their needs and they were never required to wait an unacceptable time for assistance. People also indicated the call systems were answered quickly throughout the night. One person said, "If I buzz in the night they come straight away."

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. The three recruitment files we looked at had appropriate information in line with current regulations. We saw required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Prior to the visit we had received some concerning information about how the service handled the administration of medicines.

We looked at the way the service supported people with their medicines. People we spoke with told us they received their medicines daily. People said that it was usually the registered manager that would administer medicines and they were always given at the same times each day. We observed staff administering medicines and noted this was carried out in line with procedural guidance. We looked at the medicines administration record sheets (MAR) for nine people and noted no errors or missed signatures. The registered manager told us she was in charge of medicines administration; however, in her absence it would be completed by the senior care assistant. We noted the registered manager's signature featured throughout the MARs.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and

"variable dose" medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

We looked at the arrangements for the safe storage of medicines. We found medicines were being stored safely and securely. Temperatures were monitored in order to maintain the appropriate storage conditions. There were systems in place to check aspects of medicine management practices on an on-going basis. Staff had access to a range of medicines policies and procedures and nationally recognised guidance which was available for reference. Staff responsible for administering medicines had completed medicine management training.

Is the service effective?

Our findings

We looked at feedback comments from the relatives of people using the service. All comments were positive about the care and support people received whilst living at Belvedere care home. Comments included, "I would recommend Belvedere to anyone with a loved one. The care they give to the residents is fantastic and visitors are made to feel very welcome. I am pleased with the care given to [my relative] and feel they are safe and well looked after", another comment said, "Since my friend has moved into Belvedere care home I feel all their needs have been addressed with communication, dignity and respect." People using the service we spoke with also indicated they were happy with the care they received. They were complimentary about the staff team and indicated that their wishes and privacy were respected by all care staff. Throughout the day we noted staff offering choice and addressing people in a respectful manner.

At the last inspection, we found the provider's arrangements for supporting their workers with appropriate training was not always planned and delivered in a way that would ensure people's safety and welfare. This was a Breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which was the legislation applicable at the time of the visit. We also found there was a risk of people receiving unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. This was a Breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which was the legislation applicable at the time of the visit. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

We looked at how the service trained and supported staff. Staff told us they received a good amount of training. The registered manager told us she had allocated a member of staff as the training coordinator. It was the role of the training coordinator to review all staff training on a monthly basis and update the spread sheet when necessary. One shift per month was allocated on the rota to allow for this to happen.

We spoke with the training coordinator who informed this worked well. They said, "All staff update me on a monthly basis about which training modules they have completed. I then update this on the system and [the registered manager's name] reviews it." All staff were working through the Care Certificate standards. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager told us this was being used to provide refresher training for all staff. Additional staff training included, fire safety, food hygiene and end of life care.

Staff spoken with informed us they had completed their NVQ (National Vocational Qualification) level two and had the opportunity to begin the level three. Staff indicated that the registered manager promoted career progression through qualifications. One staff member said, "I have been offered the opportunity to start my level three. This is something I am currently considering. The service is very good that way. Lots of encouragement is given."

We looked at the provider's induction process for new staff. We found this induction process to be very thorough. The registered manager told us three induction sessions were offered with additional meetings to

cover familiarisation of the building, people using the service and policies. In addition to this a new staff member would be provided with additional shadowing opportunities. These would continue until the registered manager was happy with the staff member's progress and assessed the person could safely and effectively undertake their role.

We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager had made appropriate applications to the local authority for the people using the service which required them. We also saw a good audit trail of best interest meetings and outcomes. Staff spoken with demonstrated a good understanding around the principles associated with the MCA and understood the importance of gaining consent from people before they carried out any care.

We noted staff received supervision and appraisal in line with the provider's procedural guidelines. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Staff spoken with told us they received regular one to one sessions and on-going support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service.

We looked around the premises. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. People indicated they were happy with their rooms and felt this was their private space where they could call home. Some people chose to spend their days in their rooms and join other people at mealtimes. We saw people had televisions, radios and other devices in their rooms which helped provide a sense of individuality to each room. Each room we looked at was spacious and had on en-suite facilities.

Prior to the inspection we had received some concerning information in relation to the lack of choice of food and drinks provided at mealtimes and throughout the day.

We observed the meals service at breakfast and lunch on both days of the inspection. We noted the dining tables were set with table cloths. The food appeared to be good and home cooked; however, on the first day no second choice of hot meal at lunch was offered other than sandwiches. We spoke with the registered manager about this who told us that if anyone did not like the menu choice they could request an alternative. We spoke with people about this who confirmed this to be the case. During lunch people commented, "Lovely dinner" and "I'm enjoying this" and "There's just enough, my belly is full". A person helped to clear plates away and another tidied up the table after eating. Mealtimes were relaxed with people able to come down at their leisure for breakfast and no rush made to finish. The same with lunch people were able to relax and eat at their own pace. Throughout the day we saw refreshments were offered. These consisted of hot and cold drinks including juice. We observed staff offering 'top up' portions to people once

they had finished.

We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out and reviewed monthly or more frequently if required. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including general practitioners and dieticians were liaised with as necessary. Over the two day inspection we saw seven health professionals visit including district nurses, GP and optician. Health professionals we spoke with were complimentary of the registered manager's responsiveness with referrals. One health professional told us how the registered manager cared for and knew the people using the service extremely well and this was evident when she voiced any concerns about their health.

Is the service caring?

Our findings

Over the two day inspection we heard numerous positive comments made to staff and the registered manager from people using the service. These included, "Oh you are so lovely to me" and "You are all very caring, what would I do without you" and "You are a little diamond." Visitors and health professionals spoke very positively about the caring nature of the staff and registered manager. Health professionals said, "Staff seem really attentive and residents always appear very happy" and "The registered manager is lovely she is very caring." Relatives we spoke with were also very complimentary about the caring nature of the service. Comments included, "The registered manager is a very, very nice person and thinks a lot of the people living here. The staff are also little stars. It definitely feels a caring place when I visit."

From our observations over the two days we were at the service, we found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Calls for assistance were responded to and staff communicated well with people. We observed staff members offering caring and compassionate support to people and engaging people in conversations and singing.

Staff spoken with and the registered manager had a sound knowledge and understanding of the needs of people they cared for. Staff members told us how they enjoyed working at the service and how they felt it was like, "One big happy family." Comments from staff included, "I love it here. It's great. Great atmosphere" and "I enjoy working here. I have settled in well. Everybody is so nice and friendly."

We considered how people's dignity was maintained and promoted. 'We noted washable continence products on all the chairs in the lounge, some of these had holes evident. We spoke with the registered manager in relation to this practice who acknowledged that this did not respect the dignity of the people using the service. On the second day of inspection we noted that these had been removed and new furniture had been ordered which were made of a waterproof and easy to clean material.

Over the two days of the inspection we saw examples of people being offered choices. Staff we spoke with talked about people in a respectful, confidential and friendly way. Daily records we saw were completed by care staff and written with compassion and respect. All staff had been instructed on maintaining confidentiality of information and gave us examples to demonstrate that they understood the procedural guidance. People's records were stored securely. This meant people using the service could be confident their right to privacy was respected with their personal information kept in a confidential manner.

People who used the service indicated their privacy was respected. People we spoke with gave examples of how staff would knock before entering their rooms and when attending to personal care would always ensure the person's privacy was respected by closing the door and supporting them in a dignified way. Staff we spoke with showed a clear understanding of the measures in place to ensure a person's privacy and dignity was respected and gave appropriate examples.

There was information about advocacy and Independent Mental Capacity Advocates (IMCA) services available at the entrance to the service. Advocates support people to access information and make

informed choices about various areas in their lives. IMCA services are a legal safeguard for people who lack the capacity to make specific important decisions. At the time of the inspection the registered manager told us there were people accessing both services. We saw evidence of this.

We looked at compliments received about the caring nature of the staff and registered manager. Comments included, "The quality of the care is excellent" and "Belvedere is a superb home. The way the residents are cared for and treated is second to none." We looked at the results of ten resident and family questionnaires. All ten indicated the caring atmosphere was 'excellent'. One staff member told us, "I like to think when I go home at the end of my shift that I have done my best and I know I am not the only one who thinks this."

It was evident during the inspection that the people using the service were cared for with kindness and respect. The registered manager displayed a real passion in relation to the care of people and it was evident that the ethos of the service was based on the care and compassion of the people using the service. The registered manager was very highly regarded by people using the service and their relatives.

Is the service responsive?

Our findings

People we spoke with indicated that they were listened to and felt happy that staff and the registered manager would deal with any concerns effectively. People made positive comments that staff were available and willing to help them whenever they required. Comments included, "Staff always go the extra mile to help me" and "If I have any worries I just speak with [the registered manager's name] she is always around to help." Visitors confirmed that they were confident and issues would be addressed; however, all the visitors spoken with had never had cause to raise any concerns. We asked the registered manager if she had received any recent formal complaints. The registered manager told us the last formal complaint was made in 2009.

We looked at what arrangements the service had in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at four people's care files and four people's pre-admission assessments. It was evident that a full assessment of need had been completed before a decision had been made about whether the service could meet the person's needs. Additional assessments were also evident in some of the files we looked at, for example assessments done by the Local Authority. This helped provide a more detailed and holistic pre-admission assessment. We looked at other completed assessments and noted these were reflective of people's current needs. Assessments included, social planning and daily activities, physical abilities, pain management, communication and nutritional requirements. Assessments we saw were in date and reviewed monthly or more often depending on the needs of individual people. We noted people had been involved in their assessment and where appropriate the service sought support from their family members.

Daily reports provided evidence to show people had received care and support in line with their care plan. We noted that records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required any aspect of their care monitoring, for example, skin integrity, weight and falls monitoring.

We noted procedures in place for the monitoring and review of care plans. Care plan reviews were carried out on a monthly basis and wherever possible people using the service and their families if appropriate were involved. One family member told us that they had recently been part of a review meeting which involved other health and social care professionals. Several relatives told us they were invited to review meetings; however, had not attended due to other commitments.

The registered manager told us the service employed a part time activities coordinator. At the time of the inspection the activities co-ordinator was away on holiday. The registered manager told us that care staff would also organise activities and these took place usually in the afternoon. On the first day of the inspection we did not see many activities and the building appeared quiet and calm. The registered manager told us this was unusually quiet. However, on the second day of the inspection the atmosphere was much brighter and people were laughing, singing, playing music and enjoying each other's company.

We noted a sensory room had been created along with a 'cinema room'. The registered manager told us that

people enjoyed sitting and eating popcorn whilst watching a film; however, due to the limited size of the room there was only space for four people at any one time. A 'games room' had also been created this had a pool table and was decorated like a public house; however, again space was very limited.

Visitors we spoke with told us that they were always made to feel very welcome and were offered refreshments by staff during their visit. We asked visitors about their involvement with hospital appointments and other aspect of their relatives care. Comments included, "I am always kept informed about [my relative's] health and any appointments they may have" and "When [my relative] was unwell recently the [registered manager's name] kept me fully informed." The registered manager told us she would never let any person attend hospital alone and would always ensure that a member of care staff accompanied them if a member of their family could not attend. The registered manager considered this as very important even if the person had the ability to retain and understand the information at the appointment. We spoke with people about this. One person said, "No one wants to go to hospital alone but you don't have to when you are living here. [The registered manager's name] makes sure you are not alone."

We looked at how complaints and compliments were managed. We noted the service had a complaints procedure in place. The complaints procedure was on display at the front entrance. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We saw complaints and compliments forms were easily accessible. Staff we spoke with confirmed they knew what action to take should someone in their care or a relative approached them with a complaint. The registered manager showed us a file which was full of thank you cards and compliments.

Relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. People who used the service and their relatives told us they were confident should they have any issues that these would be dealt with appropriately. Visitors we spoke with told us that they could approach the registered manager with any query and she would help them. One family member said, "[The registered manager's name] would bend over backwards for me, well not just me but everyone. She likes to make sure everyone is happy and will go that extra mile if somebody doesn't appear to be."

We noted residents and family meetings were held. We looked at the discussions and comments from the past meeting and noted they were all positive, subjects discussed were around food preferences, birthdays, the environment in terms of decoration and activities.

Resident's newsletters were also produced on a monthly basis. The newsletter covered BBQ's, events, and staff qualification recognition for example; in one newsletter it commended a staff member for recently completing their NVQ level three.

Is the service well-led?

Our findings

We asked people living at the service, staff, visiting professionals and visitors how they felt the service was managed. Every person we spoke with indicated their satisfaction with the management of the service and spoke very highly about the registered manager. People using the service told us how the registered manager's presence was always seen around the service and that she was very amenable and approachable. Comments included, "[The registered managers name] is always very helpful and will always help me with any requests" and "[The registered manager's name] is lovely, she is very caring and nothing is ever too much effort. I only ever need to ask."

Visitors told us, "I looked at quite a few homes before settling on this one. [The registered manager's name] is always very pro-active and nothing is too much trouble" and "I came to visit a friend here over 10 years ago and [the registered manager's name] was here then. I always knew when [my relative] needed more help they would come here. It's a very well run home and they take good care of [relative's name]." Visiting professionals added, "[The registered manager's name] always gives me up to date information and knows each person living here extremely well" and "All staff and registered manager appear very attentive to the people living here and to me when I visit. All staff are very willing to help me and this reflects the service well."

There was a registered manager in post at the time of the inspection. The registered manager had responsibility for the day to day operation of the service. She was supported in her role by the service provider. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care. These observations supported the positive comments made by people we spoke with over the two days.

We saw good examples over the two day inspection of the registered manager interacting professionally with people living at the service, staff, visitors and visiting professionals.

We saw a range of policies and procedures were in place at the service. These ensured staff were provided with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We noted the service had effective audit systems in place. The registered manager told us she used a range of systems to monitor the effectiveness and quality of the service provided to people such as medication, falls monitoring and bruising, audits on dependency assessments and feedback from people and their relatives in quality assurance questionnaires this helped monitor their satisfaction with the service provided. Records also showed the registered manager had commenced a care plan auditing schedule with clear timescales for completion and had a member of staff designated to undertake this.

We saw evidence that staff meetings were held frequently. These meetings were used to discuss any issues

and feedback any complaints and compliments. Good and bad practice was also noted and discussed. We noted that ideas from staff were listened to and actioned if appropriate. One staff member told us, "Staff meetings are regular. Any ideas staff raise are looked at seriously by [the registered manager's name] she will always listen to staff and change things if it means a better experience for the residents."

There were procedures in place for reporting notifiable events to the Care Quality Commission (CQC) and other organisations such as the local commissioners, local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

Staff indicated that they were happy in their roles as carers and felt well supported by the registered manager. Staff also felt there was a good communication and that the registered manager would deal with any issues effectively. One staff member said, "It's a great environment. Everybody always seems happy which makes a nice environment and this impacts on people living here" and "I feel I can go to [the registered managers name] with anything and she will deal with it. I have every faith in her." Staff we spoke with told us how the registered manager encouraged career progression and further qualifications.

We found the registered manager to be very approachable and extremely responsive to issues we raised over the two day inspection. People we spoke with confirmed the registered manager was always visible around the service and felt they could go to her office at any part of the day.

We noted the service had a 'statement of purpose'. This highlighted that the service aim was to "Offer residents the opportunity to enhance their quality of life by providing a safe, manageable and comfortable environment and in addition support and stimulation to help them achieve physical, social, intellectual, cultural and emotional fulfilment.

We found the service had 'Investors in People' status in 2015. This highlighted the service had dedicated and hardworking staff and provided an excellent standard of care. This was displayed in the entrance hall. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework. The Investors in People accreditation is known as the sign of a good employer and an outperforming place to work and a clear commitment to sustainability.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to adequately assess prioritise and update necessary risk documentation to ensure the safe care and treatment of a person whose needs had changed considerably.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider did not have adequate infection control measures in place at the home.</p> |