

Ablecare Homes Limited

Belvedere Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

We carried out a comprehensive inspection of Belvedere Lodge on 28 October 2014. Four breaches of the legal requirements were found at that time. These related to the management of medicines, record keeping and quality assurance. After the inspection, the provider sent us a report of the actions they would take to meet the legal requirements.

We undertook a focused inspection on 14 May 2015. This was to check the provider had followed their plan and to confirm they now met the legal requirements. We also looked at the staffing arrangements at the home. This was because we had received information since the last inspection which raised concerns about the support people received.

This report only covers our findings in relation to these specific areas. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for 'Belvedere Lodge' on our website at www.cqc.org.uk

Belvedere Lodge is a care home without nursing for up to 20 people. The home mainly provides support for older people who are living with dementia. There were 18 people living at Belvedere Lodge at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At our focused inspection on 14 May 2015, we found the provider was not meeting the legal requirements in all areas. People's care records were not being fully completed. There was a risk that people would not receive the right support because accurate information about their care had not been recorded.

The provider had taken a number of the actions they had planned following the last inspection. This had resulted in some improvements, for example in the way people's

medicines were being managed. Some new checks had also been started to help identify where improvements were needed. However the actions taken were not effective in ensuring that good standards were maintained in all areas.

We found shortcomings in the staffing arrangements. Staff did not always have the time to meet people's needs in a personalised and timely way.

The ratings we gave for the service at the inspection on 28 October 2015 have not changed. Regulations continue not to be met. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Sufficient action had not been taken to ensure the legal requirements were met and the service was safe in all aspects. Staff were not always available to meet people's needs in a timely way.

Improvements had been made in the recording of people's medicines. However not all the risks associated with medicines were being well managed.

Requires Improvement



Is the service effective?

Sufficient action had not been taken to improve the effectiveness of the service. People's care records were not always fully completed. The lack of information meant there was a risk people would not receive the support they needed with their food and drinks.

People were not always supported at mealtimes in a personalised and individual way.

Requires Improvement



Is the service responsive?

Sufficient action had not been taken to ensure people's care records were fully completed. There continued to be a lack of detail in the records to inform staff of people's life histories.

Requires Improvement



Is the service well-led?

The provider had taken the actions they had planned in order to meet the regulation. The arrangements being made for quality assurance had improved because a wider range of checks were being undertaken.

However, our findings highlighted that the approach to monitoring the service was inconsistent and did not ensure that good standards were maintained in all areas.

Requires Improvement



Belvedere Lodge

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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection of Belvedere Lodge on 14 May 2015. We checked that the improvements planned by the provider after our comprehensive inspection on 28 October 2014 had been made.

We inspected the service against four of the five questions we ask about services: is the service safe, is the service effective, is the service responsive and is the service well led. This was because the breaches found at the last inspection were in relation to these questions.

The inspection was unannounced and undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before carrying out the inspection, we reviewed the information we held about the home. This included the report we received from the provider which set out the action they would take to meet legal requirements. We looked at the notifications and any information of concern we had received. Notifications are information about important events which the provider is required to tell us about by law.

During our inspection we spoke with four people who lived at the home, three relatives, and with three staff members. We also met with the registered manager and with a senior manager who worked for the provider.

We used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to people in the dining room at lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at three people's care records, as well as records in relation to medicines and quality assurance.

Is the service safe?

Our findings

At the inspection of Belvedere Lodge on 28 October 2014 we found that people were not always protected against the risks of receiving unsafe care. This was because risk assessments were not being fully completed. As a result, staff did not have the information they needed to support people safely.

This was a breach of Regulation 9(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 14 May 2015 we found the provider had taken the action they had planned in order to meet this regulation. This involved reviewing people's risk assessments and adding further information where necessary. We saw information had been added to people's care records. This gave more details of the risks to people and how these were being managed. One person, for example, had been assessed for the risk of poor nutrition. Further information had been added to the assessment form about the actions being taken to reduce this risk.

At the inspection on 28 October 2014 we had also found there were risks to people because their medicines were not being managed in a safe way. There were shortcomings in how people's medicines were being recorded and the accuracy of the records. This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 14 May 2015 we found the provider had taken the actions they had planned in order to meet this regulation. This included ensuring that accurate records were maintained in respect of medicines kept in the home and of its administration to people. Records of the administration of medicines were up to date. The records showed people had received their medicines as prescribed for them.

We found at the last inspection that the records lacked detail about the support people received with medicines prescribed for use 'as required' (PRN). We saw the records now showed when people had declined their PRN medicines, as well as the times they had been given. This helped to ensure good information was available when people's medicines were being reviewed. However, staff

were not consistent in the code they used to record when people declined their PRN medicine. The registered manager said they would confirm with staff the correct code to use.

A new system for checking medicines had been introduced since the last inspection. This including a weekly stock check to ensure that the quantity of medicines kept in the home had been correctly recorded. People's medicines were kept in a locked trolley as part of a monitored dosage system. This was a safe arrangement, however we saw that two people's prescribed creams were kept in unlocked cupboards in WCs. The labels had become detached from the tubes and there was no date to show when the creams had been opened. The creams were not kept in a hygienic and safe way and there was a risk they would not be used as prescribed.

People received support with their medicines when having their lunchtime meal. A staff member administered medicines in the dining room. On several occasions, this staff member stopped to support people with other needs during the meal. This delayed the recording of the medicines that had been given, although the staff member ensured the medicines trolley was locked when not in use. For much of the meal, it was only this staff member who was available to support people in the dining room.

At the last inspection we found staff were busy and there were times when people had to wait for assistance. We had also seen people receiving support in ways which lacked a personalised and safe approach. We had recommended that a dependency tool was used as a means of reviewing people's needs and ensuring that staffing levels were fully effective at all times.

During the inspection on 14 May 2015, the senior manager said a dependency tool had been used to assess staffing levels and changes were made in the deployment of staff. However we were not provided with the findings of this assessment.

We found there were still shortcomings in the staffing arrangements and people's needs were not being met in a timely way. Not everyone looked well supported with their personal care during our inspection on 14 May 2015. At lunchtime, staff said they had not had the time to support the gentlemen with shaving earlier in the day. They told us

Is the service safe?

shaving was usually carried out as a weekly task. This showed an institutional approach to caring for people, which staff said was because they did not have enough time.

The feedback we received from people and our other observations also highlighted concerns about the availability of staff. Although staff were described as “very nice”, we heard that staffing levels could be “difficult” and the home was “short staffed” at times.

When in the dining room, we saw staff were not readily available to support people with their meals. There were also times when staff who were supporting people in the lounge were called away to deal with other matters. Some people in the lounge appeared agitated when staff were not present to attend to their needs.

In relation to the current deployment of staff, we found the provider was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

At the inspection of Belvedere Lodge on 28 October 2014 we found that people's nutritional records were not being fully completed. This meant there was a lack of accurate information about how much they had to eat and drink. There was a risk that, without the correct information, people would not receive the support they needed with their food and drinks.

This was a breach of the Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the report we received following the last inspection, the provider emphasised the importance of records being fully completed by staff. This included the records relating to people's nutritional intake. We were told the records would be checked to ensure this was happening.

We looked at three people's care records during our focused inspection on 14 May 2015. The records included the forms staff used to record people's food and fluid intake. These forms were used for a number of people whose intake needed to be monitored throughout the day. It was stated on the forms that staff were to record "All food and fluid intake including snacks and extra drinks. Please record exactly what has been offered and the quantity finished."

The provider had not taken the action that was needed to meet the regulation. We saw gaps in people's records

where no, or very little, information had been completed. For example, one person's food and fluid intake form showed they had not had a drink, or been offered a drink, from mid-morning one day until breakfast on the following day. The registered manager confirmed that the forms did not give an accurate record of the support people had actually received. A staff member told us they completed the forms, but they were aware that recording overall was inconsistent.

At the inspection on 28 October 2014 we had also found that support for some people with their meals lacked a personalised approach. This had been seen in the way that people received assistance from staff.

During our inspection on 14 May 2015, there were again shortcomings in how people were supported and their needs met at lunchtime. We saw some people needed encouragement to eat their meals. They responded positively when this was provided by staff. However this happened infrequently and staff did not have the time to spend with people. As a result, people stopped eating and became distracted. One person, for example, had a plate of food with gravy; they handled the food, which they took on and off their plate several times. Staff told us that 'finger food' was not provided, but they felt some people may find this easier to manage. There were no napkins on the tables and one person used the tablecloth to wipe their face. At the end of the meal we saw there was a lot of waste because people had not eaten all the food that was on their plates.

Is the service responsive?

Our findings

At the inspection of Belvedere Lodge on 28 October 2014 we found there was a lack of information relating to people's life histories. In particular, a document headed 'The life of ...' was not being fully completed. This document was designed to provide information about people's backgrounds, in addition to what was recorded in their care and support plans. There was therefore limited information to help staff provide care to people in a personalised way.

This was a breach of Regulation 9(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us about the steps being taken to obtain more information about people's life histories. These included involving family members in the process and ensuring that as much information as possible had been recorded.

At our focused inspection on 14 May 2015 we found the provider had not taken all the actions they had planned in order to meet the regulation. The registered manager said efforts had been made to obtain more information about people's life histories; this was from the people themselves and from their relatives. However there had been limited success and very little had been added to the information in people's care records. The registered manager showed us a new form that was going to be used to record information about people's lifestyles and preferred routines. Staff were expected to complete this record with the current information and add to it over time.

Is the service well-led?

Our findings

At the inspection on 28 October 2014 we found some arrangements were being made for assessing and monitoring the quality of the service. However, these had not covered all areas and action was not always being taken in accordance with the provider's policies. This specifically related to the auditing of medicines and of the home's safeguarding procedures. This meant that areas in need of improvement were not always being identified and followed up.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 14 May 2015 we found that the provider had taken the action they had planned in order to meet this regulation. This included starting a weekly audit of medicines. We saw records of the audits which showed medicines were being checked to ensure the amount in stock was correct and had been accurately recorded. The registered manager told us the audits also involved looking at the recording of medicines more generally so that any errors in administration were identified.

We saw a file which contained information about safeguarding and how certain incidents at the home had been followed up. This file had been set up since our

inspection on 28 October 2014. The contents provided an overview of the procedures being followed in relation to specific events relating to safeguarding. This meant there was information to show that incidents had been responded to appropriately and whether further action was needed. The information had been recorded on a month by month basis. This helped in identifying any trends during the year and whether the frequency of incidents was improving over time.

The registered manager said that staff practice in relation to managing medicines and safeguarding was assessed during spot checks. We were told the checks primarily consisted of observations of staff "on the job" and how they responded to events that arose during their work. Records were kept of the checks to show what had been observed and any actions that were taken as a result. These checks were a useful means of identifying any learning needs of staff which when followed up would improve the service people received at the home.

The actions taken by the provider had resulted in some improvements in how the quality of the service was being monitored. However, we found the system of quality assurance was not effective in ensuring that good standards were maintained in all areas. Record keeping, for example, is an area where there continue to be failings and the regulation is not being met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were not enough staff deployed to meet the needs of the people using the service.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care plans for the people using the service did not include full information about their needs and preferences (including relevant information about their life histories).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Complete and accurate records were not being maintained in respect of each person using the service.

The enforcement action we took:

We have issued the registered person with a warning notice which requires them to become compliant with Regulation 17(2)(c) by 5 August 2015.