

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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Belvedere Lodge Residential Care Home provides accommodation and personal care for up to 16 older people some of whom were living with dementia. People who live at the home access nursing care through the local community healthcare teams. At the time of the inspection 13 people were living at the home.

People's experience of using this service:

Care plans we saw contained good person-centred detail about their routines and how staff were to support them. However, records did not always contain consistent information in terms of preferences and social background.

Risk assessments were in place however these had not been consistently completed and had not been reviewed regularly or as required

People received their medicines when they should. The provider followed safe practice for the management of medicines.

Audit systems were in place but had not picked up some areas of shortfalls identified at the inspection. The service lacked an action plan on how identified concerns would be dealt with or how staff would improve their practices.

Staff promoted people's dignity and independence. There was a complaints policy in place and complaints were managed in line with the service's policies and procedures.

People told us they felt safe and happy. There were positive and caring relationships between staff and people, and this extended to relatives and other visitors.

Staff understood the importance of providing person-centred care and treated everyone as individuals, respecting their abilities and promoting independence. Staff knew how to recognise and report any concerns they had about people's welfare and how to protect them from abuse.

There were enough staff, to support people's needs. The provider recruited staff safely to ensure they were suitable for their role. Staff continued to receive ongoing training and support to keep their knowledge, skills and practice up to date.

People were supported to maintain good health and to eat and drink well. Staff involved other professionals when people became unwell or required additional services.

People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager was passionate about putting people at the centre of the service. Staff knew their roles and understood what was expected of them.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Rating at last inspection: The last rating for this service was requires improvement (February 2019) and there were two breaches of the regulations identified. 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 that although some improvements had been made and was no longer in breach of some regulations, the provider was still in breach of regulation 17.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Belvedere Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector

Service and service type:

Belvedere Lodge Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care. 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 care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in February 2019. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people who used the service and three relatives to ask about their experience of the care provided. We spoke with the registered manager, nominated individual, four members of care staff, the activities co-ordinator and chef. We reviewed care records for five people using the service.

We checked recruitment records for six staff members and training and supervision arrangements for the staff team. We reviewed a range of records. This included five people's care records, multiple medication records and accident and incident records. We looked at a variety of records related to the management and maintenance of the service and walked around the buildings to make sure the environment was clean and safe for people to live in.

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 requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's individual safety and well-being were not assessed and recorded adequately to protect them from personal and environmental risks. People's records did not have up to date risk management plans or detailed care plans to guide staff on how to support people against ongoing risks. One person had a fall in November 2019 however their risk assessment had not been updated since July 2019 to indicate the decline in mobility.
- In other places risk assessments did not contain consistent information. For example, in one person's care risk assessment, it had been documented the person was occasionally incontinent. However, later in the risk assessment it had been documented the person was incontinent. This meant it may not be clear for staff how people should be currently supported.
- The registered manager and staff were knowledgeable about people's care needs and were able to tell us about how people liked to be supported. If records don't fully reflect people's care needs, there was a risk that people won't get the support they need. This risk would increase in particular if the number of people being supported increased and it became more difficult for the registered manager to know people's care needs individually.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..

- Risks associated with the environment and equipment were assessed and actions to minimise those risks were in place.

Using medicines safely

At our last inspection the provider had failed to safely manage people's medicines. Medicines were not always given as intended by the prescriber and medicines administration records (MARs) were not consistently completed accurately. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 with regard to medicines management.

- Medicines, including controlled drugs, were securely stored and at the correct temperature. There was a clear system for checking all prescribed medicines and records for their receipt and disposal.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living at Belvedere Lodge. Relatives shared similar views and were confident their family members were well cared for. Comments included, "Without a doubt [Person] is safer here than at their home" and "Yes its safe here."
- During the inspection we saw the provider had a process in place for investigating and responding to safeguarding concerns. Staff demonstrated a clear understanding of safeguarding and they had received the appropriate training. We looked at the records for safeguarding concerns raised during 2019 and we saw they included information regarding the concern, copies of relevant information including minutes of any meetings, notes of any investigation and the outcome.

Staffing and recruitment

- Recruitment processes were thorough. The provider carried out the required pre-employment checks to make sure staff were suitable to work in a care setting. This included asking for a full employment history, checking the reasons why staff had left their previous roles.
- There were also checks of the prospective staff's identity and a Disclosure and Barring Service (DBS) disclosure was completed. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people in care homes.

Preventing and controlling infection

- We saw staff using personal protective equipment when supporting people and staff had access to antibacterial hand sanitising gel. We saw staff received training on infection control. The management of infection control was an integral part of how staff ensured people were supported safely.
- Food hygiene practice was safe and the service had achieved the highest five-star rating in food hygiene standards.

Learning lessons when things go wrong

- Accidents and incidents had been reported and recorded. At our last inspection we highlighted that actions taken to reduce the risk of reoccurrence had not always been documented. At this inspection we reviewed incident and accident records and saw these had been fully completed. The registered manager had reviewed all incidents and accident forms.

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 good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives said they were fully involved in the assessment process and any reviews thereafter. People told us, "I am included in my care plan."
- The provider's assessments were comprehensive, reflected best practice guidance and considered all aspects of people's needs. They included specific assessments for skin integrity, nutrition and moving and handling.

Staff support: induction, training, skills and experience

- People remained confident they were supported by staff who knew how to care for them. One person told us, "They are obviously well trained."
- New staff worked alongside more experienced staff to learn about people's needs. Staff completed an induction to their role and ongoing training. This enabled them to keep up to date with best practice and develop their skills and knowledge in meeting people's needs.
- The registered manager met regularly with staff to review their performance and development needs. Staff felt supported and able to discuss any concerns, share ideas and request further training. Staff had completed their NVQ3 and another had been promoted to senior carer.
- Staff feedback and our observations showed people experienced effective support. We saw staff help people to move and transfer safely and assist individuals with the support they needed to eat and drink.

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

- People were supported with their nutritional needs and to maintain a balanced diet. Everyone told us they enjoyed the food provided and had choice. Their comments included, "Delicious" and "There is a good choice of nice food."
- People chose their daily menu options each morning. Meals were all cooked on site and the chef knew people's dietary needs and preferences well.
- People were given alternative meals where requested. Where people required their food to be prepared differently because of medical need or problems with swallowing, this was catered for.

Staff working with other agencies to provide consistent, effective, timely care

- People received effective and coordinated care when they were referred to or moved between services. The registered manager told us when people chose to stay with their GP or dentist on moving in, this was supported.

- Information was shared appropriately with other professionals to help ensure people received consistent care and support. For example, staff provided important records about people's needs and medical history where they were admitted to hospital.

Supporting people to live healthier lives, access healthcare services and support

- People had access to the health care services they needed. A relative said, "{Person} health has improved so much, [Person] is so much better than at home." Care plans described what support people required to maintain good health and wellbeing.
- People were in regular contact with various community-based health care professionals. These included community nurses, chiropody, mental health team and GPs. Care records provided a clear overview of the health care appointments people attended and showed where professionals had made any recommendations or actions for staff to follow.
- Staff were knowledgeable about people's individual healthcare needs and how to support them. They could describe how people's health conditions affected their lives and knew what action to take to keep people safe and well.

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

- The layout of the service supported people's needs and accommodation was provided on three levels which were accessible by a stairlift. Corridors and doorways were wide, enabling people using walking aids and wheelchairs to move independently around the home.
- People had other specialist equipment to promote their independence and meet their physical and sensory needs. The registered manager was passionate about looking at ways of providing a more stimulating environment for people living with dementia. This included using bolder colours and additional signage to help people find their way around and support their independence.

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

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People confirmed that staff always consulted with them before care and support was provided. Relatives said they felt involved in important discussions about people's care.
- People were supported by staff that had received training and understood their responsibilities around consent and mental capacity. They knew what they needed to do to make sure decisions were made in people's best interests.
- Care plans explained where people could make decisions for themselves or if they needed further support.
- Where people had assigned representatives or family members involved in making decisions about their care, the provider had confirmed they were lawfully authorised to do so.
- Four people were deprived of their liberty at the time of our inspection. The registered manager

understood their responsibilities in relation to this. Records confirmed they had made a referral to the local authority to seek lawful authorisation where it was unsafe for a person to leave the service unaccompanied.

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's privacy and dignity was respected, and they were treated as equals. The provider had made improvements to this area. This was because at our last inspection we found there had been shortfalls in respected of how people's privacy and dignity was maintained.
- At this inspection we saw improvements had been made. Staff demonstrated improved relationships with people and understood their needs. We saw examples of staff being kind and compassionate towards people. The registered manager informed us they had initiated a "Wide Awake " programme to support people during the night who struggle to sleep.
- People were supported by staff who were kind and caring. Staff had developed positive relationships with people. We observed staff engage in conversation meaningful to individuals.
- We observed staff being attentive and responsive to people's needs. We saw a person use their fingers to eat. Staff explained "That is how [Person] prefers to eat, we support [person] to wash their hands, and they just get on with eating the food by themselves. No need to feed them. We always include cutlery in case they change their mind ."
- The service received compliments. A compliment from a relative read, "Thank you. We are so happy [Person] is safe and cared for. This gives us peace of mind."

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

- People were asked their views on activities and were involved in the interviewing and selection of staff that would support them. Staff gave examples of how they encouraged people to make decisions about their daily care and support wishes. One member of staff told us, "We always ask what they want to eat or wear and if they want to join in activities or not."
- Relatives and representatives were involved in decisions should people require support to express their wishes. One relative told us, "They always contact us and keep us updated with communication."
- Minutes from those meetings showed information was shared and discussed and people were encouraged to give their feedback about the service. This included the quality of care, catering, activities and planned changes around the premises.
- People could spend time how they wanted to. Staff encouraged people to sit where they liked and helped them make everyday decisions to maintain their choices and independence. One person told us, "I walked the dog, I like going out." We were told of another person who chose to stay in their room and had a one to one music session.

Respecting and promoting people's privacy, dignity and independence

- People were able and encouraged to be independent. For example, people took taxis independently to activities they attended. As well encouraging independence, this helped reduce the restrictions placed on people's lives .
- Support plans detailed the parts of people's care routines, they were able to carry out by themselves.
- People were supported by staff who respected their privacy and who promoted their dignity. Staff knocked on people's doors before entering and people had closed doors so that people' had their privacy respected whilst in their room.
- During the inspection we observed positive and respectful interactions. Staff spoke to people in a polite and caring manner. For example, we observed staff ask people if they preferred a bath or a shower and another person was asked kindly to wait for their cigarette while staff locked the medicine trolley.

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 meet people's needs, preferences, interests and give them choice and control

At our last inspection the provider had failed to keep accurate and complete records in relation to people's care needs. 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 provider had changed their system to record information on people's care needs electronically. We found this was not fully completed and guidance for staff was not consistently clear and person centred. For example, one person's behavioural plan to guide staff with how to support this person when they were anxious lacked detail instructions to ensure new or bank staff had a consistent approach. Other care plans continued to lack details on preferences such as peoples likes, dislikes or background.
- The registered manager and deputy manager acknowledged the care plans did not reflect the level of knowledge they and the staff held about people. The registered manager said the service was continuing to improve their electronic care plan system. They would review the current documentation to ensure it held more detail and was accurately maintained until all the care plans were fully updated.

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.

- People's Information was available to people in accessible formats such as pictorial or easy-read format. For example, one person had a laminated communication board for person to use when expressing their daily choices.

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

- Activities were available every day. There was a full entertainment programme throughout the whole week in both the morning and evening. People were given a weekly programme in their rooms and there was one on display on a notice board.
- The activities manager and staff told us there were planned group activities each day which included exercises, memory games, chair yoga and musical entertainment was provided at the home each month.

During the inspection we observed a person singing a solo rendition of Amazing Grace.

- Relatives said their family members had interesting things to do. We saw when the activities member of staff was on duty people really enjoyed their interactions. Staff said people's well-being improved when they had interesting things to do. For example, staff had used activities to support an individual to regain more vocabulary which they had lost after a stroke. Others were supported into the community on a rickshaw.
- The management team were building relationships with the community to create opportunities for people to have interesting things to do. For example, encouraging relationships with local schools to provide links for people living at the home to enjoy interactions with the children.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people knew who they would go to if they wished to raise a concern.
- People and relatives felt comfortable to raise any concerns. None of the people had ever had to make a formal complaint whilst living at Belvedere Lodge. People told us they knew who to go to if they had a problem – their keyworker or one of the Managers. One person told us "I can talk to them if things are not right, I have done so before."

End of life care and support

- People's care plans included their wishes, views and thoughts about end of life care.
- The service supported people and their families at this sensitive time. Staff had undertaken end of life care training provided by St Peter's Hospice. The training gave them the skills and knowledge to provide compassionate care for people.
- People were supported to remain at the service, in familiar surroundings, supported by their family and staff who knew them well.

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 requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure governance systems were effective in ensuring accurate and contemporaneous records in respect of each person, including a record of the care and support provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made at this inspection the provider remained in breach of regulation 17. Processes in place had not identified the shortfalls we found during this inspection.

- The registered provider needed to improve their governance systems and the systems for checking quality performance, risk and regulatory requirements. While the registered manager and the staff team were aware of their roles and responsibilities, we found they had not followed required standards, guidance and their own policies in relation to care plan reviews and medicines management.
- The registered provider's systems did not always promote person-centred and high-quality care to promote good outcomes. For example, in some records there was information that a person needed support with their personal care, but no further detail about the specific support people required. In addition, risk assessments had not always been reviewed to reflect peoples changing needs and some records were not up to date .
- While the provider had introduced a range of quality monitoring and had employed a new registered manager since the last inspection. The systems were not robust enough to demonstrate leadership and quality assurance was effectively managed and needed to be effectively imbedded into their practices.

This is a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive culture at the service which focussed on providing people with high standards of care. Management and staff knew people well and empowered people to make decisions about their care and support. Staff told us they felt supported and valued by the management team.

- The Management were well respected by the staff team. The leadership was visible and inspired the staff team to provide a quality service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt they were listened to. People were encouraged to be involved in the development of the service and feedback was sought from people who used the service. Staff and management meetings took place regularly and were open forums for information to be shared.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's and community nurses.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have suitable risk management arrangements to make sure that care and treatment was provided in a safe way for all service users.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems and processes in place to identify areas of improvement and respond to risk effectively.</p>