

Adichis Healthcare Limited

# Belvedere Park Nursing Home

## Inspection report

2 Belvedere Road  
Coventry  
West Midlands  
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Tel: 02476673409

Date of inspection visit:  
09 March 2016

Date of publication:  
22 April 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 9 March 2016 and was unannounced.

Belvedere Park Nursing home provides nursing care and accommodation for up to 23 people. This includes younger and older people with physical nursing needs as well as people who are nearing the end of their life (palliative care). On the day of our visit there were 21 people living there.

The provider is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Staff had a good understanding of what constituted abuse and knew what actions to take to keep people safe. There were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care, for checking staff were suitable to work with people who used the service, and for managing people's medicines safely.

Care plans were personalised and contained relevant information for staff to help them provide the care people required. Information about making a complaint was available for people and people knew how to complain if they needed to. Staff said they could raise any concerns or issues they had with the registered manager, knowing they would be listened to and acted on.

Staff had the skills, knowledge and experience to work with people effectively. People received good end of life care from a compassionate and knowledgeable staff team.

The registered manager understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff respected people's decisions and gained people's consent before they provided personal care.

People felt staff were extremely caring and kind and treated them with respect and dignity. Staff understood the importance of treating people with kindness and compassion. They also provided good humour and many people enjoyed friendly banter between themselves and staff.

People were provided with sufficient to eat and drink and their nutritional needs were well supported. People enjoyed the food provided. Where changes in people's health were identified, they were referred promptly to other healthcare professionals.

People and staff thought the registered manager and provider were open and approachable. The registered manager supported staff well to provide good quality care to people. There were quality assurance monitoring systems to support the manager in ensuring quality of care was maintained and improved.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were sufficient staff to meet people's care and nursing needs safely. Risks associated with people's care were managed well, and medicines were administered safely. People told us they felt safe at the home, and staff understood procedures to protect people from abuse.

### Is the service effective?

Good ●

The service was effective.

Staff had received training to meet people's general and specific health needs. People received food and drink which met their needs, and had access to healthcare when required. Staff understood the principles of the Mental Capacity Act.

### Is the service caring?

Good ●

The service was caring.

Staff were warm, very caring and engaging with people. People spoke highly of the care provided by all staff who worked at the home. They felt their privacy and dignity was respected by staff. People's friends and relations were able to visit the home when they wished.

### Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed information about people's needs, likes and dislikes. These were regularly reviewed. People enjoyed talking with staff and participating in the organised group activities. Complaints were investigated and responded to appropriately.

### Is the service well-led?

Good ●

The service was well-led.

People and relatives felt at ease to speak with the registered

manager and their team about care provided. The registered manager was supportive to the staff group and was open and transparent in their management of the home. There was a culture of learning and development. The registered manager had quality assurance systems in place to support them in maintaining a good quality of care.

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# Belvedere Park Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 9 March 2016 and was unannounced. An inspector and a specialist nursing advisor undertook this inspection. The specialist nursing advisor was a specialist in long term health conditions and end of life care.

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 the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS.

We spoke with six people who lived at the home, six relatives, three visiting healthcare professionals and two visiting social care workers. We spoke with the registered manager, eight staff including nurses, care staff, domestic staff and the cook and their assistant.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered.

We checked whether staff were recruited safely and if they were trained to deliver care and support

appropriate to each person's needs. We looked at the medicine administration records of six people. We looked at other supplementary records related to people's care and how the service operated. These included records of checks the registered manager had undertaken to ensure people received good care.

## Is the service safe?

### Our findings

People and relatives told us people felt safe at the home. A relative told us, "[Person] is safe and well." Another relative told us, "Before [person] came here they were very frightened but they love it here now." They went on to tell us, "I feel [person] is safe, I can sleep better at night knowing this."

People were protected from the risk of abuse because staff had attended training in safeguarding people and understood the provider's policies and procedures for raising concerns. For example, two staff were asked what they would do if they saw a member of staff moving a person in a way which could harm the person. Both were aware this was wrong and should be reported as it meant the person was unsafe. The provider was aware of their responsibilities to report any allegations of abuse to the local authority safeguarding team.

The provider's recruitment process ensured risks to people's safety were minimised. Records showed new staff underwent an application and interview process so the registered manager could check their skills and experience. The registered manager checked the identify of staff and their right to work. They also obtained references from their previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

The registered manager assessed risks to people's individual health and wellbeing such as the risk of falls. One person we spoke with told us they had fallen many times prior to coming to live at Belvedere Park but had not fallen since they had been at the home which had been over a year. This demonstrated the risk of them falling was being managed effectively.

We looked at the care plans of four people who lived at the home. These showed that risks associated with their care had been assessed and actions taken to minimise them. For example, one person who lived at Belvedere Park smoked cigarettes, and had a medical condition which meant they needed to use oxygen. The staff had explained to the person the risks of oxygen igniting if the person smoked in their room. This resulted in the person agreeing to smoke in the garden.

People and relatives told us there were enough staff to provide the care and support people needed. People were very positive about the staff support they received. Typical comments were, "Staff are great", and, "Staff are fantastic, they really are good." One relative told us they visited at different times of the day and evening and said, "There is never a problem."

During our visit we saw staff had time to speak with people as well as carry out their care and nursing duties. Staff told us they enjoyed working at the home and many had worked at Belvedere Park for a long time. There was limited use of agency staff, and when they were used, it was to cover holiday periods. The provider used the same agency workers to ensure people received continuity in the care provided. A member of staff told us there was good team spirit and they worked like a "big family." The PIR told us the provider had recently increased staff numbers in the early evening because they had noticed people were getting "restless" and needed more support to ensure their social and physical needs were met well. Staff

told us if they felt more staff were needed to keep a person or people safe and discussed this with the registered manager, they would listen and respond.

Accidents and incidents were logged and appropriate action taken at the time to support the individual. The registered manager checked for trends or patterns in incidents which took place to ensure any risks to people were identified and acted upon. The provider had a policy and procedure for staff to follow to ensure people's safety in the event of an emergency such as a fire. Each person had a personal emergency evacuation plan (PEEP) to inform staff how to evacuate the person safely.

Medicines were managed and administered safely. We observed the nurse administer medicines to people. They treated people with respect and kindness and explained to people the medicines they gave them. One person commented positively about the nurse who was administering medicines. They told us, "This one has a heart of gold." The nurse ensured people, if they needed to, had a drink to take their medicine with. One person, who could not have their medicines by mouth, had their medicines administered safely through a PEG (percutaneous endoscopic gastrostomy) tube. This is a tube which allows liquid foods, fluids and medicines to be fed directly into the stomach.

People told us they had their medicines when they needed them and were supported to take them independently if they wished. One person told us they administered their own medicines, "I give my own medicines thorough my nebuliser- I have been doing it for years."

We found medicines were ordered and delivered on time to meet people's needs. They were stored securely and disposed of safely. Temperature checks of the storage areas were undertaken daily to ensure medicines were stored at the correct temperatures to maintain their effectiveness. Medicine administration records (MAR's) were accurate and there were systems to check that staff had recorded medicines administered correctly.

The nurse explained there were routine checks to ensure stronger medicines such as controlled drugs were stored safely and administered correctly but these checks had not been recorded. The registered manager told us they would start recording the checks made. Nurses underwent annual medicine training by the local pharmacist, and there were audits to ensure medicines were managed safely.



## Is the service effective?

### Our findings

People and relatives told us they were cared for and supported effectively.

People received care from staff who had the skills and knowledge to meet their needs effectively. Nursing staff had received end of life training and their learning had been supported by a local palliative care (end of life) specialist nurse. They had undertaken training to use a syringe driver to deliver pain relief to people who were in extreme pain and moving towards the end of their lives. A syringe driver is a small battery operated pump. It delivers continuous medication through a soft plastic tube into a syringe with a needle placed just under the skin.

One of the nurses led the nursing and care team in ensuring people's skin was not damaged through the lack of pressure relief to the skin. The nurse had attended meetings with the 'tissue viability' nurses (nurses who are experts in managing skin damage), and had shared this information with the staff team at Belvedere Park. Another nurse had taken the lead in learning about continence issues. They were booked on a continence training course run by a local healthcare provider.

All staff had received training considered essential to meet people's health and social care needs. This included training to, move people safely (moving and handling); infection control; fire safety; and first aid. Staff also told us they had received additional training to support them in understanding and working effectively with people who lived with Parkinson's disease, or who had a stroke.

Staff new to the home had completed their Care Certificate prior to working for Belvedere Park (The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care). Staff had commenced working towards achieving a level two nationally recognised qualification in health and social care to further develop their skills and knowledge.

The provider's induction of new staff included an introduction to the policies and the procedures of the home. Staff were also given time to look at care records and get to know people who lived at the home. Staff told us they worked alongside more experienced members of staff for a few shifts before they were expected to work as a full member of the team. They had a probation period and they were supported in this period to develop their skills and become part of the team.

All staff told us they had regular opportunities to discuss issues related to their work and felt supported by the registered manager. One member of staff told us, "[Registered manager] is a good boss." Another said, "She keeps us on our toes." Care and nursing staff told us they had received supervision of their work, and their performance had been appraised each year. They told us if they felt they needed extra support or training to meet a person's needs, the manager would help arrange this. For example, staff required respiratory training to support a person who used oxygen in the home.

People's capacity to understand their care and welfare was assessed each month by staff. They understood

the importance of assuming people had the capacity to make decisions for themselves unless proven otherwise. They were observed gaining people's consent before undertaking any care tasks. One person told us, "Staff always get your consent before they do things." A member of staff told us there were some people at the home whose hearing was impaired. They used a pad and a pen to make sure they could communicate with them and get their agreement. People had consented to the use of bedrails to keep them safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 on authorisations to deprive a person of their liberty were being met. We found the registered manager understood their responsibilities under the Act. They had applied to the supervisory body, for the authority to deprive some people who lived at the home of their liberty. For example, there were people who could not go out independently because they did not recognise risks to their safety outside of the home. At the time of our inspection the supervisory body had authorised two DoLS applications and three were waiting to be assessed. One of the people who had a DoLS in place had passed away and the registered manager had followed the correct procedure to refer this to the coroner for review.

People were supported to eat and drink enough and were provided with nutritious meals to support them in maintaining a balanced diet. People and visitors were positive about the meals provided. For example they told us, "The food is good, we can always ask for more." And, "There hasn't been anything on the menu I haven't liked and there is always plenty of it." We were also told, "The food is excellent. She (the cook) makes sure everyone has got something they like. We have a wonderful cook; if anything happened to her we'd go on strike!"

One person jokingly told us, "Staff get at me because I don't drink enough." We saw this person did not have food that was on the menu and had requested corned beef and cheese. They told us this was a meal they would have made themselves if they still lived at home because they enjoyed it.

People who needed assistance to eat were provided with this and staff supported people to eat at their own pace. Staff assessed whether people were at risk of ill health due not eating and drinking enough and monitored people's weights and their appetites if they were assessed as being at risk. They sought advice from healthcare professionals, such as the dietician, if people had lost weight or speech and language therapists if people were at risk of choking when swallowing food.

People were supported to maintain their health and were referred to healthcare professionals, such as GPs, dieticians and podiatrists, when needed. The GP visited the home on the day of our inspection. They told us they had a very good relationship with staff at the home, they said, "It is a really organised care home; we have good communication and partnership working." We also spoke with two intermediate care nursing staff who had visited the home on the day of our inspection. They told us they had no concerns about the care provided.

## Is the service caring?

### Our findings

Everyone we spoke with had positive comments about the care people received. People told us the care and support they received exceeded their expectations. One person said the care was, "Outstanding". A second person said, "The staff are fantastic, they really are good." A third told us, "I have nothing to compare this home to, but would have a job to find better. The care is excellent." A relative told us, "The staff, have been wonderful. They give a bit of banter, and [person] gives a bit back."

During our visit we saw people openly praised staff during interactions and there was a warm and relaxed atmosphere throughout the home. We observed people were treated with kindness and compassion in their day to day care. We saw many thank you cards which confirmed that staff treated people with kindness and compassion throughout the time they lived at Belvedere Park. For example, one thank you card said, "You treated [person] as part of the family. The humour and jokes you shared with [person] made all the difference." Another said, "Thanks for your patience, understanding and professional quality of care. [Person] was treated with the dignity and respect that they so deserved."

As well as day to day kindness observed, we were told of other acts of kindness and compassion. A relative told us their relation celebrated a special birthday at the home. To mark the occasion, staff baked them a cake and sang happy birthday to them. Their relation told us this had never happened to the person before, and they were overwhelmed with emotion. We were also informed that the husband of a person who lived at the home had recently died. Because the person was too unwell to attend the funeral, a wake was held at the care home. Funeral guests went individually to the person's room to see them and to pay their respects.

A professional who regularly visited the home spoke positively of the care provided. They told us they visited many care homes and Belvedere Park Nursing Home was one of two they would be happy for their relative to live in. They said, "The care here is outstanding, I visit a lot of care homes and I see a lot of things. The people here are treated as human beings, the standards here never drop."

People and relatives told us care staff treated them with respect and dignity and promoted their independence. One person told us, "The staff, always knock on the door before they come into my room but they're not so respectful that we can't have a laugh." Another person said, "Oh yes they treat me with respect, they are very pleasant, but they are so used to what I need they don't need to check with me each time."

Staff told us, "I am very proud of the job I do, the registered manager helps us to instil that sense of being proud." Another member of staff said, "We try our level best to provide the best care we can, how you would like to be treated and the respect you would expect. There is no one here who has a 'can't be bothered approach'." All the staff we spoke with told us they loved working at the home and many had worked at Belvedere Park for many years.

Visitors were made welcome throughout the day and evening. We saw relatives and friends visited their loved ones in the private space of their bedrooms, or sat with others in the communal rooms. Staff were

friendly and welcoming to people.

Information we received from people, relatives and health professionals confirmed that end of life care was effectively planned and delivered by staff in a kind, caring and compassionate manner. Prior to our inspection, a relative sent us positive feedback about the care their relation had received at the end of their life. They said, "I would just like to say how Belvedere Park Nursing Home in Coventry cared for my dying uncle. They were magnificent from the day he arrived till the day he died. The care and attention they gave to him and all our family was fantastic each and every carer gave comfort and compassion. Words are not enough praise for this home. "

Staff were encouraged to enhance their skills through training which enabled them to be both prepared and pro-active in the care provided. Other healthcare professionals were involved in people's end of life care when they needed it to ensure they had a comfortable, dignified and pain free death.

## Is the service responsive?

### Our findings

The registered manager and staff were flexible and responsive to people's individual needs and preferences. One relative told us, "The staff talk about [person's] needs all the time. There is good communication." Another relative told us that staff had learned the life history of their relation and understood how their life history had influenced the person's eating habits. They told us staff accommodated this person's eating preferences as much as they could; and at the same time, tried to help them maintain a healthy diet.

We found staff were responsive to people from the moment they arrived at the home. On the day of our visit a person was admitted to the home. The person's relatives told us they had been recommended the home by friends and professionals. They said the staff team had been really caring and commented "They could not do enough for us. We were given a cup of tea the minute we arrived." We saw staff asked the person and their family, how they wanted the bedroom laid out and where they wanted their bed. The family asked for the bed to be placed so the person could see out of the window and this was agreed. We also saw the chef check with the family what the person's likes and dislikes were in regards to meals and drinks so their preferences could be met. A discussion also took place about the person's need to be supported in relation to eating their meals.

Staff knew the people they cared for. The care plans provided up to date information about people's likes, dislikes and preferences. Staff told us they had time to read care plans and also had time to talk to people and listen to what they wanted. One person told us, "Staff are fantastic, they really are good. If you want something they will try and help you get it." We saw people's individual needs were respected. For example, a person who lived at the home liked watching television programmes from their country of origin. In their bedroom we saw them watching television channels which were in their first language. Another person told us they had been given the option of having a room nearer the ground floor. They told us they did not want this because they were used to their own company and didn't like to mix. They were pleased that their views had been respected and they had been given a room away from most people.

People told us they were supported to maintain their independence. They told us they could do what they wanted during the day, and could get up and go to bed when they wanted. People were encouraged to maintain independence with personal care. One person told us, "I do most personal care myself, the staff encourage this as much as possible." Monthly care plan reviews included a review of risks to people's health and wellbeing and care plans were updated when people's needs changed. Care was centred on the person's individual needs.

Staff supported people to maintain relationships with people that mattered to them to avoid social isolation. One person told us, "We have staff who come in and encourage us to talk about our experiences. We are always encouraged to talk and not to get introverted." Family and friends were welcomed into the home. A person told us they continued to go out with their friends. They said, "I am the youngest one in here. I like to keep myself to myself" and, "I have got lots of friends and they come and take me out"

Organised group activities were available for people who wanted to join in. On the day of our visit, we saw

seven people enjoy an exercise session run by an external fitness provider. People enjoyed singing along to the music played as well as following the movement instructions. They told us this was a weekly activity and there was another fitness instructor who came on a different day whose fitness sessions they also enjoyed. During our visit people received aromatherapy hand massages by a visiting aroma therapist. One person told us they found this, "Lovely and relaxing."

We asked people if they had ever complained about their care, and how this had been managed by staff. People told us they felt able to talk to staff if they had any concerns or worries. One person told us, "So far I have not had any concerns; just petty niggles, but nothing serious." They told us these were resolved by "informal chats" with staff. Another told us, "If I have grumbles I will tell them, or congratulate them on the things that are nice. I've not needed any formal meetings." One person told us when they first came to the home they did not feel their meal portion sizes were sufficient to meet their needs. They told us they spoke with staff about this and it had been resolved straight away.

Where there had been formal and informal complaints made, the registered manager had recorded the complaint and the outcome of the investigation. There were three complaints recorded and responded to in a timely manner. For example, one person had complained that they had found it difficult to eat their meal because the pork was tough. The registered manager checked why this was the case, and found that pork belly had mistakenly been bought instead of pork loin.

## Is the service well-led?

### Our findings

The provider was also the registered manager. They had been the registered manager of the home for many years and oversaw a staff team, the majority of whom had also worked at the home for a long time and had provided a consistency of service.

We saw, and were told by people, there was an open and transparent culture in the home where people felt able to share their views and concerns. People and relatives told us they were happy with the quality of the service and their views were listened to. One relative told us, "I could go and talk to [registered manager] at any time." Another said, "You can't fault this place, it is a great place."

The registered manager was respected and valued by both people and staff. One person told us, "She's very nice. I am very fond of her." They then turned to the registered manager and said, "You are a lovely person." Staff told us, "I can talk openly to [registered manager] about any problems," and, "It is well run with [registered manager]." The registered manager respected and valued their staff. They told us they felt they had a, "Committed, hard working team who mutually respected each other and were like a family."

The registered manager had a clear vision and set of values for the service. The provider's website said, "At Belvedere Park we always go the extra mile to make sure every stay exceeds expectations. We strongly encourage a full and healthy lifestyle, there will be a variety of social and rehabilitation activities to take part in and make new friends." We saw during our visit that staff tried their best to make sure people's needs were met or exceeded and people were respected and valued.

Staff told us there was good team work in the home. One said, "It's a wonderful atmosphere. It is all about team work." Another said, "We have a really amazing team here – we provide the best care possible."

Staff at all levels understood their responsibilities and those of their team members. They were motivated in their work. One member of staff said, "We love it." Another said, "I am very proud of the job I do." The registered manager was vigilant in checking their practice and supporting them in any areas which required improvement. One member of staff told us the registered manager often stood out of sight and just observed a nurse or care worker as they worked and would give them feedback. They thought this was really good practice. The registered manager provided positive support to staff. Staff told us they were thanked at the end of each shift for the work they had done.

The registered manager also undertook unannounced quality monitoring checks with night staff on a monthly basis to check the quality of care and to provide staff with an opportunity to meet and discuss any issues or concerns they had about working the night shift. The registered manager told us this was also to ensure that night staff felt recognised and valued as much as the day staff.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned. One improvement was to provide support to student

nurses on their degree course. The lead nurse had completed and passed a mentorship programme and the registered manager hoped student nurses would be on placement at the home in the near future. This supported a culture of learning and development.

There was a system of checks to assure the registered manager who was also the provider of the home that good care was being delivered in a safe environment. This included regular checks on medicine records and checks on the competency of staff to ensure medicines were administered safely. Other checks included analysis of people's falls and people's nutrition.