

Royal Alfred Seafarers' Society

Belvedere House

Inspection report

Weston Acres
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Banstead
Surrey
SM7 3HB

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Belvedere House is a nursing home that is registered to provide accommodation and personal care for up to 68 people. At the time of our inspection there were 63 people living at the service, a number of whom were living with dementia.

People's experience of using this service:

People were cared for at a service which focused on their lives at sea. People had access to a home that was large, open, spacious and nautically orientated. One relative told us, "The level of care is very thorough and highly professional. I have appreciated the warm welcome my mother has received."

People's rights were not always protected as staff and the registered manager had not ensured full compliance with the Mental Capacity Act 2005. People were looked after by caring and attentive staff. Complaints and concerns were recorded, responded to and used to consider improvements in the service.

People's needs, choices and preferences were recorded in person centred care plans. The food at the service was enjoyed by people as they were able to choose what they ate from a menu with variety. The care records enabled staff to correctly provide care and support for people in a safe way.

People's end of life care was considered and detailed to ensure that they would be comfortable remaining at the service. There were a range of activities for people to take part in each day which involved the staff and anyone who wanted to join in.

Staff were led by a pro-active and friendly registered manager who consistently considered how to improve the service. The registered manager had an open-door approach for people, staff and relatives.

Rating at last inspection:

At our last inspection in July 2016 the home was rated 'Good'.

Why we inspected:

This was a planned inspection based on the previous rating.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 well-led

Details are in our Well-Led findings below.

Good ●

Belvedere House

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:

The inspection was carried out by two inspectors, one specialist nurse adviser and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Belvedere House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We carried out this inspection unannounced on 15 April 2019.

What we did:

We reviewed the information we held about the service. This included notifications and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). This is 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 12 people, three relatives, two volunteers and 11 staff. We reviewed care records and policies and procedures. We reviewed seven people's care records, and three staff files

around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed.

Is the service safe?

Our findings

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

At our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received continued to be safe and protected people from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were protected from the risk of abuse by knowledgeable staff. One person told us, "Just having a call bell makes me feel safe."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they suspected abuse. One staff member said, "If I saw abuse I would report it to safeguarding. I know that because we have the phone number."

Assessing risk, safety monitoring and management

- There were comprehensive risk assessments in place for people. The risk assessments covered general and specific areas such as mobility, skin integrity, wounds, nutrition and hydration. Some people needed to have their walkers placed close to their chairs at all times to ensure they would use them if they wanted to move. Staff consistently followed these risk assessments.
- Systems were in place to ensure the safety of people in an emergency. There were records in place which included information to ensure the safe continuation of the service in the event of an emergency such as a fire. These contained copies of people's medicine records, hospital passports and care plans. There was a clear business continuity plan to help ensure continued care for people living at the service. Every person had a personal emergency evacuation plan (PEEP) in the event of a fire which was accessible to staff.
- When one person slipped out of their wheelchair staff responded very quickly to them. Staff used a hoist to put them back in their chair and monitored them for the rest of the day to ensure that they had not been injured.

Staffing and recruitment

- People, relatives and staff told us that appropriate staffing levels were always maintained and rotas confirmed this. Staff responded and reacted to people quickly and efficiently when needed such as requests for assistance or snacks. Staff had time to chat and interact with people.
- People were supported by staff who had been safely recruited. This included a full work history, references and a check with the Disclosure and Barring Service (DBS). The DBS keeps a record of staff who would not be appropriate to work with vulnerable people. All nurses were also registered with their regulator The Nursing and Midwifery Council.

Using medicines safely

- Medicines were safely managed and people received their medicines as prescribed. Medicine administration records (MARs) had been filled out correctly and with no gaps. There were protocols in place for 'as and when needed' (PRN) medicines to ensure people were given the correct amounts at suitable

times.

- Medicine audits had been consistently completed by the home and by external pharmacies which had found correct and safe processes used by staff.
- Medicines were administered by nurses who kept a tidy, well organised medicine rooms. People with diabetes were safely cared for by nurses who followed best practice guidance.

Preventing and controlling infection

- People were protected from the risk of infection. We observed staff wearing aprons and gloves when preparing food or carrying out personal care. Staff were quick to wash their hands and any equipment used after completing personal care. Infection control audits had been completed and had found that the home was clean.

Learning lessons when things go wrong

- Lessons were learned and improvements made when things went wrong. There was an incidents and accidents folder which contained records of each person's history along with an overview and analysis to identify trends. Staff responded appropriately to accidents or incidents and records showed this.
- For example, when one person choked on their meal, staff took immediate and correct action to ensure the person was safe. Following on from this the person's risk assessments, portions, meal guidelines and care plan were updated to ensure this didn't happen again.

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 our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that the effectiveness of people's care, treatment and support was not always good. This was because the service was not always fully compliant with the Mental Capacity Act 2005.

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 (DoLS). 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's rights were not always protected because some mental capacity assessments were not decision specific. Some assessments and best interest meetings only considered whether people had capacity in general.
- The least restrictive option was not always considered. For example, where one person lacked capacity and required bed rails, there was no evidence of best interest considerations. Their capacity assessments showed the same wording in multiple assessments which was that the person "Is confused most of the time and has no capacity to make decisions."
- Some other care plans contained capacity assessments which had been completed for vague reasons such as 'medical conditions', 'health and safety' or 'all needs'.
- However, staff consistently asked people for their consent and where restrictive measures had been put in place there was a clear clinical or safety reason.
- Following the inspection the registered manager immediately implemented new assessments and best interests forms. These are in the process of being correctly completed for everyone. We will check this at the next inspection.

We recommend that the registered manager ensures the service is compliant with the MCA 2005.

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

- People's needs and choices were assessed before they moved to the home with regards to their personal care and preferences. Admission assessments also detailed people's medical conditions and any needs

associated with these.

- One person's needs assessment covered their need for supervision and support with eating and swallowing their food. There was guidance, information and details around this in their care plan.

Staff support: induction, training, skills and experience

- Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. One person told us, "The nurses know what they are doing." Training was up to date.
- Staff received an induction which consisted of mandatory training and shadowing of experience staff members. All staff were supported by supervisions which were held every three months to cover areas such as training and feedback. One staff member told us, "The training here is great. We have a trainer and she does most of it."
- All nurses received clinical supervisions and had their competencies checked by senior management.

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

- People had regular meals and drinks to ensure they had balanced diets. People had a wide selection to choose from for all three meals during the day and there were drink stations in all areas of the home. One person told us, "I have a great respect for the catering manager – he really tries to please people." A second person said, "You can ask for something in between the meals."
- A third person told us, "I am trying to lose weight and they are supporting me." This person had successfully lost weight throughout their time at this service.
- One staff member told us, "On admission we check what they want or like to eat. We note that down and we check to see if this changes."

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

- People were proactively supported to maintain good health and had access to external healthcare support when necessary. Records showed that appropriate referrals were made to professionals such as doctors, dentists, opticians and dieticians. One person told us "You can ask to see a doctor – it's not a problem."
- One staff member said, "Usually we refer people to the GP if we have a concern and then we get a referral from them to other professionals as required."
- The staffing team worked well together to provide consistent care across the home. One GP told us, "They are an attentive, cohesive team." There were consistent handover meetings and written updates for staff to ensure consistency.

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

- People lived in a home that was designed to meet their needs. The corridors were wide and open for wheelchair access. The toilets and bathrooms had been designed with appropriate equipment such as hoists and bath chairs for staff to use in supporting and assisting people. There were signs on most bedrooms with names and pictures.
- As the service was operating for people with naval backgrounds there were relevant nautical paintings, items and imagery around the home to stimulate and engage people.

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 our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that they were supported by kind and caring staff. One person told us, "It's bloody marvellous. There is nothing more we could ask for. The staff do everything they can for you." A second person told us, "They (Staff) are all very kind. I couldn't be in a better place." Staff had inside jokes with people living at the service and were always on hand to help people.
- Staff took time to chat with people in a meaningful way. People were consistently engaged and included in games or interactions with other people at the home.
- People's cultural, spiritual and religious needs were also catered for with access and links to a local church. Visitors were welcomed and encouraged to become involved in the care home through activities and care.

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

- People were involved in their care and supported to express their views. People's preferences were documented in care plans and staff were knowledgeable about these. Staff regularly asked people how they wanted help or support with mobility or activities throughout the day.
- Each person had an annual review of their care which included their relatives, social worker and any other person they wanted to attend. There were detailed records of the reviews showing the changes that were made.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Throughout the day we found personal care was delivered behind closed doors. One staff member said, "If people want their doors shut then I close their doors. I knock before I go into someone's room. If someone wants to socialise with their family then we can give them a room."
- People's independence was supported and promoted by staff. Staff encouraged people to do as much as they could themselves. Where possible, staff helped people to make their own drinks.

Is the service responsive?

Our findings

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

At our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that people's needs continued to be met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People took part in interesting and meaningful activities each day of the week. One person told us, "I really enjoy the general knowledge quiz that they hold in the bar and then we mix with the other people." A second person said, "There are lots of outings and the volunteers are there to help." People were taken on boat trips and to royal events organised via contacts at the home.
- People had access to an interactive, touchscreen table which had several games on it designed for people with dementia. Staff could entertain six people at a time with this and we observed people enjoying the games. A pond had recently been installed at the home outside in the large garden which people could access with staff using a golf buggy.
- Care plans were person centred. One person's care plan contained information about their preferred name, music, furniture position, religion, family history and other personal details. Staff were able to understand people from care plans which included person centred information.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy displayed in reception at the home and people told us that they were aware of how to raise a complaint if they had any concerns. We looked at the complaints log and observed these were being recorded and responded to appropriately.
- For example, where one relative had complained about the loss of items and dietary support, the registered manager had met with them to discuss the matters. The complaint was resolved through collaboration and action plans to ensure the items were found and correct support was in place for their relative.
- There were a number of compliments sent to the service from relatives thanking the staff for their care. One compliment stated, "The level of care is very thorough, highly professional and totally amazing. I have appreciated the warm welcome my mother has received."

End of life care and support

- People received appropriate and sensitive end of life care. Each care plan contained person-centred specific details about preferences such as family contacts, environment settings and music.
- The home worked alongside other services to provide good end of life care such as local hospices. One compliment from a relative stated, "Thank you all so very much for the care you gave my dad in the last years of his life. I do not believe he could have been in better hands."

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 our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Regular audits were carried out to monitor and assure the quality of the care that people received. We saw records of regular audits in areas such as infection control, medicines, accidents, care plans and training. The most recent infection control audits had correctly found that the home was clean and free from the risk of infection.
- The home was audited by an independent care consultant every other month who had consistently found the home to be of a high standard and quality throughout.
- However, audits had not managed to identify non-compliance with the MCA 2005 in some care plans. The registered manager immediately reacted to this feedback and instigated measures to ensure compliance with the MCA 2005.
- The registered manager was aware of her responsibilities about reporting significant events to the Care Quality Commission and other outside agencies and ensured these were done in a timely way.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives spoke positively of the management team and felt confident to approach them with their views. One person told us, "We consider the whole home and staff to be superbly run and it deserves its well-earned reputation."
- One staff member told us, "The managers are great, I love them both. We can go at any time to chat to them and give our feedback."
- There was a clear strategy in place to embed person-centred care at the service and ensure a positive culture. This was led by the manager who was proactive outside of her office. This included plans for more trips for people out to ships and submarines and further training for staff in naval lifestyles.

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

- People, staff and the local community were engaged by surveys and questionnaires on activities, food, films and general care. As a result of this there were clear examples where aspects of care had been adapted to suit people's requests. For example, following food tasting, people were able to decide on the future menu options available to them.
- Residents meetings were held every month which gave people the opportunity to become involved in the running of the home. People frequently gave positive feedback and suggestions about the food served at

the home. This was then used to determine menu changes and new recipes.

- Staff meetings were held every other month and included an open forum for staff to speak. One staff member told us, "I get asked for my input and ideas regularly."
- Questionnaires were sent out to relatives each year which had had positive responses.

Continuous learning and improving care; Working in partnership with others

- People benefitted from the provider's proactive approach to learning and development. All staff training was kept up to date with regular sessions from the in-house trainer.
- The home kept up to date by staying in touch with national care forums for best practice updates and other nursing home associations for nursing.
- There was a strong volunteer team which regularly worked with people and staff at the home. This comprised of local people from the community. The home also had strong links with local schools, churches, scouts, The Royal British Legion and the town Mayor.
- The registered manager also had strong links with ex-service charities and organisations which offered activities and concerts to people living at the home. This meant that people could attend events and shows consistently throughout the year.