

## Maria Mallaband Properties (5) Limited

# The Belvedere

### 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 4 May 2016. An arranged visit to complete the inspection was then undertaken on the 10 May 2016.

The last inspection took place on 13 October 2014. At that time the service was not in breach of any of the regulations, however some recommendations were made regarding record keeping in relation to Deprivation of Liberty Safeguards (DoLS) applications and adaptation of the physical environment for people living with dementia. We saw that the service now had a system in place for recording DoLS applications and whether they had been granted and when they needed updating. Improvements had been made to the physical environment and these were ongoing as the building was undergoing a refurbishment during the days of our inspection.

The Belvedere is a purpose built care home located close to Alderley Edge. It offers permanent or respite nursing and dementia care for up to 41 older people. All bedrooms have ensuite facilities. Lounges and dining rooms are accessible to all residents and there is a garden which they can also use. The home is divided into three units; Silk unit which caters for older people with nursing needs, Mulberry unit which is for people living with dementia with additional nursing needs and Weaver unit for people living with dementia and with complex needs. On the day of our inspection there were 38 people living in the home.

The home has a registered manager who had been in post since September 2015. 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.

At this inspection we identified breaches of the relevant regulations in respect of sufficient numbers of staff, the need for safe care and treatment of service users, person centred care and the need for good governance. You can see what action we told the provider to take at the back of the full version of the report.

We found through our observations that there were insufficient numbers of suitably qualified, competent, skilled and experienced persons deployed within the service.

We found that whilst the administration, storage and disposal of medication were safe, the provider did not have the correct protocols in place for the administration of covert medication and PRN (when required) medication.

We found that the provider was not consistently keeping contemporaneous records in respect of fluid intake and some of the care plans were not being kept up to date. Records were not kept securely to ensure people's confidentiality was maintained.

Although the provider had a quality assurance system in place and regular audits were being completed, some of the issues that we identified during the inspection had not been identified by these systems. This system included audits on medication, weight losses, accidents and incidents. In addition to the above, there were also a number of maintenance checks being carried out weekly and monthly. These included checks on fire alarms and emergency lighting, the proper operation of window restrictors and equipment such as hoists and mattresses, as well as checks on water temperatures.

Staff members we spoke with were not always positive about how the home was being managed. All of the staff members that we spoke with voiced concerns about the numbers of staff employed to provide support to the people within the service.

We saw that the service had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. All the staff we spoke to confirmed that they were aware of the need to report any safeguarding concerns.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

We asked staff members about training and supervision. They all confirmed that they received regular training and supervision throughout the year.

We observed caring relationships between staff members and the people living in the home.

There was a flexible menu in place which provided a good variety of food to the people using the service.

## 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.

There were insufficient numbers of suitably qualified, competent, skilled and experienced persons deployed within the service.

We found that whilst the administration, storage and disposal of medication were safe, the provider did not have the correct protocols in place for the administration of covert medication and PRN medication.

Recruitment records demonstrated that there were systems in place to help ensure staff employed at the home were suitable to work with vulnerable people.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Managers and staff were acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making.

We found that staff had received regular training and supervision to support them in their roles.

**Good** ●

### Is the service caring?

The service was caring.

We asked the people living at The Belvedere and their relatives about the home and the staff members working there and received a number of positive comments about their caring attitudes.

The staff members we spoke to showed us that they had a good understanding of the people they supported and they were able to meet their various needs. We saw that they interacted well with people.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

The provider was not providing activities to service users that met their needs and reflected their preferences.

The provider had a complaints policy and processes in place to record any complaints received and to ensure that these were addressed within the timescales given in the policy.

### **Is the service well-led?**

The service was not always well led.

The registered provider had a quality assurance system in place to ensure that areas identified as requiring action to improve the quality of the service were addressed promptly, however there were insufficient staff to complete the actions identified.

We found that accurate contemporaneous records were not being kept in respect of fluid intake where this had been identified on the care plan.

There was a registered manager in post. The manager had identified areas for improvement and was carrying out the necessary actions.

**Requires Improvement** ●

# The Belvedere

## 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.

This inspection took place on 4 May and 10 May 2016 and was unannounced. The inspection was carried out by two adult social care inspectors, a specialist adviser in dementia care and an expert by experience on the first day of inspection and one adult social care inspector on the second day of inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about The Belvedere. They advised us that the service was currently subject to an action plan and had a number of areas where they needed to improve the service. We were able to view the action plan and this provided further information prior to our inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of six people living there, twelve visiting relatives and fifteen members of staff members including the registered manager, the regional director and the head of nursing for the provider, the chef and eleven members of care staff. We spoke to one visiting health professional during the inspection and spoke to two other health professionals by telephone the following day to gain their views on the home. The people living in the home found it difficult to tell us what they thought of the care in home due to their health conditions, however family members were able to tell us what they thought about the home and the staff members working there.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI) and undertook a SOFI on both days of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the service as well as checking records. We looked at a total of seven care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

# Is the service safe?

## Our findings

Although we did not receive any specific comments regarding whether people felt safe, the people we spoke with told us that they liked living in the home and we did observe relaxed and friendly relationships between the people living in The Belvedere and the staff members working there. People living there told us, "I like it here", "It is alright".

We spoke to relatives and we received a mixture of positive and negative comments; they told us that they felt the care was good but that there were not always enough staff to ensure safety. Comments included, "I have no concerns for her safety. The home is very good and my mother is very settled here" and "We feel he is in a secure place and we are not worried when we are on holiday". We also received negative comments about staffing numbers, "The care is okay, but there are not always enough staff", "I do worry about him being here, the staff are great but are being pushed too far" and "They could do with more staff. There are two carers here today who are not used to the residents on this floor", "The manager seems keen on interchangeability when sometimes staff are not experienced enough for residents' complex needs".

During the two days of our visit there were two nurses on duty; one between the hours of 8am and 8pm and the other between the hours of 8am and 2pm. There were two senior carers on duty and five carers between the hours of 8am and 8pm. At night there was one nurse and five care assistants between the hours of 8pm and 8am. The registered manager was in addition to these numbers. We looked at the rota and could see that this was the consistent pattern across the week.

In addition to the above there were also separate ancillary staff including one administrator, a handy man, a chef, a laundry assistant and two domestic assistants.

On the first day of our inspection, our observations indicated that there were not enough staff on duty. In the morning, on Mulberry unit we observed two people in their bedrooms shouting for assistance for at least twenty minutes. The nurse on duty was administering medication and the two care assistants were assisting someone with a bath and the other care assistant had gone to another floor to assist staff. We completed a SOFI during lunch on this unit and it was very chaotic. There was food left out on the side for over half an hour and this was next to a sink that was full of dirty crockery. The carers were rushing about trying to assist people with food and only one person was sat at the dining table eating a meal. Most people were assisted with eating in their rooms, others remained in the easy chairs where they had been sitting all morning whilst they were assisted with their meal. One person was left half way through their meal for a period as the member of staff needed to assist another member of staff with someone. We asked staff about the temperature of the food that they were serving. They advised that they checked the food when it arrived from the kitchen and if it had been left because they didn't have time to serve everyone they would need to reheat this in the microwave. We observed food being served after half an hour. We asked for this to be tested and staff found it was not at the correct temperature and they reheated this. There were insufficient members of staff to assist everyone with their meals whilst the food remained hot. We asked about people being served their meals whilst still sat in their easy chairs and were told that these people were not mobile and that there were insufficient wheelchairs for them to eat at the tables, however some people preferred to

eat in these chairs.

On Weaver unit, we noted in someone's care plan that they should not be left unattended with male residents. We observed that the lounge area, where this person was sitting, was unattended on many occasions throughout the day. In the afternoon, the nurse on duty was required to attend another unit as they were the only nurse now in the building. They were gone from the unit for an hour and a quarter during which time there were two care assistants caring for 12 people. We asked the names of some people but they were not familiar with all them as they had only completed a few shifts on that unit and were more familiar with people on other units. At lunchtime, we observed that staff requested additional help to assist with lunch and the assistance did not arrive until 40 minutes later.

We observed that in the afternoon, the only nurse on duty for all three units was given additional paperwork to carry out that afternoon alongside supporting staff and working between the three units.

We noted throughout the day that staff appeared stressed and were rushing about the corridors between activities. However, we further noted that when delivering care, the staff were patient and took their time with individual people and did not rush them.

We spoke with staff and they all stated that they felt that there were not enough staff. Comments included, "We don't have enough staff so can't give the appropriate care. We are meant to have three staff here today, but since one has gone upstairs to help, there are only two", "There are not enough members of staff. On this unit we need three and sometimes there are only two and then it's not safe. People have high needs and wander and it's not safe if they are not supervised", "The last few months have been awful as we haven't had enough staff and we haven't always had agency", "There are not enough staff and it impacts on safety and the accident risk is higher".

We spoke with the manager and regional director about staffing at the end of the first day of inspection. They advised that they reviewed staffing levels at least twice a month using a dependency tool. They had used this to look at each individual floor and the staff needed on each floor rather than the service as a whole. The tool showed that they were staffed about the recommended level and they felt confident that there were sufficient numbers of staff. They advised that they had also reviewed the environment as well as provided additional training on dementia to look at de-escalation techniques in order that staff could feel more confident and deal with incidents before they escalated. They advised that staff were moved between floors to upskill them, but that in order to maintain consistency the senior carers remained the same on each floor. They acknowledged that there had been problems with recruitment as one of the permanent nurses was not in work at present and the other post was vacant, so they were using agency nurses which placed more pressure on the care staff. There was a recruitment day being held on the first day of our inspection and we could see people visiting the service that were interested in working there. The manager advised us that this had gone well and a number of applications for employment had been received.

These issues constitute a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people living at the home.

By the end of the second day of our inspection, the registered manager had made some changes that appeared to improve the lunchtime experience for people and allowed more time for staff to meet people's needs. The improvements that were observed on the second day of inspection need to be sustained.

We saw the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). However, we found that practice was not taking place in line with the policy.

Medicines were being administered by members of staff on each shift who had received the appropriate training. We observed one medicine round where a person was left with lactulose in a pot. The person did not appear to want this, so it was left with the person. There were lots of other people wandering around on this unit who could have taken this medication. The medicine was then removed about one and a half hours later when it had still not been taken and when we checked the Medicine Administration Record (MAR) we could see that this had been signed to indicate that the person had taken this medication.

We saw in one care plan that a person required covert medications due to their inability to acknowledge the reasons why they were prescribed and we could see that a Deprivation of Liberty Safeguards (DoLS) application had been submitted on this basis, however it also stated that care plans were in place. We checked the MAR and the care plan and found no documentation of medication being administered covertly. We spoke to a member of staff and they could not explain where this documentation was. On the second day of our inspection, we were able to view the DoLS application and could see that a mental capacity assessment and best interest decision had been completed but the care plan had not been put in place to reflect this. The manager advised that the deputy manager was reviewing everyone who was receiving covert medications and was meeting with the GP the next day to discuss these. They were moving to a new pharmacist and therefore once they had met with the GP could then discuss this with the pharmacist. We were able to view this paperwork and could see that this was being prepared in advance of the meeting with the GP.

We noted that one person had been prescribed a medication for PRN use, but this was not indicated on the MAR sheet. We discussed this with the manager who told us that the PRN protocols were out of date and we could see that a medicine audit on 20 April 2016 had identified that PRN protocols needed to be updated. He acknowledged that this had not been done and again the deputy manager was reviewing and updating these on the second day of our inspection in advance of the meeting with the GP. We were able to view this documentation and could see that it was being completed.

We checked the medicines and four further MARs and found that people were receiving their medications at the correct time. We saw that controlled drugs were stored securely and in the records that we looked at these were being administered and accounted for correctly. We saw that fridge and room temperatures were being taken daily to ensure that medicines were stored at the correct temperature. Bottles of medication were dated upon opening in order that they were not being given out of date. We could see that the process for booking in and disposing of drugs was being correctly recorded.

The issues in relation to PRN and covert medicines constitute a breach of Regulation 12(1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not have a system in place for the proper and safe management of medicines.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding or incidents requiring notification at the home since the previous inspection took place had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. One member of staff told us, "I'd document this and then report it to the nurse who then informs the local authority". Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Risk assessments were carried out and kept under review so that people who lived at the home were safeguarded from unnecessary hazards. We could see that staff were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments regarding, for example, falls and nutrition were kept in the care file folder.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. In addition to this, the manager held flash meetings every morning to inform staff of any issues, events or visitors that day that they needed to be aware of. This helped to ensure they were aware of what was happening in the home and anyone who needed additional support that day. We were able to view copies of the handover minutes as well as the flash meetings and could see that these gave staff information about people and events each day.

We looked at the files for two members of staff to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full employment history and references as well as the job description.

The provider had a system in place for checking that the registration (Personal Identification Numbers) for any nurse working in the home was still in date. This was an annual process and registered nurses in any care setting cannot practice unless their registration is up to date. The head of nursing advised that they were currently rolling out a new supervision structure that would set out objectives and include reflective practice that would assist nurses in the revalidation process.

We saw that the manager kept a record of all accidents and incidents and these were monitored each month to look for any trends. This was also reported to their head office each month. We were able to view the records for the last year and could see that there were no trends identified.

We checked some of the equipment in the home including bath hoists and saw that they had been subject to recent safety checks. There is an ongoing investigation into a serious incident at the service which is being conducted separately to this inspection. However we could see during this inspection that equipment was being regularly checked.

The provider had received a five star rating in food hygiene from Environmental Health on 23 September 2015. We conducted a tour of the home and our observations were of a clean, fresh smelling environment

which was safe without restricting people's ability to move around freely. We observed that bathrooms had sufficient equipment to maintain hand hygiene and staff were wearing appropriate personal protective equipment when carrying out personal care or serving food.

We found that the provider had an emergency box held in the front office by the front door which included Personal Emergency Evacuation Plans for each person living in the home, as well a business contingency plan and a fire evacuation plan including a floor plan of the building. This provided details of any special circumstances affecting each person, for example if they needed a wheelchair.

## Is the service effective?

### Our findings

The people living at the home that we spoke to struggled to tell us how they felt about the home, but two people commented that they liked it there. We spoke to family members and they felt that their relative's needs were well met by staff who were caring and knew what they were doing. Comments included, "I'm really pleased at the moment. There has been changes of staff, but it seems settled now and the staff know my mum well and she is calmer", "My sister's needs are always met and the staff know her needs well", "The carers know my husband's needs well", "I'm very happy with how she is cared for" and "Staff know what he likes and dislikes".

We saw staff offer people drinks throughout the day and they were alert to individual people's preferences in this respect.

From our observations and discussions we found that most of the staff knew the people they were supporting well. The two newer members of staff were not as knowledgeable and advised that they had not had time to read care plans and due to being moved between floors felt that they had not had the opportunity to familiarise themselves with people. We raised this with the manager to address.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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 so that they can 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 that all the people in the home were subject to DoLS applications and we were able to view the paperwork in relation to both standard and urgent DoLS applications. We checked and could see that mental capacity assessments and best interests decisions had been recorded on each file. At our last inspection, we recommended that the provider recorded when DoLS had been refused. We could see that the provider now had a table for recording when applications had been made and the outcome as well as when this was due for renewal.

We spoke with staff. They all confirmed that they had received training on MCA and DoLS. One newer member of staff did not understand the nature of DoLS and mental capacity but all other members of staff were able to explain this and why a DoLS application may be made. Staff were aware that the provider had applied for all the people in the home to be subject to DoLS.

Visits from other health care professionals such as GPs, chiropodists and tissue viability nurses were recorded so staff members knew when these visits had taken place and why. We spoke to a visiting health professional from the Clinical Commissioning Group who said that the staff were always very pleasant and proactive about seeking advice and the manager always acted upon any issues raised. They said that in general the manager and staff took on board advice, but they had raised issues about staffing levels, particularly on Weaver unit, which they felt had not been addressed. We also spoke to two other health professionals by telephone the following day to gather further views. They stated, "We have not been into the service for a few months, but I have no concerns because if they need advice or support they always contact us" and "The staff seem to know the residents well. They listen and take on board advice and I'm able to share information with the team. The manager is always interested and will check that everything is okay when I visit".

The provider had their own induction programme and introduction to the workplace. This was designed to ensure that the newest members of staff had the skills they needed to do their job effectively and competently. We looked at the induction programme for the newest member of staff and this included ensuring that the member of staff had access to all the core training identified by the service including safeguarding, health and safety, infection control and Mental Capacity Act. Following this and prior to starting work, the staff member would shadow existing members of staff and would not be allowed to work unsupervised for a period. All the staff we spoke to confirmed that they had completed an induction and shadowing.

We asked staff members about training and they all confirmed that they had received regular training throughout the year. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role including manual handling, first aid, safeguarding and dementia training. The provider used computer 'e' learning for some of the training and staff were expected to undertake this when required. The staff member's competency was assessed through the supervision system and through the auditing of records such as medication.

The staff members we spoke with told us that they received on-going support and supervision approximately every two months. We checked records which confirmed that supervision sessions for each member of staff had been held regularly. One staff member told us, "My supervision is helpful. I can voice any concerns and tell them if I want training". We checked the records for appraisals as these had not been completed. We could see that one had been completed prior to our inspection and the remainder were scheduled to happen during the month of May.

During our visit we saw that staff took time to ensure that they were fully engaged with each person and checked that they had understood before carrying out tasks with them. Staff explained what they needed or intended to do and asked if that was alright rather than assuming consent. We observed two members of staff hoisting someone and we noted that they took their time, they talked to the person throughout explaining what would happen next and reassuring them the whole time. This was carried out in a dignified and respectful manner.

The information we looked at in the care plans was detailed, which meant that staff members were able to respect people's wishes regarding their chosen lifestyle. We asked relatives if they felt involved in their relative's care. The relatives we spoke to felt that they were involved and could have a say in their family member's care. We saw in the care plans we viewed that people or their representatives had signed their consent to receive the care and this had been regularly reviewed.

We saw that staff used the Malnutrition Universal Screening Tool [MUST] to identify whether people were at

nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. On the care files that we looked at, this was being reviewed on a regular basis. A monthly report was also completed of people who were seen to be at risk and they were then discussed with the GP on his regular visits to the home. The manager had also introduced regular nutritional meetings where senior staff met with the chef and kitchen assistant to review people who had lost or gained weight. They also considered nutritional values of food, presentation and anyone with specialist diets to improve the quality of the food in the home.

The provider employed a chef who prepared the food. Menus were supplied the day before and these were read out to people so that they could select their preferences. We saw staff sitting with people and talking to them about what they would like to eat and explaining what was available. The menus included two choices of main meal at lunchtime and a hot light meal or soup and sandwiches in the evening as well as cake mid-afternoon and people had the choice of a full cooked breakfast. Special diets such as soft diets were provided. Staff members we spoke to confirmed that people could request an alternative option such as an omelette if they did not like the meal of the day. We observed on a couple of occasions that someone did not like what was offered and they were provided with an alternative option.

We observed the lunchtime on the three different units on the first day of the inspection and saw that the food looked tasty and was well-prepared. On one of the units the tables had been prepared with table cloths so meal times were distinguished from other times of the day. However on another unit we noted that only one person was sat at the dining table and other people were assisted to eat in easy chairs and the television was on throughout the mealtime period. We noted on this unit that whilst the food was hot when it was brought down to the dining room, it was then placed on the side. We observed that a number of meals were not served immediately as there were not enough staff to assist all the people that needed help to eat and therefore some of the meals were cool by the time that there was a staff member available to assist. We observed that due to staff numbers, they were unable to prompt and engage with all the people eating. We saw the people when they needed support, were assisted by staff members in a patient and unhurried manner. We raised these issues with the manager after the first day of our visit.

On the second day of our inspection the manager had taken on board some of our comments around the lunchtime arrangements. There were more staff available, meals times had been staggered across the units in order that staff could help one another out. The kitchen assistant was available to plate up and serve meals on one unit to release staff to support people who needed assistance with eating. A bain marie had been ordered to assist with keeping food hot for longer and we observed that the televisions were switched off and there were table cloths in place and people were provided with napkins to protect their clothing, so mealtimes were distinguished from other times throughout the day.

A tour of the premises was undertaken, which included all communal areas including the lounges and dining rooms and with people's consent a number of bedrooms as well. At the last inspection, we recommended that the provider consider the latest guidance on the adaptation of the physical environment for people living with dementia. We could see that toilet doors were brightly coloured and had pictorial signage to distinguish them from bedrooms and there were quiet seating areas in some of the corridors. There were areas where there were music memorabilia and posters. The manager advised that he and the regional manager had visited the University of Stirling to observe best practice in this area and the home was undergoing a refurbishment at present that was taking on board some of the good practice that had been gathered at this visit. We saw decoration ongoing during the days of our inspection.

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, grab rails and other aids to help people maintain independence.

The laundry within the service was well equipped and was purpose built with a one-way system. The laundry was clean and well organised.

## Is the service caring?

### Our findings

We asked the people living in and visiting The Belvedere about the home and the staff who worked there. The people living at the home struggled to tell us how they felt about the staff, but we observed warm relationships with smiles and people wanting to hold hands with staff. One person told us, "I like it here, it is the people". Visiting relatives told us, "The care is excellent", "the care is without doubt very good", "The staff are lovely and I am more than happy with the care given to my father" and "The staff are wonderful, caring and understanding".

It was evident that family members were encouraged to visit the home when they wished. One person told us, "We can come anytime we want", "I feel involved and can have a say".

We viewed cards and compliments that had been sent into the service. One person's relative wrote, "Thank you so much for all the care you have given to my Mum. Everyone worked very hard to make her comfortable and treated her with so much dignity at all times". Another relative wrote, "To everyone who looked after [name]. Heart felt thanks".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at The Belvedere and had very positive relationships with the people living there. One person told us, "I'm happy here. It's the best place I've worked".

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw in general there was good communication and understanding between members of staff and the people who were receiving the care and support from them. We saw that staff members were interacting well with people in order to ensure that they received the appropriate care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always sought their permission before undertaking a task. We observed a staff member stop to check on someone as the windows were open as it was a warm day, but they asked if the person was cold and after chatting brought them a blanket to keep warm. On another occasion, someone wanted to go outside for a cigarette and a member of staff took their break entitlement and had a break with the person in the outside garden.

We undertook two SOFI observations in the dining room over lunch in two different units on the respective days of our inspection. We saw that staff members, even when they were rushed and busy on the first day, were speaking to people with respect and were very patient and not rushing whilst they were supporting people. The second day when more staff were present, we noted that they were moving around the dining area and were encouraging people to eat and were able to chat to people more generally.

We saw on both days of our inspection that the people living in the home looked clean and well cared for. Those people being nursed in bed also looked clean and comfortable.

The quality of the décor, furnishing and fittings provided people with a homely environment to live in. The bedrooms seen during the visit were personalised, comfortable, well-furnished and contained individual items belonging to the person. We noted that on one floor the rooms were less personalised. We spoke to the manager in relation to this and he explained that as this had recently been decorated, not all the pictures and items had been moved back to this unit. There was a lounge and dining area on each floor and on two of the floors there were smaller areas that provided different items of interest, for instance music and film memorabilia, and another unit had a small room with garden items and was fitted with false grass on the second day of our visit.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on topics such as meals, activities, staffing, complaints and the fees. Forms were also available inviting comments about the service through [carehome.co.uk](http://carehome.co.uk). There were leaflets about dementia, the provider's mission and values, leaflets on MCA and DoLS, Alzheimer's Society, the local parish magazine as well as information about friends and family meetings, the month's activities and the latest report from CQC.

We saw that personal information was stored in closed cupboards on each floor of the home. These cupboards were not locked so people could not be confident that the information about them was kept confidentially. We raised this with the manager to address.

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on three of the care files that we reviewed. We saw that either the person, their relative or health professional had been involved in the decision making. We found that records were dated and had been reviewed appropriately and were signed by a General Practitioner. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person dies in a dignified and peaceful manner.

## Is the service responsive?

### Our findings

A number of relatives commented that there were insufficient daily activities happening in the home. Comments included, "There aren't enough activities, if there was only one thing I could change it would be this", "They could provide more stimulation to the residents, like music or films or outings".

The provider did not have an activities co-ordinator in post at the time of our inspection. The previous one had left and they were actively recruiting for the post and this was one of the posts advertised during the recruitment day on the first day of our inspection.

We saw a programme of activities for the week which consisted of staff offering one to one support to people and easy listening music and a visit from Alderley Edge School for Girls pupils. On the first day of our inspection we observed that there was very little stimulation and activities on some of the units. We noted on one unit that there were four people who slept most of the day and were provided with no stimulation other than the television playing in the background all day. One unit had relaxation music and staff were supporting a person to do some colouring. There were magazines available as well as items of memorabilia and cups on the table for people to touch. We observed on one unit that staff were assisting people to make cups of tea and toast and that the people living in the home were actively involved in this. We looked at care plans and could see very little recording of any activities that people had taken part in and how this reflected their preferences.

On the second day of our inspection, the staff were observed to spend more time with people living in the home talking and doing hand massage and there was some 1950s music playing on one unit. The manager advised that they could consult the activity co-ordinator in the sister home that was adjacent to The Belvedere and that staff were carrying out activities. Our observations were that this was not happening consistently and that there was little activity or stimulation for the people living in The Belvedere. The deputy manager had organised a competition throughout the whole of the service for care assistants to produce a "This is my life story" on behalf of the people living in the home so that activities and care could be more person centred. Staff had two months in which to complete this, therefore we were unable to view any of these stories on the days of our inspection. Although plans were being put in place to look at activities, until now arrangements have not met individual needs.

This constitutes a breach of Regulation 9 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not providing care and treatment to service users that met their needs and reflected their preferences.

All the care plans that we viewed contained a pre-admission assessment to ascertain whether the person's needs could be met. The assessment identified the person's needs, their family details and their medical needs prior to their admission into the service.

We looked at care plans to see what support people needed and how this was recorded. We saw that care plans were personalised, well written and captured the needs of the individual. For example the people who

mattered to them, the food the person enjoyed. We asked staff members about several people's choices and the staff we spoke to were knowledgeable about the people they were caring for. We noted that the newer members of staff were not as familiar with people and they commented that they had found it hard to get to know people as they were moved between the floors. Relatives also commented that whilst they felt staff members knew their relatives well, when staff were moved between floors it meant they were less familiar with them. We spoke to the manager about this and he stated that the senior carers remained on each floor for consistency, but newer members of staff were moved between floors to ensure that they got to know all the people living in the home and had experience of dealing with all the differing needs of people living in the home.

Two of the care plans we reviewed, were not being consistently updated when someone's needs had changed. For instance in one care plan, a DoLS application had been submitted for the person to receive their medication covertly, but a care plan had not been put in place to reflect this. In another care plan, the person had started a course of antibiotics on 19 January 2016, the care plan had not been updated since this date so it was unclear whether this person was still taking this medication. When we spoke to staff they advised that that course had ended, but the person had recently had another course which had finished two days ago. These changes were not reflected in the care plan. We spoke to the manager who had already identified that the care plans needed reviewing and updating. He told us that this was an area for improvement that had been identified by the local authority contracts team and that the deputy manager had been tasked with updating and reviewing all the care plans. The deputy manager was able to share with us the timetable for when all the care plans were to be reviewed and they had started on this process in the last couple of weeks. They advised that they had not been able to progress this due to time, however on the second day of our inspection we were told that the deputy manager would be working supernumerary two shifts a week for the next four weeks in order to update and review care plans.

We spoke to visiting family members who told us that if there were any concerns they called the GP immediately. Comments included, "[Name] had a temperature yesterday and he was promptly attended to by the GP" and "When she's needed doctor or anything they sort this out quickly and get in touch with the family".

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. A copy of the procedure to be followed was on display in the foyer of the building. We looked at the one complaint that had been received in 2016 and could see that the manager had been in contact with the person but that as yet the complaint had not been resolved and was still being looked into. People were also made aware of the process to follow in the service user guide. The relatives we spoke to during the inspection told us that they were able to raise any concerns. One person advised that they had made a complaint the previous year and had been very satisfied that they had been listened to and their complaint had been resolved. Other comments included, "Jim has an open door policy" and "I haven't had to complain, but I know who the manager is".

## Is the service well-led?

### Our findings

There was a registered manager in place who had been in post since September 2015. He was supported by a deputy manager who had been in place for six weeks. The service received visits from the regional director and a quality assurance manager for the provider at least monthly, but the regional director advised that they were in the service usually once or twice a week. The chief executive of the provider was carrying out an unannounced visit on the first day of our inspection.

The registered manager told us that information about the safety and quality of the service provided was gathered on a continuous and ongoing basis from the people who used the service and the relatives who visited the service. We spoke to relatives about the manager. Comments included, "The manager has always been okay with me", "Jim has an open door policy", "I feel involved and can have a say". We did receive one negative comment, "Since the change in management, there has been a change of atmosphere and I'm made to feel less welcome".

The provider had a corporate quality assurance system and the manager was required to produce a report each month for the quality assurance manager, who conducted monthly visits. At these visits, the quality assurance manager spoke with staff, people living in the home as well as their relatives. They checked the environment, looked at complaints, what audits has been completed in the last month and what meetings had taken place and then an action plan was put in place that was reviewed at the next visit. We could see as part of this the manager was completing monthly accident audits as well as medicine and care plan audits. We noted that whilst the issue around PRN medication had been picked up on at the last quality assurance visit, the audits had not identified that the covert medication protocols needed to be updated. Furthermore, the manager had identified that all the care plans needed to be reviewed and kept up to date, however to date this had not been actioned since they had not had sufficient staff in place to complete this work. We saw that there had been improvements in this area, however two of the care plans that we viewed still contained out of date information or had information missing. The manager discussed with us the current plan to update these.

This constitutes a Breach of Regulation 17(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity.

On three of the care files that we viewed, we saw that additional records needed to be kept of fluid intake. We noted that on each of these, records were not been kept consistently. On two of the files, we noted that the fluid intake had not been noted for the last two days. The care files specified the amount that the person should be receiving, however this had not been transferred to the fluid intake charts and when we spoke with staff, they were not aware of the optimum amount of fluids that should be given.

Furthermore, we found that whilst care files were kept in a cupboard, this was not locked and therefore people could not be sure that confidential information about them was being stored securely.

This is a breach of Regulation 17(1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must maintain securely an accurate, complete and contemporaneous record in respect of each service user.

We saw that family and friends' meetings were being held every two months and we were able to view the minutes from the last meeting held in April 2016. These were readily available for people to view and were displayed in the foyer to the building. The minutes showed that relatives were involved and asked about what their family members may like in terms of food. They were also kept informed of staffing changes and had been invited to provide suggestions and feedback on all aspects of the running of the home.

In addition to the above and in order to gather feedback about the service being provided we saw leaflets in the reception area asking people to review the care home on [carehome.co.uk](http://carehome.co.uk), an independent website.

The provider conducted an annual survey with the people living in the home. We were able to view the survey from 2015 and saw that this had been conducted by an independent source, Ipsos Mori. We saw people were asked about how they were treated, whether they felt staff understood them as an individual as well as questions about the food and laundry. The survey found that overall 75% of people were happy living in the home and were satisfied with the standard of care in the home. 100% of people agreed that they were treated with kindness, dignity and respect. The service had also completed a quality assurance survey with relatives in July 2015 which asked about the care provided and we saw that there were mainly positive comments. There were only two negative comments that people felt that they did not have the opportunity to contribute to life histories or planning for the end of their life. The survey also explained to relatives what the provider would do with the information. The provider had agreed to speak to people individually about issues where this has been requested and other issues would be discussed in the residents and relatives meetings.

The manager undertook periodic audits. For example infection control, kitchen audits and health and safety audits were completed by an external service. This helped to ensure any issues in these areas were identified and addressed in a timely manner. The manager and regional director also undertook nightly spot checks on a regular basis and we were able to view the records of the last visit.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system and water temperatures. We saw that there were up to date certificates covering the gas and electrical installations as well as any lifting equipment such as hoists and the lift.

Since the manager had been in post, he had introduced flash meetings in the mornings in order to improve communication between him and the staff about what was happening in the home and any issues that needed to be discussed on a daily basis. He had introduced the monthly nutritional meetings to improve the quality, nutrition and presentation of the food as well as helping improve communication between the kitchen staff and care staff. The aim was to ensure that everyone was aware of the importance of food and nutrition and which people were at risk of malnutrition. The manager had recently met with the Alzheimer's Society with a view to offering a dementia clinic where they could signpost and support relatives. Discussions were ongoing about what support they could offer to the service.

The service had links with Alderley Edge School for Girls. Two groups of girls visited the home once a week to complete volunteer work as part of their Duke of Edinburgh Award. They would sit and chat with the people living in the home and the manager reported that people responded well to having younger people around them for a short period each week.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East Council's contract monitoring team. This was an external monitoring process to ensure the service met its contractual obligations to the council. We spoke to the contract monitoring team prior to our inspection and they informed us that The Belvedere was currently subject to an action plan. The outstanding areas for improvement they identified were as follows: they needed to ensure that care plans were up to date and evaluated on a monthly basis, and where required, re-written to reflect residents' current needs; annual appraisals for all staff needed to be completed and the completion of MAR charts for the application of creams needed improving. We saw that body maps were in place on the MAR charts in respect of creams and plans were in place for appraisals to be completed and the deputy manager was in the process of reviewing and updating all the care plans.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Staff members we spoke with had a good understanding of their roles and responsibilities and throughout the inspection we observed them interacting with each other in a professional manner. We received mixed comments about how the home was being managed and staff expressed concerns about the quality of care being offered due to the levels of staffing. Some staff members felt they could raise any issues and discuss them openly with the manager, whereas others felt that there was a lack of support from the manager. Comments included, "I've had lots of support. Jim's lovely and I'd have no problem raising anything with him", "His attitude to staff is not good", "Everything I raise is not listened to", "The manager is really supportive" and "Jim has been really supportive of me". We spoke to the manager and regional director in relation to this and they had identified that some staff needed additional support. On the second day of our inspection, the head of nursing for the provider was present at the service and was providing additional support to the clinical team. The regional director advised that previously, a representative from their human resources department had visited the home in order for staff to be able to speak to them in confidence about any concerns or issues. They agreed that they would put this in place again in order that any staff that had concerns could speak in confidence with someone from outside the service.

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and raise concerns. During our inspection we viewed minutes from the past staff meetings and saw that these were held on a regular basis. Staff had opportunity to discuss a variety of topics including training, health and safety around the home and the improvements in food presentation.

All the folders and documentation that were requested on inspection were produced quickly and contained the information that we expected. In the instances where documentation was not up to date, this had been identified by the manager and they had an action plan in place to address this. This meant that the provider was keeping and storing records effectively.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered provider was not providing care and treatment to service users that met their needs and reflected their preferences. There were limited activities taking place in the home to meet the needs of the people living there.
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider did not have a system in place for the proper and safe management of medicines in relation to covert medication and PRN medication.
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider had failed to ensure that actions identified by audits has been completed and some areas of concerns had not been identified through the audit process. Fluid charts were not being consistently kept where these had been identified as a requirement in peoples' care plans. Files were not being kept securely to maintain confidentiality.
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

The registered provider had failed to ensure that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people living at the home.