

Ablecare Homes Limited

Belvedere Lodge

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service effective?

Requires improvement 

Overall summary

We carried out a focused inspection of Belvedere Lodge on 14 May 2015. Following this inspection, we served a Warning Notice for a breach of one regulation of the Health and Social Care Act 2008 relating to good governance. Complete and accurate records were not being maintained in respect of each person using the service. The Warning Notice required the provider to be compliant with this specific regulation by 5 August 2015.

We undertook a focused inspection on 14 October 2015 to check the provider was meeting the legal requirements of the regulation they had breached and had complied with the Warning Notice. This report only covers our findings in relation to these areas. You can read the report from our last comprehensive and focussed inspections, by selecting the 'All reports' link for 'Belvedere Lodge' on our website at www.cqc.org.uk

Belvedere Lodge is a care home without nursing for up to 20 people. The home mainly provides support for older people who are living with dementia. There were 17 people living at Belvedere Lodge at the time of our inspection.

There was a not registered manager in post. 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. The listed registered manager was no longer employed at the service, and the provider had recently employed a new manager who told us they would be registering with us soon.

At this inspection, we found the provider had taken sufficient action to achieve compliance with the Warning Notice and the regulation. New documentation had been produced to record people's food and fluid intake. Nutritional risk assessments had been completed to ensure only people's current needs were reflected and no conflicting information was held within people's records. The provider's quality assurance and training manager had completed audits to monitor staff completion of

Summary of findings

these records to ensure they were accurate. This meant that the provider now held accurate and complete records in respect of each person's hydration and nutritional needs.

The ratings we gave for the service at the inspection on 14 May 2015 have not changed as some regulations

continue not to be met and we would require a record of consistent good practice over time. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The provider had taken sufficient action to achieve compliance with the Warning Notice and the regulation.

New documentation had been produced to record people's food and fluid intake and had been completed accurately by staff. Nutritional risk assessments had been completed where required.

We could not improve the rating for this key question from requires improvement. There are additional areas for improvement required under this key question. In addition we would require a record of consistent good practice over time. We will review our rating for safe at the next planned inspection.

Requires improvement



Belvedere Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Following our inspection on 14 May 2015, we served a Warning Notice for a breach of one regulation of the Health and Social Care Act 2008. During this inspection we checked that the improvements required by the provider after our last inspection had been made.

We undertook a focused inspection of Belvedere Lodge on 14 October 2015.

The inspection was unannounced and undertaken by one inspector. The inspection involved inspecting the service against one of the five questions we ask about services: is the service effective? This is because the breach found at the last inspection for which the Warning Notice was served was in relation to this question.

During our inspection we spoke with the new manager and the provider's quality assurance and training manager. We looked at people's care and support records and other records relating to people's care and support needs. These included medicines records and weight records.

Is the service effective?

Our findings

At our focused inspection of Belvedere Lodge on 14 May 2015, we found that complete and accurate records were not being maintained for people in relation to their nutrition and hydration. This placed people at risk of receiving inappropriate or unsafe care as their records did not consistently reflect their assessed needs.

We served a Warning Notice that required the provider to meet the legal requirements of this regulation by 5 August 2015. At this inspection, we found the provider had taken sufficient action to achieve compliance with the Warning Notice and regulation.

New daily care records had been produced for people to ensure staff accurately recorded their care needs and provision. The manager told us these forms had been introduced following the Warning Notice and had been effective. Each person had three records completed by staff a day for each shift worked by staff. This included the morning, evening and night shift. Staff were required to record all aspects of people's care, for example the personal care they received, the support they required with their continence, their activities over that time period and their food and drink consumption.

We reviewed a sample of the recent records completed by staff and found they had been mostly been accurately completed by staff. We demonstrated a small number of examples to the manager of where staff recording was not fully consistent. For example, some staff made reference to the amount of liquid consumed by people, for example '200ml', where other staff had recorded 'One cup of tea' and were not specific. The manager told us this would be addressed to ensure consistency. The provider had ensured a regular audit had been completed to monitor staff completion of these records. The manager currently completes a monthly audit of these records.

Where required, people had an updated nutritional risk assessment. This ensured that only relevant information was recorded and care records did not contain conflicting information. We highlighted to the manager that one record we reviewed still contained an old assessment that may have caused confusion. This was immediately removed from the person's record. Where people were assessed as requiring additional supplements to increase their calorific intake, this was recorded. We reviewed people's medicine administration record where required and saw their records were completed accurately and showed the person had received their prescribed items.