Belvidere Nursing Home Limited

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Inspection report

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Wallasey
Merseyside
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25 November 2015

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of Belvidere Nursing Home on 23 and 25 November 2015.

Belvidere Nursing Home is situated in a residential area of Wallasey and can provide nursing and residential care or short term care for up to 35 people. There is parking to front and rear and a pleasant garden area at the back of the property.

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

The staff in the home knew the people they were supporting and the care they needed. We observed staff to be kind and respectful and the home provided a range of activities to occupy and interest people. This promoted their well-being. People who lived at the home and staff told us that the home was well led and staff told us that they felt well supported in their roles. We saw that the manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home extremely well

We observed a medication round and saw that this appeared safe, the drugs were given and people were observed taking them. All the medication was in date and appropriately labelled and the Medication Administration Records were well maintained and completed appropriately with staff signatures. This showed people's medicines matched what had been administered. Medicines were stored safely and there was evidence that staff administering medication were trained and competent to do so.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. We also saw that that 14 staff had attended Deprivation of Liberty (DoLS) training, this included senior staff and care staff.

Staff were recruited safely and there was sufficient evidence that staff had received a proper induction or suitable training to do their job role effectively. The majority of staff had been supervised and appraised. The registered nurses had the appropriate checks regarding their registration with the Nursing and Midwifery Council.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

The provider's emergency procedures and some health and safety checks required improvement to ensure people could be evacuated safely in case of emergency and this was carried out during and following the

inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The premises were clean and safe.

People's medicines were managed safely..

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place

People's individual risks were identified appropriately

Is the service effective?

Good

The service was effective.

Staff were appropriately inducted and received on-going training. Staff were regularly supervised and appraised in their job role.

Staff understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The manager had made the appropriate referrals to the Local Authority.

Is the service caring?

Good

The service was caring.

We observed staff to be caring, respectful and approachable. People were able to laugh and joke with staff and they appeared at ease.

Staff made every effort to ensure people's privacy and dignity were respected when care was delivered.

The confidentiality of people's records was maintained.

Is the service responsive?

Good

The service was responsive.

People's likes and dislikes were clearly recorded.

The complaints procedure was openly displayed and records showed that complaints were dealt with appropriately and promptly.

People had prompt access to healthcare professionals when required

Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

The manager was visible in the home and staff said communication was open and encouraged.

Belvidere Nursing Home Limited

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 23 and 25 November 2015 and was unannounced. The inspection was carried out by one adult social care inspector, one specialist advisor who was a nurse with experience of caring for older people., focusing upon nursing care and medicines management. There was also an expert-by-experience who took part in the 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.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke with three people living at Belvidere Nursing Home and five relatives. We talked with 11 staff on duty over the two days including the activities co-ordinator, ancillary and care staff. We also talked with the registered manager.

We looked at the communal areas that people shared in the home and with their permission visited people's bedrooms. We observed care and support for the majority of people who lived at the home. We reviewed a range of documentation including care plans, medication records, records for seven staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

After our inspection we asked the manager to send us additional information in relation to health and safety

checks for the home and this was done.

Good

Is the service safe?

Our findings

We asked people who lived at the home/used the service and their relatives if they felt the people who live in the home were safe. Everyone we spoke with said they felt the people who lived in Belvidere Nursing Home were safe, as were their belongings. We asked what reassured them they were safe and were told " the surroundings", Another person said "everything". A relative said "they (the staff) are very attentive".

We saw that policies and procedures were in place to manage safeguarding concerns. The home reported safeguarding incidents to the Local Authority and Care Quality Commission appropriately and promptly. Internal records had a monthly summary showing what occurred and actions taken in regards to safeguarding incidents as well as accident and incidents. We saw that staff had attended safeguarding training. We asked relatives if they had been encouraged to raise concerns about people's safety and we were told "We had a full list when we came here and we have full documentation at home." and "Yes, you only have to go to the nurse."

We reviewed eight people's care records. We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. The risk assessments had been reviewed monthly or six weekly. Risk assessments had been completed with regard to moving and handling, for bed rails, and dietary requirements. We saw care plans for pressure area care with body maps completed and referred to.

There were no individual emergency evacuation plans in place on the first day of inspection but this had been remedied by the second day. We identified a fire risk assessment and Legionella assessment had not been carried out. This was brought to the manager's attention and immediately actioned.

We looked at a variety of safety certificates that demonstrated that utilities and services, including gas, electrics and small appliances had been tested and maintained. Moving and handling equipment was adequately maintained and if any defects reported we saw that this was immediately acted upon

We looked at five medication administration records and saw that they were correctly completed. We saw a drug profile which was included for each person detailing name, use, duration etc of each medication with a photograph of the person. We observed the administration of medication and this appeared safe. The medications were given and people were observed taking them. This meant that people were receiving their medications in a timely manner. We asked relatives if people received their medication on time and were told "sometimes she takes them, sometimes you have to coax her", and "she does, at 09.30 every morning". We were told people could have pain relief if required and relatives knew what the administered medicines were for. Homely remedies were monitored and were referred to a GP. Staff had acted on current guidance regarding medication storage and the clinical room overall was clean, tidy and everything was labelled and cupboards locked.

Staff wore appropriate personal protective clothing when assisting with personal care to assist with infection control. The home was generally clean, well decorated and had no offensive odours.
We looked at the external grounds of the care home and saw there was a small smoking area that was clear

and tidy. A relative told us "It's clean and I know they take great care of her".

The manager told us the home did not have to use a large number of agency and bank staff as there was a low turnover of staff and sickness levels were not high. We looked at staffing rotas for a month prior to the inspection and the rota currently in use. We observed that there were sufficient staff on duty, the call bells were answered promptly and staff were always visible.

Good

Is the service effective?

Our findings

We asked people if the staff were suitably skilled to support them to have a good quality of life. We were told "yes," by two people and all the relatives we spoke to. One relative said "definitely".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked at care files and saw that there was an audit trail of capacity assessments, best interest meetings and DoLS applications where required. We saw that that 14 staff had attended Deprivation of Liberty (DoLS) training, this included senior staff and care staff. We also saw that people who were able to were signing consent to their care plans and had been involved in discussions regarding their care. We saw that appropriate processes had been followed for people who did not have the capacity to consent to some decisions regarding their care. We asked the people if staff asked for their consent two people said "yes".

We looked at seven staff files that showed all had attended and passed induction within the first three months of employment. We also saw that all staff, including ancillary staff, attended all training required by the provider. This included safeguarding, moving and handling, first aid, fire training, infection control and nutrition. Nine staff had achieved their Diploma level 2 in Health and Social Care and seven staff had achieved their Diploma Level 3 in Health and Social Care. Staff had also attended distance learning courses on End Of Life Care, Dementia and Medication. We were informed by the registered manager that there were link nurses in place for continence, diabetes and we saw how the nurses actively used their learning to deliver training to the staff group. This meant that people who used the service received care from staff that were skilled and competent to support them. Staff were able to develop and acquire new skills and be kept up to date with best practice.

There was also evidence of a robust supervision system in place for the staff group. Supervisions and appraisals had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

The expert by experience had lunch with people and asked what they thought of the mealtimes. One person told us "very good", whilst another person said "alright". One person who ate hardly anything was encouraged to try and eat some more. We saw evidence of fortified diets being used with each person being

planned for with further information. We also saw 'Food First' protocol values of fortified drinks and puddings and the values of various milk powders.

In the care files we looked at we saw that nutritional risk assessments had been completed which identified if the person was at risk of dehydration or malnutrition, and reflected the level of support they required for eating and drinking. Where needed, staff recorded and monitored people's daily intake. We saw that people's nutritional needs were known by the cook on duty who also had a working knowledge of those people who had dietary needs. We saw that the cook was in receipt of each persons diet card that included likes and dislikes. We also saw that the menu was changed every three months. The people who live in Belvidere Nursing Home also had a forum where they were able to ask for changes to the menus. An example of this was they asked for chicken nuggets and chicken kievs to be added and this was done.

Good

Is the service caring?

Our findings

We asked people if the staff were kind, one person said 'definitely". Another person told us "very good" and a relative "they're lovely". All the people we spoke to told us that the staff treated them with dignity and respect we were told by one person that "They always knock and they keep the bathroom door closed".

We observed carers interacting with people and they had a caring manner. People we saw being transferred using a hoist were treated in a dignified manner. It was clear from our observations that the staff knew people well and were able to communicate with them and meet their needs in a way the person preferred. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

During our inspection we observed that confidential information was kept secure either in the nurse's office, the main office or in cupboards. We saw evidence in people's care plans of their choices at the end of life.

We asked people if they could have visitors at any time, all said yes, we also asked relatives about visiting and was told "any time at all and so can the grandchildren" another person said "any time and stay as long as we like."

We saw visitors popping in during our inspection and saw that they made themselves at home and were greeted pleasantly by the carers. A family member of a person who used the service was observed using a small kitchen area to help themselves to drinks. This was clearly a regular and familiar occurrence.

We noted that people were not rushed and staff supported people with patience. Whether the care involved was supporting the person to mobilise or to eat a meal, they were not hurried by staff and were supported to go at their own pace. We also saw a staff member chatting with a person, the staff member demonstrated a good background knowledge of the person and they were discussing their lives. It was clear that staff had warm, positive relationships with people and that the staff were trusted by the people who lived at Belvidere Nursing Home.

We saw people who lived at the home and staff had developed positive relationships with each other, and staff had an understanding of people's likes and dislikes. We observed that staff clearly knew people well and people told us that generally staff asked for consent prior to carrying out any care.

Good

Is the service responsive?

Our findings

We asked people who lived at the home and their relatives if they had been encouraged to raise concerns and were told by one relative said "Yes, they said any problems come to us", another person said "Yes, you only have to go to the nurse".

People were asked if they could make choices about what time they got up and went to bed. One person said "Going to bed's a bit tricky, I can't get in without help, but I'm usually up about 08.15, I want to get up then". A relative said "they get her up dependent on her condition". And another relative said "I've told them she's not a morning person".

We looked at ten individual care files that were in place for people living at the home. Care files contained an assessment of the person's needs. A series of assessments had been carried out regarding the person's health and welfare. This included assessments of their risk of falls, moving and handling needs, nutritional needs and bedrail assessments.

We saw that some of the information in the care plans was incorrect in relation to pressure relieving mattresses. An example of this was a person's care plan stated that staff should 'ensure the aid mattress settings are correct' in relation to the person's weight. When this was checked, a foam mattress not an air mattress was on the bed. We also saw duplication and an excess of information on the care plan sheets obscuring what was to be done and there were no start and finish dates. This was discussed with the manager and the findings were agreed. The manager implemented a checking system for the pressure of mattresses by the second day of inspection and this was added to the care plans. The manager told us that reviews were carried out 4-6 weekly but the records clearly stated monthly.

In each care file we saw a document which the person who lived at the home or advocate had signed to say they had been involved in their plan of care. This had been reviewed yearly with input from family members if this was appropriate. We also saw 'Preferred Priority of Care' that had been discussed with and signed families and we also saw in care plans body maps that were completed and referred to.

We were able to clearly follow a sequence of events that led to various referrals for people to other professional bodies, examples of these being G.P., mental health teams and other members of the multi-disciplinary team. This indicated that the service responded appropriately to people's medical and physical health related needs. It was also clear from the records that families were involved and kept fully up to date with all health issues and care needs. The home had also identified a risk surrounding challenging behaviour and had implemented an action plan within a care plan that helped staff identify triggers and early signs of behavioural issues or deterioration in people's health and well-being. A handover book was seen to be used and the content was recorded in the peoples daily records showing continuity and monitoring of care being delivered.

The home's complaints procedure was displayed in the entrance area. We looked at the complaints procedure and saw that it was clear and comprehensive and we saw that there was a complaints audit

carried out and clearly actioned.

We asked people and relatives if the service encouraged activities and interests. One relative said "They have a communal film some afternoons and we have visiting singers and musicians". We observed an activity coordinator present sitting with people in the dining room. The activities coordinator told us that she asks each person about their likes and dislikes and if this was not appropriate she approached families for information. She showed us the recording system she used to ensure peoples likes and dislikes were logged.

Good

Is the service well-led?

Our findings

Staff we spoke to felt supported and well trained and felt that the home was well led.
We asked people if they felt they could talk to the manager, one person told us "I haven't had a need to". Another person said "I'm sure I could" and a relative "yes, she's nice". All the other relatives said yes. We also asked if the manager was approachable and did they listen, everyone said yes.

A residents' meeting was held and attended on a monthly basis and attended by one of the management team. We asked the relatives we spoke with if they had attended any of the meetings. One relative said "No, but they are on the notice board".

The manager and the staff had a clear understanding of the culture of the home and the manager was able to show us how they worked in partnership with other professionals to make sure people received the support they needed. We spent time talking to the manager and they told us how committed they were to providing a quality service. The manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home well.

We saw that the registered manager actively undertook a range of audits for example accident and incident, infection control and complaints. Action plans had been put into place as a result of the audits undertaken. We also saw monthly quality assurance audits carried out by the manager on how regulations had been met by the service, both the Health and Social Care Act and the Care Quality Commission.

The manager and deputy manager told us about a recent medicines audit that identified several things that needed improving . They were transparent about this and demonstrated how they had responded very quickly to put things right.

The manager accessed an external training provider to deliver health and social care diplomas to the staff team. The training representative told us that the management have given additional support to those staff who have needed it so they could achieve their qualifications. We were also told by the training providers representative that the home encouraged a mentoring approach to those undertaking the training and that the trainer liaised regularly with management.

Staff we spoke to felt supported and well trained and felt that the home was well led. We looked at the minutes of the team meetings which were held on a twice yearly basis. We saw that staff were able to express their views and any concerns they had.

We saw the link nurses were actively supported to attend external training and meetings and that this was cascaded to the staff group. The diabetes link nurse liaised with community dieticians to contribute to the training of student dieticians.

The policies in place were completed by an external body and adapted and reviewed annually. These included health and safety, fire procedures, confidentiality, whistle blowing, medication, disciplinary

procedures and recruitment. People's care files were stored securely to protect their right to confidentiality.