

Belvidere Court Ltd

Belvidere Court Nursing Home

Inspection report

Woodcross Street
Bilston
Wolverhampton
West Midlands
WV14 9RT

Website: www.belvidere.uk.com

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27 February 2019

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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

About the service: Belvidere Court is a nursing home that provides accommodation and personal care and support to a maximum of 68 people. The service provides care and support for older people living with dementia and younger people with varying mental health needs. At the time of our inspection 54 people were living at the service.

People's experience of using this service:

People felt safe living at the service and staff understood how to protect people from the risk of harm or abuse. People's care and health needs were assessed and known by staff. People were supported by sufficient numbers of skilled and knowledgeable staff. People received their medicines as prescribed. People enjoyed the meals and drinks on offer throughout the day and had access to healthcare professionals when required. Staff sought people's consent before providing care and people said staff were kind and caring in their approach. People were supported to be as independent as possible and said they felt listened to and their views and opinions respected. Care records were personalised and reflective of a person's needs.

People were supported to take part in a range of activities and hobbies. People were supported to maintain relationships that were important to them and visitors were welcomed at the service. People and their relatives knew how to make a complaint and were confident that action would be taken.

People, their relatives and staff said the service was well led and the management team open and approachable. The service had a culture of continually improving the quality of care people received and robust care planning and quality assurance systems were in place.

Rating at last inspection:

Rated Requires Improvement overall (Report published 10 April 2017)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found the service met the characteristics of Good in all areas.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme; if any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Belvidere Court Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was undertaken by two inspectors and one specialist advisor who was a nurse.

Service and service type: Belvidere Court is a care home. People in care homes receive accommodation, nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information we require providers to send us at least annually to give information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.

During the inspection we spoke with four people and two relatives or visitors to ask their experience of the care provided. We spoke with eight members of care staff, the deputy and registered manager.

We reviewed a range of records. This included four care records and medicine records. We looked at recruitment and training records for staff. We reviewed the records relating to the management of the service including checks and audits.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, one person said, "I feel safe with the staff." A relative commented, "Its safe here, it's not a scary home." Staff understood how to protect people from the risk of harm or abuse. One member of staff said, "I would tell the nurse or manager. If it was not dealt with appropriately I would contact the local authority or CQC."
- The registered manager had reported any concerns to the local authority safeguarding team and had taken appropriate action to keep people safe.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed and there was detailed guidance available to staff to mitigate those risks.
- People had access to equipment such as walking aids which enabled them to mobilise safely around the building. We saw staff ensured walkways were clear of any obstacles to reduce the risk of trips and falls.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. People and relatives were happy with the level of staffing provided.
- We saw there were enough staff to respond when people needed them. Staff had time to spend with people and did not appear rushed.
- Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Using medicines safely

- Medicines were managed safely. Some people required medicines 'as and when required' such as for pain relief, guidance was available for staff to refer to about when and how often to give these medicines.
- Medicines were stored, administered and disposed of safely. People we spoke with and Medicine Administration Records (MAR) confirmed people had received their medicines as prescribed.
- Staff completed training in relation to medicines and had their competency regularly checked.

Preventing and controlling infection

- People were protected from the risk of infection. The environment was kept clean and tidy and a programme of redecoration was underway.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons when delivering personal care and we saw that food was covered when taken by staff to people's rooms.
- Staff responsible for maintaining a clean environment were knowledgeable about the risks associated

with infection control and changed PPE after cleaning each person's room to reduce the risk of cross contamination.

Learning lessons when things go wrong

- Accident and incidents were recorded by staff. Information was analysed by the management team and used to identify any patterns or trends.
- Action had been taken to reduce the risks of incidents re-occurring and were used as a learning opportunity for staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessment of people's needs were detailed and regular reviews were carried out.
- We saw people were involved in their care planning and their choices and preferences identified.

Staff support: induction, training, skills and experience

- Staff received training which was effective and relevant to people's needs. Staff told us additional training was available when required. For example, training had been offered to staff to better enable them to support people who displayed behaviours that could be harmful to others.
- There was an induction programme for new staff which included relevant training as well as the opportunity to work alongside more experienced staff.
- Senior staff carried out competency checks to ensure staff had the skills and knowledge required to meet people's needs.
- Staff told us they felt supported through regular supervision.

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

- People were offered a choice of meals and drinks. People told us if they did not like what was on the menu they were offered alternative choices. One person commented, "The food is good."
- People could choose where they wanted to eat their meals and staff were available to prompt or support when required.
- Food choices were provided in accordance with people's needs and preferences, for example, some people required softened food and cultural preferences were catered for.
- We saw people were offered a variety of drinks and snacks throughout the day.

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

- The service had appropriate pictorial signage, to support people living with dementia.
- People told us they could personalise their bedrooms and were able to choose where they spent their time.
- People had access to outside areas and communal areas and chose where they spent their time.

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

- People had access to healthcare services when needed to promote their health and well-being. For example, dentists and opticians.
- Staff monitored people's health where required and referred then to relevant healthcare professionals

when their health needs changed. For example, some people were referred to Speech and Language Therapy (SALT), staff followed the guidance given.

- Effective systems were in place such as handover meetings, to ensure staff were up to date with people's health and support needs.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- The provider had submitted DoLS applications where people had been assessed as lacking capacity and were being deprived of their liberty. Staff had a good understanding of the MCA and sought people's consent before providing care and support.
- The Registered Manager had a system in place to monitor DoLS authorisations to ensure people were not deprived of their liberty unlawfully.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw people were supported by kind and caring staff. One relative commented, "It's really good care, staff are very kind [person] is very well looked after."
- Staff told us they enjoyed their job and spoke with kindness about the people they supported. One member of staff said, "We treat people as our family."
- Staff sat with people, talked and used distraction techniques when people became anxious or confused.

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

- People told us they felt listened to and were encouraged to express their views about the care and support they received. For example, monthly resident meetings took place.
- People told us they made choices about their everyday life such as when they wanted to get up, clothes they wore and activities they took part in. One person said, "Staff involve me in everything." A member of staff told us, "People are encouraged to make their own choices as well as preferences for facial grooming. People are supported to follow their religion if that's their choice. There is no discrimination here."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their dignity and privacy was respected. One person said, "I am not rushed." We observed staff were discreet when supporting people with their personal care tasks.
- People's independence was respected and promoted. For example, the registered manager and staff had supported some people to regain their independence and move into supported living accommodation.
- People were supported to maintain relationships with those close to them; relatives told us they were welcomed at the service when they visited.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People felt included in the development of their care records and staff were knowledgeable about people and their needs.
- Care records were reflective of people's needs and were reviewed regularly. Care records were personalised and detailed people's wishes, choices, life histories and specific cultural requirements.
- The registered manager and staff were aware of the Accessible Information Standard (AIS). The standard sets out a specific and consistent approach to share information and applies to people with a disability, impairment or sensory loss. People's communication needs were assessed and met in a way that meets the standard required. For example, for those people who were unable to verbally communicate their views, staff told us they used a variety of visual prompts, body language and gestures to support their understanding.
- People told us they were supported to take part in many different pursuits and hobbies they enjoyed. Different activities were organised daily; we observed staff supporting people in reminiscence activities, word-searches and crafts.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and felt confident that any concerns would be dealt with quickly. People and their relatives told us they were kept informed and were involved in any reviews.
- The provider had a complaints process in place and although there were no recent complaints the registered manager knew the importance of monitoring patterns and trends.
- Records of compliments received were kept from relatives and visiting professionals. Comments included, "Well done to staff I hope everyone will continue to maintain this standard of care towards the residents."

End of life care and support

- People had been asked about their end of life wishes. End of life care plans were detailed and person-centred and contained information about people's wishes and final arrangements.
- Staff worked with other healthcare professionals such as a hospice to ensure people were comfortable and their wishes met at the end of their life. One member of staff told us, "We learnt about making people comfortable and regular repositioning and people's wishes are in their care plans."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff told us they felt listened to and the management team were open and approachable. One relative told us, "Staff keep in touch with the family and listen to our views." One member of staff commented, "The support I have had from the management team has been excellent. I feel confident to go to them about anything."
- Staff told us the registered manager was supportive and led by example to demonstrate their expectations about how people should be cared for.

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

- At the last inspection we found a breach of regulation 16 (1) and 18 (2) of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had not submitted notifications to CQC as required. At this inspection the service had met this regulation.
- Systems and processes were in place to assess, monitor and improve the quality and safety of the care provided to people. One member of staff told us, "We work well together and if any audit highlights an area for improvement we develop an action plan and I ensure this is picked up with staff."
- The registered manager understood their legal responsibility to notify CQC of serious incidents, deaths and safeguarding.
- It is a legal requirement that the rating from our last inspection is displayed within the service and on the providers website. Whilst the provider did not have a website, we saw the rating was displayed within the service.

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

- The registered manager and staff engaged regularly with people and relatives through meetings and reviews. Feedback was used to plan activities and make improvements within the service.
- Regular staff meetings occurred; meetings discussed the aims and goals of the service.
- Staff were aware of the assessable information standard and information was communicated in a way a person would understand.

Continuous learning and improving care

- The registered manager demonstrated a commitment to driving improvements and was eager to learn and understand areas they could develop the service.

- The registered manager had been proactive in volunteering to participate in pilot schemes run by national or local organisations to improve the quality of care people using the service received.
- The management team ensured staff had the skills and knowledge to support people's needs by ensuring regular training and competency checks were completed.

Working in partnership with others

- The registered manager had developed relationships with other partners and acted as a mentor to other care providers.
- The registered manager had developed good links with the local community and worked in partnership for the benefit of the people who lived at the service. For example, the service held coffee mornings and church groups attended the service.