

Adichis Healthcare Limited

Belvedere Park Nursing Home

Inspection report

2 Belvedere Road
Coventry
West Midlands
CV5 6PF

Tel: 02476673409

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08 January 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: Belvedere Park Nursing Home is registered to provide accommodation and personal care for up to 25 people who may or may not have nursing care needs. At the time of inspection, 23 people were using the service.

Peoples experience of using the service:

People continued to receive safe care. Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Good staffing levels were in place. Staffing support matched the level of assessed needs within the service during our inspection.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff continued to treat people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner. Our observations during inspection were of positive and friendly interactions between staff and people.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People and their families were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The service continued to be well managed. The provider had systems in place to monitor the quality of the

service. Actions were taken and improvements were made when required.

Rating at last inspection: Good (report published 22/04/2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

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?

The service was safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.
Details are in our well led findings below.

Good ●

Belvedere Park 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

This inspection was carried out by two inspectors. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Service and service type:

Belvedere Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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

This inspection was unannounced.

Inspection site visit activity started on 08 January 2019 and ended on 08 January 2019.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

We spoke with five people using the service. We also spoke with three staff members, the chef, two visiting health professionals, which included a G.P and a dietician, and the deputy manager who was also a nurse. The registered manager was not available on the day of our inspection.

We looked at the care records of three people who used the service, we undertook a tour of the premises and observed staff interaction with people, and activities that were taking place. We also examined records in relation to the management of the service such as quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- Safe care continued to be delivered at the service. One person said, "I feel perfectly safe here, nothing wrong at all." All the staff we spoke with felt that people were supported in a safe environment.
- No recent safeguarding investigations had taken place. The deputy manager and the staff understood and told us about their responsibilities to protect people's safety. All the staff we spoke with understood how to report safeguarding concerns, and had trust in the management team to follow up concerns appropriately.

Assessing risk, safety monitoring and management

- Risk assessments were in place to document risks present in people's lives. For example, the risks of pressure sores developing, the safe moving and handling of people, and any healthcare requirements people might have. Corresponding monitoring documents were in place to evidence, for example, that people were turned in bed regularly to prevent any skin damage.
- Staff felt that risk assessments were easy to follow, and they had the support they required to care for people safely.

Staffing levels

- There were enough staff on shift to safely support people. One person told us, "The staffing is very good here. If I push my bell the staff come quickly." Our observations on inspection, were that there were plenty of staff spread across the building to support and respond to people as required.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- People continued to receive their medicines as prescribed. Medicines were stored securely, and medication administration records in use were accurate and regularly checked for any mistakes. People we spoke with were happy that they received their medicine on time, and as they wanted.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- People continued to be protected against the spread of infection. We saw that regular cleaning took place, and the kitchen area had been rated as '5 Star' for food hygiene by the local authority.
- People we spoke with said their rooms were regularly cleaned.
- Staff were trained in infection control, and had personal protective equipment available as required.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. For example, we saw that after several incidents of a person falling, action was taken to increase staff monitoring, and changes were made to the person's personal care routine to reduce the risk of needing to get up in the night.

Is the service effective?

Our findings

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

Good: □ 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

- People's care needs were assessed before moving to the service, to ensure that effective care could be delivered to them.
- People's diverse needs were detailed in their care plans and met in practice, this included support required in relation to their culture, religion, lifestyle choices and diet. For example, a church service was held within the service to enable people to take part in if they wished to.
- Staff all had a good knowledge of each person, and the preferences they had in regard to their lifestyle choices.

Staff skills, knowledge and experience

- All the staff had received the training they required to effectively do their jobs. Staff told us this included extensive training during their induction period, and ongoing refresher training.
- The deputy manager told us that all new staff that did not already hold a care qualification, were able to complete the Care Certificate when they started work. The Care Certificate covers that basic skills required to work in care.
- All staff we spoke with were happy with the quality of the training and were confident in their roles.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed the food on offer. One person said, "They will make me something else if I didn't like what's on, but I generally do." We saw that a wide range of drinks and food was available for people to choose from, that was all freshly prepared by the chef.
- Staff had a good knowledge of people's dietary requirements, for example, if people needed food of a softer texture. Care plans detailed people's dietary requirements.

Staff providing consistent, effective, timely care within and across organisations

- Throughout the inspection we observed staff responding to people's needs in a timely way and attended handover meetings to share relevant information and keep up to date with people's needs.
- People told us they felt their care was consistent, and provided by staff that knew them well.

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

- People had rooms that were personalised to their tastes, and had access to communal areas and a garden. There was a lift to allow people to access the upper floors of the building.
- There were several communal areas for people and their families to use. People felt at home in the service and comfortable in their environment.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to remain healthy and had access to health care professionals. A visiting health care professional said, "The staff are always very helpful, and provide me with the information I need. The food and fluid monitoring records are good. The nurses are good and get things done."
- Systems were in place to support people with more complex health issues. Care plans and risk assessments provided guidance for staff to support people to manage health needs including the use of artificial feeding through a tube directly into the stomach (PEG).

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- The service had systems in place to ensure people's legal rights were respected and the principles of the MCA were followed. Where required, capacity assessments and best interest decisions had been completed with involvement of family members and relevant professionals. DoLS applications had been submitted to the local authority where restrictions were in place.

Is the service caring?

Our findings

Caring – this means 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

- People were treated with kindness and respect. One person told us, "The staff are very, very pleasant here." Another person said, "This is a lovely place to be." We saw a written compliment from a family member which said, 'I could not have asked for kinder people to look after [name]'.
- The staff we spoke with told us they had a passion for their roles, and felt as though they knew the people using the service well. One staff member said, "It's like a family here."
- During our inspection, we observed staff and the deputy manager, take the time to talk with people, and regularly check if they were ok.

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

- People and their families were encouraged to be involved in making decisions about care and support.
- We saw that care plans were regularly reviewed and changes were made when required. Reviews of care documented people's involvement, and people we spoke with all told us they felt in control of their own care, and that staff respected their choices and preferences in how they received care, or if they wanted any changes to be implemented.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with felt that staff were always respectful of their privacy. One person told us "They [staff] are always very respectful when they do my personal care. I would say something if I wasn't happy."
- We observed staff speak with people in a respectful manner, knock on doors before entering, and people told us that staff approached them with respect and dignity at all times.
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard.
- Files and personal records were stored securely.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- People continued to receive person centred care that met their needs. Care plans we looked at contained information about each person's likes, dislikes, and personal history. This enabled staff to get to know people and provide personalised care.
- People could take part in a range of activities. One person said, "Yes there are activities put on, I don't often join in but I know they are on." We saw that activities such as keep fit, art class, aromatherapy, and reminiscence were put on for people. The reminiscence sessions included someone spending one to one time with people who were cared for in bed, and could not join in with larger groups.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate previous complaints and had resolved the concern. For example, a complaint about a staff member had been fully investigated, and actions created as a result. One person told us, "I have no problems raising a complaint. I'd speak to the staff right away."

End of life care and support

- The service supported some people who were at the end of their life. All staff were trained in end of life care, and care plans documented the care that people required, and any advanced decisions they had made. We saw a written compliment from a family member in relation to their relatives care at the end of their life which said, '[Staff] attended all of [name's] needs with respect and compassion.'

Is the service well-led?

Our findings

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

Good: □ 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 with openness; and how the provider understands and acts on duty of candour responsibility

- People told us they knew who the registered manager was and were able to contact them easily. One person said, "Yes I see the manager around, I can talk to them if I want to. I feel like I am taken seriously."
- The home had a friendly and open culture. All the staff spoke positively about the management, and felt that any concerns they took to the registered manager would be addressed promptly.
- The deputy manager we spoke with was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

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

- There was a registered manager in post, but they were not available on the day of our inspection. 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 registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- There were effective systems in place to monitor the quality of the service. A 'Home improvement tool' was used to audit all aspects of the service and ensure that quality remained high, and that actions were taken to address any shortfalls.
- Staff members were confident in their roles. One staff member said, "The managers are so open and approachable".

Engaging and involving people using the service, the public and staff

- Surveys were sent out to people and their relatives which asked for feedback on the quality of care being received, and if any changes were required. Feedback was analysed by management and acted upon when required.
- People felt involved in their own care. The people we spoke with told us they were regularly consulted, and felt in control of their care and own routines.
- The staff team felt empowered and engaged with. One staff member said, "I love working here." Another staff member said, "All the managers and nurses listen to us. We are the first point of call for the residents, we know them best, and that is respected."

Continuous learning and improving care

- Staff told us that team meetings were utilised to ensure that learning and improvements took place. Staff said they were comfortable in raising any issues or concerns within team meetings, and that the management were open to feedback. One staff member said, "I don't just wait until a team meeting, I can feedback at any point."
- People told us they felt that their voices were heard, and the staff and management acted promptly and learnt from the feedback they gave.
- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The service had a positive relationship with outside agencies and professionals. One visiting health professional told us, "This home is well organised. We consider it one of the best in the area."
- During our inspection, we saw that a visiting health professional gave feedback and suggested changes in practice to the deputy manager. The deputy manager was open to this feedback and said they would implement these changes immediately.