

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Belvedere Park Nursing Home

2 Belvedere Road, Coventry, CV5 6PF

Tel: 02476673409

Date of Inspection: 14 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Adichis Health Care Limited
Registered Manager	Mrs Chinyere Anyanwu
Overview of the service	Belvedere Park Nursing Home provides nursing care and accommodation for a maximum of 25 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with other authorities.

What people told us and what we found

This inspection was completed by one inspector. We looked at records and spoke with the manager, four people living at Belvedere, two visiting relations, one person visiting to undertake activities, and three staff. The evidence we collected helped us to answer five key questions: is the service safe, effective, caring, responsive and well led?

Below is a summary of what we found. The summary describes the records we looked at and what people using the service and staff told us.

If you want to see the evidence that supports our summary, please read the full report.

Is the service safe?

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, the service was aware of its responsibilities under the Mental Capacity Act. The manager understood when an application should be made, and how to submit one.

We looked at the safety and suitability of the premises. We saw the premises were in good order and well maintained.

We looked at records. We saw care records had not been kept up to date for a few months since our last inspection. The manager had put systems in place and had rectified this. Records were up to date for the last three months.

Is the service effective?

People told us that they were happy with the care they received and felt their needs had been met. One person told us, "The care is excellent."

We looked at the meals provided to people. We saw people had a good choice of meals.

We saw people's food was served to support them eating safely. For example, some people had soft food or pureed diets because they had been identified as being at risk of choking. People told us they enjoyed their food.

It was clear from what we saw and from speaking with staff that staff understood people's care and support needs and they knew people well. One staff member told us, "I love it here, it is like a family here, people get the care, love and attention they require."

Is the service caring?

All people with spoke with told us staff were caring. One person told us, "I get very good care, the staff are very nice, very helpful." A relative told us, "She's been here seven years because they've looked after her so well."

We observed staff being kind and patient with people throughout our visit. We saw people thoroughly enjoyed a music and movement session in the morning. We also saw people enjoyed having a hand and arm massage by a visiting therapist.

Is the service responsive?

People's needs had been assessed before they moved into the home. Records showed us staff responded in a timely way to changing health and social care needs by contacting the appropriate health care professionals.

Is the service well-led?

People we spoke with told us they felt able to contact the manager about their care and the manager would deal with any of their issues quickly and effectively.

Staff we spoke with told us they thought the manager was approachable and provided good support.

We looked at quality assurance systems. We saw the service had recently collated its annual customer service feedback results. These showed people using the service were satisfied with the level of care and support provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Belvedere Park Nursing Home provides nursing care to a maximum of 25 people. On the day of our visit 20 people lived in the home.

We observed people in the lounge taking part in a music and movement activity. We were told this activity took place twice a week. We saw six people who lived at the home join in with the session. We saw people enjoyed the exercise and the music. They were also seen to enjoy participating in conversation during the session.

We saw a massage therapist visited the home. We were told all people living at Belvedere were provided this activity if they wished to have it. We saw the therapist undertake hand massage with many people who lived at the home.

During the afternoon, we saw most people who were in the lounge in the morning had retired to their rooms for rest after lunch. We saw one of the younger people who did not need rest enjoyed listening and singing along to music. We also saw another person use the upstairs lounge. They told us they enjoyed the view from this lounge as it overlooked a park and a road. We saw them enjoy a card game of patience.

We spoke with people who lived at the home. One person told us, "Staff come reasonably quickly for the call bell. I have confidence I will get help. They provide personal care with dignity and respect. They have to do terrible things like change 'nappies'. There's nothing dignified in that, but they do it well. Sometimes I shout at them and they put up with it." Another person said, "I'm quite happy here." A third person told us they enjoyed the music and movement and told us they were able to do what they wanted when they wanted.

We spoke with three visitors to the home. One relative told us, "The staff are very courteous and X receives very good care." Another visitor told us, "This is the best care home I have ever come to, there are no smells, the residents are spotlessly clean and the care is genuine. This is the home I would bring my parents too as I feel they would be

safe."

We saw each person had an initial assessment of need and care plans for the different care and support required. For example, care records contained care plans for tissue viability (skin care), personal care, nutrition, medication, mental capacity, communication and mobility.

The records also contained risk assessments to support staff in determining the care and treatment required. For example, the service used the 'Waterlow' risk assessment tool to determine what risk the person had of developing pressure ulcers. They also used the MUST (Malnutrition Universal Screening Tool) to determine people who might be at risk in relation to nutrition or hydration.

The records demonstrated the service had been responsive in meeting people's changing health and care needs. For example, one person's eating had caused concern. The person had been referred to the speech and language therapy team (SALT) who assessed whether it was safe for the person to eat a normal diet without the risk of choking. Another person was referred to the tissue viability nurse for advice regarding pressure ulcer treatment.

We asked whether any person who lived at Belvedere Park was under a Deprivation of Liberty Safeguard (DoLs). This is where a person is assessed by the local authority to determine whether their liberty required restricting to keep them safe. We were told no-one was currently on a DoLs safeguard. The manager also informed us they were aware of the recent Supreme Court judgement which might impact on the local authority's decisions when assessing people for a DoLs. This meant the manager was up to date with changes to deprivation of liberty legislation.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We spoke with the cook who showed us the four week menu plan. We saw the four week plan had a varied selection of meals and desserts for the main meal at lunch time. We also saw at tea time people had choices of hot food, soups, and sandwiches as well cakes or other desserts.

The cook was aware of people who lived at the home who required soft food or pureed diets. We saw each food group was pureed separately so people could still distinguish the separate flavours and see the different foods provided. The cook told us all the meals, puddings and cakes were made on the premises by herself and her assistant. This meant the meals were freshly made each day.

We asked whether anyone living at Belvedere Park required as special diet. We were told one person had diabetes and required a sugar free diet. The cook had made provision for that person so they had the same food choices as the other people who lived at the home.

We observed some people having their lunch in the dining room. We saw people who required them had been provided with covers to protect their clothes from spills. We saw people eating their dinner at a leisurely pace. We asked people what they thought of the food provided. One person told us it was, "Lovely." Another person said, "The food is excellent, I am a difficult eater and I eat well here." A third person when asked if they enjoyed the food told us, "Yes, mostly." A fourth person told us, "I like the food, sometimes there's too much on the plate."

We looked at the amount of drinks people received each day. We saw staff regularly gave people drinks. During the movement and music session we heard people talking about the food and drink. One person said, "We get plenty of drinks here." Another said, "I was only six stone when I came here now I'm about seven stone, they keep wanting me to put more weight on!"

We saw the service monitored people to ensure they were not gaining or losing too much weight. We also saw where required, staff monitored the fluids people were drinking. We checked the food and fluid charts of people who had been identified as needing close monitoring. We saw staff had recorded the amount the person had consumed each time they ate or drank. This meant staff could determine why a person might be losing or

gaining weight and take appropriate action. They could also see whether a person was at risk of dehydration.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We looked at the security of the home. We saw people were not able to access the building without ringing the door bell and informing staff of who they were and why they wanted to enter the building. We saw once people had entered the building they were required to sign a visitors book. They also had to sign the book when leaving the building. This meant the service protected people who lived at the home from unknown or unwanted visitors.

We looked at a sample of bedrooms and bathrooms on each floor. We also looked at the communal lounge and dining areas. We saw each area was clean and free from unpleasant odours.

We saw each area of the home had sufficient furniture to meet people's needs and was in good condition. We saw bedrooms had been personalised with people's own ornaments and photos.

We saw there were systems in place to maintain the building. During our visit we saw people who had been contracted to maintain the building undertake some maintenance work. We saw work had been scheduled to improve the safety of the building. For example, the fire doors had magnetic catches. This allowed them to be kept open because the fire alarm triggered the doors closing. The provider had a schedule for replacing them because they had been used for ten years and were beginning to be less effective.

We saw records which confirmed safety checks had been carried out on the premises within the required time period. These included checks on gas safety, electrical safety and fire safety. We saw the lift had been serviced to ensure people and staff were safe when using it.

We saw there were systems in place to check that call bells worked and to check on the length of time staff took to respond to them. During our visit we saw call bells being responded to in a timely way.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw there were systems in place to protect people against the risks of inappropriate or unsafe care. This was because care records had risk assessments which were updated when risks changed.

We saw the manager checked the quality of service provided by staff. We saw records which showed the manager had observed staff administering medication, personal care and toileting people. We saw this was part of an appraisal process which included self-assessment, observational supervision and formal appraisal meetings.

We looked at the complaints procedure. We saw this clearly explained to people how complaints would be investigated and the length of time they might have to wait until a response was given. We saw there had been one complaint made since our last inspection. The manager told us about the lessons they had learned from this complaint.

We asked people whether they felt able to complain or share any concerns. One person told us, "It is a good organisation. They have a policy of listening to you. I do complain often and they listen. Sometimes they act on my complaints and sometimes it is impossible for them to do so." A relative told us they felt they could talk to the manager if they were not happy with the way care was being provided.

We saw the service logged incidents and accidents which happened in the home. We did not see information which suggested there had been trends in any of the accidents recorded which had not been identified by management.

Staff told us they felt the manager provided good support and leadership. One staff member told us, "We have a good boss. She's always checking us and making sure we've done what we should do."

We asked whether there had been any quality assurance audits undertaken. The manager told us a questionnaire had been sent out in November 2013. We saw the results. Fourteen people had responded to the survey. 100% of those who responded said

they felt their concerns were listened to. None of those who responded said they were made to feel their views did not matter. This meant people felt they could speak with management if they had any concerns.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at records. This was because at our last visit we had made a note to the provider that some written care plans had not been updated and were not clearly written. We had also received information from the local authority contracts officer in January 2014. They told us they had some concerns that records were not sufficiently up to date to ensure people's needs were being met.

We looked at three care records. We saw there had been a period of a few months when care plans and risk assessments had not been recorded as reviewed in the care records. We saw since January 2014 the service had taken action to address this. The service was now reviewing care plans and risk assessments on a monthly basis.

The manager told us they had deployed staff differently to give staff the time to write up care records. They said they now had a system in place to ensure all care plans were reviewed on a monthly basis. The provider might find it useful to note the importance of continuing to ensure reviews of a person's care needs and risks associated with their care are held regularly and recorded.

We saw the manager kept staff records, care records and records related to the management of the service. We saw the manager was able to identify and promptly provide us with the records we asked for during the inspection. We saw records were kept securely in the manager's office. This meant the information contained in the records was safe.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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