

# Review of compliance

## Adichis Health Care Limited Belvedere Park Nursing Home

<b>Region:</b>	West Midlands
<b>Location address:</b>	2 Belvedere Road Coventry West Midlands CV5 6PF
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	December 2011
<b>Overview of the service:</b>	Belvedere Park Nursing Home is registered to provide accommodation for up to 25 people who require nursing or personal care.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Belvedere Park Nursing Home was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 25 November 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

We made an unannounced visit to this care home on 25 November 2011.

There were 23 people using the service when we visited. On the day of our visit we toured the lounge and dining areas, corridors and several bedrooms.

We spoke with eight people who were using the service when we visited and spent time observing their experiences in the care home. We looked at their mood, how they spent their time and how staff interacted with them.

One person told us, "It's marvellous. We have great food and good company."

Another person said, "I feel safe here. I can't think of anything they could do better."

We saw that people were not left unattended for extended lengths of times. There was a staff presence in corridors and communal areas. We saw staff sitting and chatting with people when they were not involved in a task to meet a particular care need. People appeared to be comfortable in approaching staff with their requests and staff responded quickly.

The service accommodates some people with complex needs who spend much of their time nursed in bed. We observed that these people had been made as comfortable as possible with pillows, blankets and call bells close to hand.

We observed that staff treated people respectfully. They addressed people by their preferred names and they were discreet when asking about care needs. Staff gave sensitive explanations when they were helping people, speaking to them at a pace and level appropriate to their individual needs.

We also spoke with the owner (who is also registered as the manager of the home), two nurses and two care staff.

Overall, we found that the service was meeting the care and welfare needs of people using the service.

## **What we found about the standards we reviewed and how well Belvedere Park Nursing Home was meeting them**

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People using the service receive the care and support required to meet their needs.

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

### **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We observed that people looked clean and appropriately dressed for the time of year. The service accommodates some people with complex needs who spend much of their time nursed in bed. We observed that these people had been made as comfortable as possible with pillows, blankets and call bells close to hand. Profiling hospital type beds were in use as well as other specialist equipment including pressure relieving mattresses, cushions, hoists and bath chairs.

The environment was warm and clean. There were no unpleasant odours.

We observed several interventions when staff used equipment such as a hoist to assist people to move safely. Staff explained what they were doing and gave sensitive assistance at a pace appropriate for each person.

We observed staff sitting with people and supporting them to eat and drink during the lunchtime meal.

We saw that staff were knowledgeable people's needs and their likes and dislikes and were kind, caring and attentive towards them.

People spoken with told us they were generally satisfied with the care they received. Their comments included,

"It's marvellous. We have great food and good company."

"I feel safe here. I can't think of anything they could do better."

"The staff are kind and friendly and they do their best."

We spent time in two lounge/dining areas observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them.

We observed staff sitting with people during a meal time. Staff prompted some people to support them to eat their meal independently and gave sensitive assistance to people who needed to be fed.

We saw that people were not left unattended for extended lengths of times. There was a staff presence in corridors and communal areas. We saw staff sitting and chatting with people when they were not involved in a task to meet a particular care need. People appeared to be comfortable in approaching staff with their requests and staff responded quickly.

We observed that staff treated people respectfully. They addressed people by their preferred names and they were discreet when asking about care needs. Staff gave sensitive explanations when they were helping people, speaking to them at a pace and level appropriate to their individual needs.

We observed that appropriate procedures were followed when nursing staff administered people's medication.

### **Other evidence**

We looked at the care records of three people using the service.

The manager told us it was usual practice for a senior member of the nursing staff to visit people who are considering moving into the home to undertake an assessment of their needs and abilities.

Care records each contained a pre admission assessment of the person's needs and abilities. These assessments were used to develop care plans and record people's personal preferences for their everyday life.

For example, the records of two people identified they had wounds. These required the development of care plans to give staff in the home directions about the treatment required to promote healing. We saw these care plans in people's records.

Each person had a care plan, daily records and monitoring records.

Care plans were available for the identified needs of each person and supplied staff with the information required to make sure people's needs were met appropriately. For example, the speech and language therapist identified one person had a swallowing problem in hospital. Thickened fluids and a single texture diet were recommended. We saw a care plan in place to address these needs. Staff spoken with during our visit were aware of these special needs and we observed that a single texture diet and thickened fluids were provided for this person.

We saw evidence of the use of risk assessment tools for falls, nutrition, mobility and

pressure sores. Where the outcome of the assessment identified an increased risk there was evidence of action implemented to minimise the risk. For example, one person was identified as having a high risk of poor nutrition. We saw a care plan in place to support their nutritional intake and monitor their weight.

Records show that people have their weight monitored regularly. However, staff are unable to weigh some people because of their physical frailty. Food and fluid intake charts were available for these people. We discussed this with the manager to investigate current best practice for alternative methods of monitoring people's nutritional well being.

Training records show staff have access to mandatory training relating to health and safety, such as manual handling and fire safety. Staff also have access to training to meet some of the specialist care needs of people using the service.

Records in care files demonstrate they are supported to access other health care professionals such as GP, optician, dietician, speech and language therapy and chiropodist. There was evidence in people's care records that staff are observant of changes in people's health and make appropriate referrals to other health professionals.

#### **Our judgement**

People using the service receive the care and support required to meet their needs.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>Why we have concerns:</b> Staff do not use alternative methods of monitoring people's nutritional status when they cannot be weighed.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>Why we have concerns:</b> Staff do not use alternative methods of monitoring people's nutritional status when they cannot be weighed.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>Why we have concerns:</b> Staff do not use alternative methods of monitoring people's nutritional status when they cannot be weighed.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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