

***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: 03 January 2013

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

**Respecting and involving people who use services** ✓ Met this standard

**Consent to care and treatment** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Meeting nutritional needs** ✓ Met this standard

**Cooperating with other providers** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Staffing** ✓ Met this standard

**Complaints** ✓ 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 accomodation 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

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We talked to people living at Belvedere Nursing Home. People spoken with were happy with their care. A typical view was, "We're very very well looked after."

We talked to relatives of people living at Belvedere. They told us they were happy with the care their loved ones had received and had been made to feel welcome when visiting.

We observed staff being kind and considerate to people. We saw people being treated with dignity and respect. People were seen to have developed good relationships with each other, and with staff.

We looked at three care records. These demonstrated the care needs of people were appropriately assessed and updated as soon as care needs changed. The service worked well with other health care professionals.

We looked at menus. We saw that people were provided with a good range of meals which met their dietary needs. During our visit we observed people having their main lunch time meal. Many people required one to one support to eat their food. We observed staff taking their time so that people could enjoy their food and eat safely.

We checked staff recruitment processes and were satisfied that relevant checks were made to keep people safe.

We looked at the formal and informal complaint processes and were satisfied people felt able to tell staff if they had any concerns and these would be acted upon.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke with four people who lived at Belvedere Park. They told us that prior to living at the home they were visited by the manager. During her visit she talked to them about their care needs and told them about the service Belvedere Park could provide. They told us their families were also fully involved in their admission.

We received one 'share your experience' via our website. This told us that the person had visited the home with a view to their relative coming to live there. They had found this a positive experience and found the person in charge very welcoming of them and informative.

People told us they were able to express their views and were involved in decisions about their care. One person told us, "They check with you what you want...they help you to get dressed but you are in charge of what you want to wear." They also told us that they could not eat a hot meal in the evening and so their evening meal was changed to meet their need. Another person told us, "I feel safe here; I don't feel frightened of anything." A third person told us, "Staff are beautiful, they treat you like their grandma, they treat you with respect and wouldn't do anything without asking."

We observed staff treating people with kindness and respect. One person told us "We're very very well looked after, I was ever so ill when I came here, but I feel much better now...it's like home, it couldn't be better...staff are every so kind, we have fun, they're loving."

We talked to a group of relatives who were visiting a very sick loved one. They told us, "They're very very good here...we stayed here all night last night and Chin (the registered manager) came back during the night to check." They also told us they had been consulted every time staff felt the care plan needed changing.

Another relative spoken with who acted on behalf of their loved one told us that staff went into great depth during care reviews. They also said, "They are very good at phoning you

up if they are concerned about something and need your opinion."

We looked at three care files. We noted that staff had acted upon the wishes of people or their relatives. They had also helped people understand the measures they had put in place to keep them safe. For example, one person was not happy about having an air mattress and an air cushion but staff had explained it was to keep them safe because they were concerned they were vulnerable to pressure sores.

## Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

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People living at Belvedere Park told us the service checked with them to make sure they agreed with any proposed changes to their care plan.

Relatives told us staff ensured they were made aware and agreed to any potential changes to care and treatment where the person could not voice this themselves.

We asked whether any people living at Belvedere Park were subject to a Deprivation of Liberty safeguard (DoLs). These are applied for when a care home or hospital considers it necessary to restrict the liberty of a person for their own protection. The manager told us they did not have anyone living at the home that had required this intervention.

We checked whether staff had received training to help them understand the Mental Capacity Act 2005. This Act was designed to protect people who could not make decisions for themselves. It was to ensure those making decisions for the person made them in their 'best interest'. We were told all staff had either attended training, or were going to receive training to understand the Act. It was also incorporated into staff induction.

We asked the manager what experience they had in making 'best interest' decisions. We were informed they had to do this with a person who had lived in the home who needed to have medication administered covertly (without their knowledge). They told us the decision was taken with the agreement of healthcare professionals who felt it was in the 'best interest' of the person to have the medication.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We looked at the care records of three people. The records provided up to date information about each person's care and treatment needs. Where risks had been identified, records showed how these would be managed. For example, one person had become more unsteady on their feet. The service did not want to reduce their independence and so had put in place monitoring systems to ensure the person was safe.

People living at the home told us they had been visited by the doctor and opticians. Care notes showed that people had received optical and dental care as well as health care provided by their GP and hospital consultants.

We saw good care and treatment provided to people. Many people living at Belvedere Park were funded through NHS Continuing Health Care. This meant they had complex medical needs and/or were nearing the end of their life. Care notes demonstrated that staff were very attentive to changes to their condition and liaised with other healthcare professionals when appropriate.

Many people were unable to leave their beds due to ill health. We observed people looking clean and well cared for. We observed staff checking that people were comfortable.

We saw a number of relatives visiting their loved ones. All told us they could visit at any time and they were always made to feel welcome.

People who were more independent were seen using the communal rooms to talk to each other and talk to visitors. We observed people sitting and reading magazines and newspapers. We also observed some people sitting together at lunch time and having lunch together. Some organised activities were provided by the service. These included twice weekly exercise sessions, and aromatherapy sessions.

**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 were told by the cook that many people living at the home were on a soft food diet and so had porridge for breakfast. She told us they could have anything they wanted if there were no restrictions. One person told us they liked having toast and marmalade for breakfast. Another told us they enjoyed having eggs, bacon and mushrooms for breakfast in bed and had them every day.

We observed people having their lunchtime meal. On the day of our visit this was chicken pie with vegetables and potatoes. People commented they found the meal tasty. We observed staff supporting a person eating the meal in pureed form. The meal had been pureed to enable people to see the different foods and distinguish the differing tastes. The member of staff was observed to support the person eating at their own pace. They knew the visual and verbal cues as to when the person was ready for more food, and when they had had enough.

We looked at the four week menu. The main meal was always at lunchtime and was mainly meat, vegetables and potatoes. Examples were gammon and parsley sauce with duchess potatoes and vegetables; and farmhouse pie with roast potatoes and vegetables. There was always a pudding such as strawberry flan and apple crumble. For teatime people had the choice of a hot tea such as corned beef hash or a lighter alternative of sandwiches. There was also a sweet on offer such as blancmange or cakes.

We noted that people who had diabetes controlled by diet were catered for by the cook. We also noted that thickeners were being used in drinks where concerns had been identified about potential choking. Staff told us they had received training by the Speech and Language Team (SALT) to help them support people who had difficulty in eating and drinking.

One person told us, "The meals are lovely...if you want extra they give it to you." Another said, "The food is very good here...there's too much...I've told the chef I can't eat three good meals a day and they've changed my tea time meal so it isn't so heavy."

A relative told us, "The kitchen staff bake beautiful cakes for birthdays, they are really lovely".

We looked at whether people were receiving enough drinks and fluids to keep them hydrated. People we spoke with told us they had a jug of juice by their bedside during the

day. They also told us they had teas and coffees brought to them during the day. People who could not voice their needs were monitored to ensure they had taken sufficient fluids during the day. A fluid chart was kept in their bedrooms and staff noted the amount of fluids being given to ensure a sufficient amount was being drunk.

Since our last visit the service has bought new equipment to help them monitor the weight of people who cannot stand on scales.

We also noted that environmental health services had given the service an excellent rating in food hygiene.

## Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services

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### Our judgement

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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### Reasons for our judgement

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The service had many people living in the home who were funded via NHS Continuing healthcare. The manager and nursing staff worked well with the discharge teams to ensure people had a smooth discharge process from hospital and good continuity of care.

We looked at three care records. These demonstrated the service worked well with other healthcare providers in ensuring the care and treatment needs of people were met.

People told us that if they wanted the doctor to visit, staff would ensure they saw them. They also told us they had seen the optician.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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We spoke with six staff. They confirmed to us they had undertaken training to understand how to safeguard vulnerable adults from abuse. They were able to tell us what action needed to be taken if they had concerns. They were also aware of how to 'whistle blow' if they were ever in the position of management not taking safeguarding concerns seriously.

We noted that local guidance about safeguarding was accessible to all staff.

We asked whether the service had any Deprivation of Liberty safeguards (DoLs) in place. These are safeguards put in place if a person living in the home has restrictions placed on their liberty for their own safety. They have to be applied for and approved by the local authority. The manager informed us they did not have anyone living at the home where they needed to apply for this.

We noted a number of people had bedrails to prevent them from falling from bed. We saw that bedrail assessments had been carried out. These were important as bedrails could carry risks of entrapment.

People told us they felt safe living at Belvedere Park.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We checked the recruitment practice of the service to ensure they recruited staff that had the right skills, qualifications and experience to work with people living at the home. We were satisfied that people were recruited with the necessary skills and experience.

We looked at staff training and saw staff had received training to support them in protecting people. Staff training included training in infection control, dementia care, food hygiene, moving and handling, safeguarding vulnerable people, eating drinking and swallowing awareness, and pressure ulcer prevention.

We looked to ensure the service complied with schedule 3 of the Health and Social Care Act (regulated activities) 2008. We saw the service had asked for and received two written references and had made sure people undertook criminal record bureau (CRB) checks before commencing employment. A photo and proof of the person's identity was on file.

## Staffing

✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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At the time of our visit 20 people were living at Belvedere Park Nursing Home. During our visit we saw that staff had routines to ensure that people's needs were met in a relaxed and unhurried pace.

All people spoken with were pleased with the level of care and support either they or their relative had received.

When observing and talking to staff we noted they had a good understanding of the needs of people who were in their care. Staff told us they were well supported by the manager and any learning needs they had identified were acted upon. We looked in staff files and noted that when staff had asked for further training the manager had supported them in accessing this.

We looked at the number and skill mix of care and ancillary staff on duty during a 24 hour period. We were satisfied there were sufficient staff on duty to meet the needs of the current group of people living in the home.

Staff told us they felt there was enough staff on duty to meet the needs of people living at Belvedere Park. They also told us they worked well as a team and supported each other.

We noted there was always at least one registered nurse on duty during a 24 hour period. We also noted that many care staff had been nurses in their country of origin. Whilst they were not registered to provide nursing care in this country they had a good understanding of the nursing care needs of people living at Belvedere Park.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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We looked at the complaints policy and procedure which was easily accessible to visitors and people living in the home. The provider might find it useful to note that we found the wording relating to the timescales of investigating the complaint a little confusing. We also noted the policy informed people they could contact the CQC about their complaint. The provider might find it useful to note that the CQC does not have legal authority to investigate complaints. However we would welcome receiving information about any concerns. We noted there had not been a formal complaint for over a year.

We asked people and visitors if they felt able to tell staff and the manager about concerns they had. All said they felt the manager and staff were approachable. One person told us they had complained about a light in their room and it had been fixed two hours later. Another visitor said their experience was that staff always listened and acted upon it if there was something their loved one did not like.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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