# Inspection Report

***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: 28 October 2013

Date of Publication: November 2013

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

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|---|---|
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Cleanliness and infection control** | ✓ Met this standard |
| **Management of medicines** | ✓ Met this standard |
| **Safety, availability and suitability of equipment** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |

## Details about this location

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|---|---|
| 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<br>Diagnostic and screening procedures<br>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'.*

## 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 28 October 2013, 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 reviewed information sent to us by commissioners of services.

### What people told us and what we found

During our visit to Belvedere Park Nursing Home we spoke with the registered manager, four staff, three people who lived at the home and two visitors.

People living at the home were very complimentary about the care they received. They told us:

"The staff treat me very well, we're friends...If I have problems they look after me."

The staff are, "Very good, very fair and very kind."

"It's a lovely home...the call bell always works and they are here like a shot."

We spoke with visitors. They told us,

"The staff are giving X good care."

"It is very friendly.. everywhere is very clean...mum really enjoys it here and she feels safe and comfortable."

We looked at the care and welfare of people living at Belvedere. We were satisfied people were getting the necessary care and support to meet their needs.

We looked at the cleanliness of the home and the infection prevention measures. We saw good systems were in place to clean the home and the equipment used by people. Staff were aware of their responsibilities in preventing the spread of infection.

We looked at medication management. We were satisfied medication was being administered appropriately to people.

We talked to staff and looked at staff records. We saw staff had been trained to ensure

they could meet the needs of people living at Belvedere Park.

We checked the equipment used.  We noted people had equipment that met their needs. Equipment was maintained and serviced.

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

On the day of our visit there were 24 people living at Belvedere Park Nursing Home. The manager informed us that many of the people living at the home required palliative (end of life) care.

We noted the majority of people living at the home were too unwell to communicate with us. However we spoke at length with three people who had lived there for some time. One person told us, "The relationship with your carer is the closest you get in your whole life." They told us they sometimes took their frustrations about their illness out on their care worker but the worker understood. We asked them about their care. They said, "Staff are wonderful, very professional, very dedicated and I'm very impressed."

Another person told us, "It's a lovely home." They told us that staff listened to them and responded. They said they had complained once that they weren't keen on the mushroom soup and since then they had been offered an alternative. They were asked how quickly staff responded when the call bell was pressed. They told us, "like a shot."
They said, "Staff are marvellous, they do anything for you, you couldn't ask for a better team."

The third person we spoke with told us they had lived at the home for approximately one year. They told us they had been, "Very ill" when they arrived at the home but were now, "As well as I can be for my age." They explained that they could always see their GP when they wanted and they told us of a medical condition which the home was liaising with the hospital to sort out. They said they had, "Eggs and bacon for breakfast every day, and the dinners are lovely."

We spoke with two visitors. One visitor told us, "Mum really enjoys it here and she feels safe and comfortable...the staff are really friendly, helpful and kind." Another told us the staff were giving, "Good care" to their loved one. They told us the staff were monitoring the person's diabetes well. They said they could visit any time they wanted.

We looked at the care records of three people living at Belvedere Park who had varying dependency needs. One person had arrived at the service with multiple pressure ulcers after a stay in hospital. We saw detailed records of how staff responded to and managed the pressure ulcers to help improve the person's condition. We saw care plans paid attention to the emotional needs of people. For example, one person was described as being 'very anxious'. The care plan detailed how staff should support the person to lessen their anxiety.

We saw appropriate risk assessments had been completed. For example we noted risk assessments had been undertaken to determine whether people were at risk of pressure ulcers. Care plans had been put in place to reduce the identified risks. We saw pressure relieving equipment had been provided for people who were at risk, and repositioning charts were used. These evidenced that staff were repositioning people when they should. This reduced the risks of the skin's integrity breaking down because of too much pressure being applied to one area for too long.

We saw that people's weight was being monitored and appropriate action taken if weight reduced. We saw assessments had been carried out to determine the correct moving and handling equipment for people who were not able to move independently. We noted the person receiving nutrition and hydration through a PEG (Percutaneous Endoscopic Gastrostomy) was being given regular mouth care to stop their mouth from becoming dry.

The care records gave sufficient information to ensure staff knew what the care requirements were for each person. However the information was not always easy to find as each care plan did not have clearly defined areas. For example, one care plan might have been primarily about managing the person's personal hygiene, but would have information about their dietary needs as well. We also noted that some care plans had not been recorded as reviewed since August 2013. The manager told us they had been reviewed with the nurse but the review had not been recorded. The nurse on duty confirmed this. The provider might find it useful to note the importance of clearly written, up to date care plans.

We observed staff supporting people with their care. We saw staff being patient and kind to people. One member of staff told us, We treat them as our parents...life is too short and you need to give all the best care for them."

We noted staff responding quickly to call bells. We stepped into one person's room to talk to them. We did not know there was a sensor on the floor near the door. An alarm went off and staff responded quickly. The sensor was there to alert staff that the person was moving. This meant staff were on hand to reduce the potential risk of falls.

We saw all people were wearing clean clothes and were dressed in the way they wished to be dressed. We saw bedding looked clean and fresh. One person we spoke with said, "When I drop dinner down me, they won't let me keep it on, the put a clean top on me and put the other in the wash...this is the best home." They also told us, "This is the one place where there is no smell." We acknowledged to the person that we had also not noted any unpleasant smells.

**Cleanliness and infection control** ✓ Met this standard

**People should be cared for in a clean environment and protected from the risk of infection**

## Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

## Reasons for our judgement

We looked at the cleanliness of all areas of the home and saw they were very clean. We saw good systems in place to ensure a good standard of cleanliness at all times of the day. One person told us, "I've no complaints about cleanliness...I notice the windows as I look out of them a lot of the time...all looks clean, the beds are clean, floors clean, the bathroom is always spotless." Another person told us the home was, "Very clean." A third person informed us the home was always clean. They also said, "The wheelchairs are always clean, same with the commodes, they fetch them downstairs and sterilise them."

We looked at the cleanliness of equipment such as hoists and slings, and wheelchairs. We saw these were clean.

We spoke with staff who told us how they protected people from the risk of infection. They told us they used disposable gloves and aprons when supporting people with personal care. They were aware of the need to dispose of these safely after they were used. This was confirmed by one of the people living in the home. They told us, "Staff use gloves and then when they are finished they take them off and put them in one of the bins in the bathroom...they use hundreds of gloves a day." This practice limited the possibility of infection being transferred from one person to another.

Staff told us they used red bags to put soiled clothes in. These could go straight into the washing machine as the bags disintegrated in the wash. This prevented the spread of infection as soiled items were not in contact with any non-soiled items. We looked at the laundry room. We saw the service was observing good infection prevention practice by ensuring the dirty and clean laundry was separated.

We saw in the communal bathrooms and toilets, paper towels and dispensed soap were available for people when washing their hands. This meant infection was not transferred from one person to another by soap or by cloth towels.

**Management of medicines** ✓ Met this standard

**People should be given the medicines they need when they need them, and in a safe way**

## Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

## Reasons for our judgement

We checked the medicine administration record (MAR) sheets of three people with high dependency needs. We saw these had been accurately completed. We saw people were receiving the medicines they had been prescribed and at the right time of day and evening. We saw the nurse had noted that one person's medicines had to be given at a certain time after food. The person was being fed through a PEG (Percutaneous Endoscopic Gastrostomy). The times for their nutrition to be delivered through the PEG was altered to ensure the medicine worked effectively.

We looked at the arrangements for obtaining and disposing of unused medication. We saw good systems in place for booking in medicines and for disposing of unused medicines safely.

We checked arrangements for controlled drugs. The service had a separate controlled drugs cupboard which met the requirements of the regulations. There was also a record of controlled drugs administered which had the signatures of two members of staff. This meant the service could demonstrate controlled drugs were kept safely and administered to the people they were prescribed to.

We saw the nurse was undertaking daily temperature checks of the medication room, the medication trolley and the medication fridge. The checks confirmed the temperatures were meeting the manufacturer's requirements. The effectiveness of a medicine can be compromised if stored at a temperature which is too high, or too low.

We noted the medication room was clean, and the pots for medication were sterilised.

We talked to three people about their medicines. They told us they got the medication they needed. One person told us they sometimes had headaches, and they were able to have paracetamol for this. We asked another if they would have wanted to have control of their medicines. They told us, "I have a memory problem, I could see myself taking it twice rather than once." They told us it was safer that staff administer their medicines to them.

**Safety, availability and suitability of equipment** ✓ Met this standard

**People should be safe from harm from unsafe or unsuitable equipment**

## Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

## Reasons for our judgement

We looked at the equipment used to support people living in the home. This included furnishings and fittings.

We looked at wheelchairs to see whether they were clean and safe to use. We saw wheelchairs were checked on a regular basis to ensure they were safe. Wheelchairs seen on the day of our visit looked clean and in good condition.

We checked people had the correct moving and handling equipment. Care records informed staff of the hoists and slings individual people required to be transferred from one position to another. We saw this equipment being used to meet the individual needs of people. Different sizes of slings were used in hoisting people. We saw that hoists and slings were checked on a monthly basis as well as by staff before they used them. One member of staff told us, "There is no room for mistakes" when talking about using a hoist to move a person. They told us they would check to ensure there was no damage to the sling, and the sling was the correct size for the person according to the care plan.

We saw pressure relieving mattresses and cushions were used for people whose skin was at risk of breaking down and developing pressure ulcers. We noted all people living at the home used airwave mattresses. These mattresses help reduce the risk of pressure ulcers developing. Staff told us they were responsible for cleaning the mattresses and ensuring they were working well.

We looked at maintenance and service records. We saw equipment was being maintained and serviced to ensure it was safe for people to use.

We looked at the quality of furnishings and fittings within the home. We were satisfied that people were provided with furniture which was comfortable, in good condition, and met their needs.

**Supporting workers** ✓ Met this standard

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

## Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Reasons for our judgement

We looked at the training provided to both nursing and care support staff.

We saw nursing staff had received sufficient training and professional development to retain their nursing registration. One nurse's training records included training in areas such as tissue viability (preservation of skin tissue and management of wounds), venipuncture (taking blood), using a syringe pump, advanced care planning for the end of life, and eating, drinking and swallowing. This meant the nurse had received training in areas they dealt with on a day to day basis.

We looked at the training provided to care workers. We noted many of the care workers at Belvedere Park had been qualified nurses in their country of origin. We saw they had received appropriate training to ensure they could deliver care to people safely. This included dementia awareness, continence management, care record training, manual handling, infection control, mental capacity, first aid, end of life care, and equality and diversity training.

We saw the manager was supportive of the staff working at the home. Staff told us they enjoyed working at Belvedere Park. One member of staff said, "It's a lovely place to work, we're like a happy family."
Another told us, "The staff here are good, we work as a team." They went on to say they felt there were enough staff to look after people. Another member of staff told us they had recently completed a qualification in leadership and management.

The manager told us they had experienced a challenging period of time during the summer months. They saw their staff team were tired and needed to to re-charge their batteries to be able to work effectively with people. They told us they decided to put a stop on new admissions to the home until they felt the staff team were ready for this. This meant the manager was supporting the health and safety of both her staff team and the people living at the home.

We saw that staff had been receiving supervision and appraisal. We saw staff had been supervised when undertaking specific tasks. They had also received one to one

supervision.  This meant they had been given the opportunity to talk through issues relating to their work.

## 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.

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| ✓ **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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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:

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| 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.

## Contact us

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| Phone: | 03000 616161 |
| Email: | enquiries@cqc.org.uk |
| Write to us at: | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |
| Website: | www.cqc.org.uk |