



Inspection Report on

Belvedere House Residential Care Home

**BELVEDERE HOUSE RESIDENTIAL CARE HOME
SERPENTINE ROAD
TENBY
SA70 8DD**

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Description of the service

Belvedere is registered to provide accommodation and personal care to up to 19 older people. The home is in a residential area on the outskirts of Tenby town. It is a large detached property providing accommodation over two floors.

The Responsible Individual is Derek Skidmore and there is a manager with day to day responsibility for the running of the home.

Summary of our findings

1. Overall assessment

People who have made Belvedere their home receive care from staff who are highly motivated and effectively led by the home manager.

People, and their relatives are confident they made a good decision when choosing Belvedere, with one describing it as "*the Ritz of homes*" and another appreciating the friendly and homely atmosphere.

2. Improvements

At the last inspection, on 7 June 2017, the following recommendations were made:

- Daily records to include more evidence of the care and support provided. During this inspection we saw the daily entries were detailed and informative, but some information was duplicated and there were some gaps.
- To ensure verbal references were recorded. During this inspection we saw suitable references had been received for staff.
- To use dissolvable seam bags for soiled laundry. The manager told us these were in use.

3. Requirements and recommendations

Section five of this report sets out the action services providers need to take to ensure the service meets the legal requirements and recommendations to improve the quality of the service provided to people in the care home.

1. Well-being

Summary

People's wellbeing is enhanced by the quality of food and activities available within the home and the opportunities to exercise choice in respect of these things.

Our findings

People enjoy a healthy and nutritious diet. We saw people were able to choose where they ate their meals. People we spoke with told us they chose to eat either in the lounge area or their bedrooms. Breakfast was flexible, with people eating when they wished. Lunch was a three course meal and we saw it was made using fresh ingredients. Tea was mostly a lighter meal which was sometimes cooked and other times people were offered sandwiches. We were told there was always food available outside of meal times if people requested or needed a snack. Meals were fortified using milk, butter and cream and special diets were provided as necessary. Alternatives were offered if people did not want what was on the menu.

We saw there was a list of people's likes and dislikes as well as allergies displayed in the kitchen. The chef we spoke with demonstrated a good knowledge of people and their preferences.

All of the people we spoke with were complimentary about the food, describing it as "*really good*" and "*lovely*". A relative told us the food was "*excellent*". We saw the menu for the week was displayed on a notice board and some people chose their meals for the whole week and others chose on the day. We discussed with care workers the potential benefits of using pictorial menus to assist people with cognitive impairment to be better able to express their choice. Catering staff told us they were wholly satisfied with the quality of ingredients bought and all staff were positive about the meals they served and assisted with. We are satisfied people's dietary needs are met by staff who understand the importance of good nutrition.

People are safe and protected from abuse. This is because we saw access to the home was controlled by staff. Visitors had to be allowed entry to the home by staff as the door was kept locked. Visitors were required to sign into a visitors book which ensured staff knew who was in the home at all times. Some people had sensor mats near to their bed area which meant they retained a level of independence and privacy whilst at the same time enabling care workers to know who had got up from bed and may need assistance. All of the staff we spoke with demonstrated a good understanding of their responsibilities in relation to safeguarding and told us they would report any concerns they had if they suspected a person was at risk or was being abused. Staff were also confident their manager would take all appropriate action if concerns were raised with her. People's safety needs are, therefore, met by staff.

People can remain as active and healthy as they can. We saw the activities co-ordinator assisting people in a relaxed and friendly way. People were encouraged to join in with some singing and people appeared to be clearly enjoying the activity, with some people doing a bit of dancing. We saw there was a list of activities which included those put on by the activities co-ordinator as well as people from the local community coming into the home. Activities included:

- Hand massage and manicures
- Singing
- Armchair exercises
- Arts & crafts
- Quizzes
- Visits from local churches
- Visits from local entertainers
- Trips out.

People; their relatives and staff all felt the balance of activities within the home was right and people's right to choose to participate or not was respected by staff. One person told us "*there is enough going on... I like the dancing*" and another said "*there is enough. I like the trips out*". A relative described the activities as "*excellent*" and two relatives described them as "*brilliant*".

Some people did not want to participate in group activities and the activities co-ordinator told us they spent time with people individually in their rooms if that was what the person wanted. Some people liked spending time in the garden and this was encouraged. A relative told us how care workers helped one person keep occupied by helping in the home with some of the laundry which they enjoyed. These examples demonstrate people are cared for by care workers who understand the importance of remaining as active and healthy as possible.

2. Care and Support

Summary

People's needs are thoroughly assessed and reviewed by care workers who understand the importance of respect and helping people to remain as healthy and independent as they can.

Our findings

People are treated with dignity and respect. All of the care workers we spoke with told us the practical measures they took to maintain people's privacy and dignity whilst assisting them with personal care. Care workers told us they had enough personal protective equipment (PPE), such as gloves and aprons to ensure people's personal care needs were safely and hygienically met. People, and their relatives, told us how patient and kind staff were and staff were clear they had enough time to assist people in an unhurried way. One care worker told us assisting a person *"takes as long as it takes"* and told us the manager advocated care workers assist people in a person centred, rather than task based way. One person described the staff as being *"always willing to help"* and another told us *"they have great patience"*. We observed interactions between people and staff and saw they were friendly and relaxed which echoed some of the comments by people and staff describing the home as *"like a big family"*.

People were able to exercise choice over their care and support. For example, care workers told us people could go to bed and get up when they wanted and people living in the home confirmed this was the case. People benefit from care from a team of staff who respect and value them.

People receive the right care at the right time. This is because we saw people had regular input from a range of professionals and other services to help maintain or improve their health. We saw people had appointments with the following:

- Dentist
- Optician
- Podiatry
- Speech and Language therapy
- Community Psychiatric Nurse
- GP
- Physiotherapy
- Occupational therapy

People were assisted to attend appointments at the local hospitals as necessary. We saw evidence of GPs being called when staff had concerns about people. Relatives told us they were always kept informed about any changes in peoples health and wellbeing. Peoples health needs are met by competent staff.

People's care records are detailed and informative. We saw care and support needs were clearly set out and care workers told us they found the records helpful and also had enough

time to read them. Daily records were mainly person centred but we discussed with the provider the use of language in some which did not reflect person centred care. For example, words including "toileted" and "put to bed" were written in some records. Other entries, however, were seen to be person centred. We saw there were some gaps in the records as information was duplicated. Initially it appeared some aspects of peoples care had not been given but the daily entries clearly evidenced the care had been given. We were satisfied this was a recording issue and have asked the provider to review the current care records.

Relatives considered staff had taken time to get to know people and what was important to them. We saw some people had a helpful one page pen picture on their door, which consisted either of some narrative about how the person wanted their care to be offered or just pictures of things important to the person. There was evidence the care records were helpful in informing people's care and support needs.

3. Environment

Summary

People are living in a clean and comfortable home which enables them to spend time both privately and more communally.

Our findings

People are cared for in homely and well maintained surroundings. All of the people we spoke with, and their relatives, commented on the homely environment. We saw there were two lounges with televisions, as well as a smaller lounge which people could use if they wished. We saw some people chose to eat their meals in either their bedrooms or in the lounge area.. People we spoke with told us they preferred to eat their meals in the lounge area using a tray.

Bedrooms had been personalised with photographs and ornaments. Bedrooms differed in size, with some being large; having big windows and a seating area as well as the person's bed. Some bedrooms had en-suite facilities of a wash hand basin and toilet. Other bedrooms had a wash hand basin and we noted there was a ready supply of warm water. We saw one room was being decorated and having new carpet fitted in readiness for a new admission to the home. There were no malodours and the housekeeper told us they had the necessary products and time to ensure the home remained clean. Many of the windows had been replaced and there was a longer term plan to replace the remaining windows. The laundry was small but functional. There was no separate ingress for dirty, and egress for clean laundry, but we were told this did not cause any difficulties with maintaining good infection control. We were told repairs were carried out promptly to ensure people could benefit from the facilities within the home. People are living in a safe and comfortable home.

People have access to safe and well maintained outdoor space. We saw the garden areas were attractive and we were told one person enjoyed spending time in the garden. Also the home had entered into the Tenby in Bloom flower show. The garden areas were flat and easily accessible for people whose mobility was impaired. People's well being is, therefore, further enhanced by the easy access to pleasant outdoor areas.

4. Leadership and Management

Summary

There is a level of rigor with regard quality monitoring and governance within the home to ensure services and equipment are safe for people.

In addition, people can be confident their needs are met by a team of staff who are motivated; effectively trained and well led.

Our findings

People can be confident they receive their care from staff who have been safely recruited; trained and supervised. The staff files we looked at contained the information required, with the appropriate references and safety checks having been obtained. However we saw one staff member had only recorded the years, and not the months, of previous employment. This meant there could have been a potential gap in their employment history which had not been accounted for. Another work history indicated there was a gap in the member of staff's employment for almost a year and no reasons for the gap were given on the application form. Staff told us they received the training necessary for their work and were never asked to do anything they did not feel able or safe to do. We saw staff training records and noted most staff were up to date. One staff member was seen to be out of date with medication competency, but training had been booked to take place in the next few weeks. We saw staff were trained in:

- Dementia care
- First aid
- Food safety
- Moving & handling
- Nutrition
- Medication
- Deprivation of Liberty safeguards
- Adult Protection
- Infection Control
- Fire safety and
- Health and safety

All of the people we spoke with told us they considered staff to be competent and skilled. Supervision was valued by care workers and all of those we spoke with told us they found the supervision process helpful, being confident the manager would discuss areas of their practice where they had worked well as well as those areas they could learn from. We saw records demonstrated supervision was being carried out in accord with the National Minimum Standards.

Staff told us they felt valued by the managers, with one telling us *"they are nice people to work for"*. The managers, in turn demonstrated they valued the staff. One staff member told us how considerate their manager had been with regard working hours to accommodate

family commitments. People can be confident of receiving care from competent staff who are effectively led.

People receive care from staff who are motivated. All of the staff we spoke with valued working in the home, describing their work as *“lovely”*; *“marvellous”*; *“I love my job, it gives me great pleasure to help people”* and *“lovely, they are nice people to work for”*. Relatives were also very positive about the staff and one considered they appeared to enjoy being at work. One relative commented on the positive relationship staff had with the people they cared for, saying *“they love her to bits”* when describing the relationship staff had with the person. Another relative felt staff had taken time to get to know the person. Staff felt they were effectively led by the manager and this was echoed by relatives with one saying *“they have high standards. I am very impressed”*. A staff member said *“she is just so kind”* when describing the manager and another said *“they (the managers) want people to have what they want”*. People can, therefore, be assured they receive care from staff and managers who are committed to their work and to providing good quality care.

There are some robust governance arrangements in place to monitor quality within the home. This is because we saw relatives had been asked for their opinions about the home, with all responses being positive. All 13 respondents rated the professionalism of staff as either excellent or good; all considered the manager’s response time to issues was excellent; and 11 rated efforts to include resident in activities as excellent; one said it was good and one rated this as fair. Relatives views of respite care was sought with positive responses also. One relative said *“X is always happy to come to Belvedere and I feel comfortable leaving them in your care”*.

We saw there was evidence of safety checks being carried out in the home and these included:

- Hoists
- Door alarms
- Fire alarm system
- Fire extinguishers
- Hot water
- Emergency lighting.
- Pest control
- Medication
- Buildings inspections

People can be confident they are cared for by staff who are committed to quality and ensuring equipment and services remain safe.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

- Consider whether pictorial menus could assist people who have cognitive impairment with menu choices
- Review care records to ensure care and support is fully documented, considering the need for any repetition..
- Review care records to ensure entries are person centred.

6. How we undertook this inspection

This was a full and unannounced inspection undertaken as part of our inspection programme. We made two visits to the home, on 18 September 2018 from 08.30hrs to 14:00hrs and 19 September 2018 from 08:30hrs to 11.30hrs followed by telephone contact with relatives. We spoke with:

- Six people
- Four relatives
- Seven staff
- The manager
- The responsible individual

We looked at:

- Four care records
- Four staff files
- Maintenance records
- Feedback and quality questionnaires
- The Statement of Purpose

In addition, we had a look around the home and spent time observing care and talking informally with people.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Registered Manager(s)	Tracy Skidmore
Registered maximum number of places	19
Date of previous Care Inspectorate Wales inspection	07/06/2017
Dates of this Inspection visit(s)	18/09/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	<p>No. At the time of the inspection, none of the people living in the home spoke Welsh as their first language.</p> <p>We were told 90% of staff had completed some Welsh language training and the home is working to be able to meet the Welsh language active offer.</p>
Additional Information:	