

Methodist Homes

# Belvedere Manor

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Belvedere Manor provides accommodation and personal care for up to 84 people. The home is a purpose built property situated in Colne. The home has three floors known as Village suite, Woodlands suite and Garden suite. Woodlands suite specialises in providing care for people living with dementia. At the time of the inspection, there were 56 people accommodated in the home.

### People's experience of using this service and what we found

People told us they felt safe and staff were kind and caring. Staff understood how to safeguard people from abuse and report any concerns. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home. People received their medicines safely and on time. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. There was ongoing training for all staff. Staff were supported with regular supervisions and were given the opportunity to attend regular meetings to ensure they could deliver care effectively. People were supported to eat a nutritionally balanced diet and to maintain their health.

Staff treated people with kindness and respect and spent time getting to know them and their specific needs and wishes. Our observations during the inspection, were of positive interactions between staff and people who lived in the home. Staff were responsive to people's needs.

People were provided with appropriate activities and had access to a complaints procedure. All people had a care plan which was reviewed at regular intervals.

The registered manager carried out a number of audits to check the quality of the service. The registered manager provided clear leadership and took into account the views of people, their relatives, staff and visiting professional staff about the quality of care provided. The registered manager and staff used the feedback to make ongoing improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The provider was registered with us on 12 December 2018 and this is the first inspection.

### Why we inspected

This was the first inspection of the service based on the registration of the home.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Belvedere Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, an assistant inspector and two Experts by Experience on the first day and one inspector, a medicines inspector and the regional medicines manager on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Belvedere Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We also reviewed other information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We used our planning tool to collate and analyse the information before we inspected.

#### During the inspection

We spoke with 21 people who lived in the home, six relatives, six members of staff, the activities co-ordinator, the deputy manager, registered manager and the area manager. We also spoke with one healthcare professional.

We looked at the care records of six people who used the service and looked around the premises. We observed staff interaction with people. We reviewed a range of records. This included nine people's medication records, four staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek feedback from the provider to validate evidence found. We also received an email from a relative of a former resident of the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had established systems and processes to safeguard people from abuse. People told us they felt safe and were happy with the care and support they received. One person told us, "I feel very safe indeed here and the staff are very helpful."
- Staff knew they could report any concerns about people's welfare to other authorities including the police, social services and CQC. They also understood when and how to use the whistleblowing policy. This policy enabled staff to report any concerns about poor practice in a confidential manner.
- Staff had completed training and had access to a safeguarding policy and procedure which set out actions to take in the event of a safeguarding concern.

Using medicines safely

- Medicines were stored and managed safely. Staff administering medicines received training and had their competency checked to ensure their practice remained safe.
- The medicines administration records demonstrated people received their medicines as prescribed. However, staff were recording where they applied medicinal patches but were not rotating the position in line with manufacturers guidance. We received reassurance from the registered manager this issue would be addressed.
- Staff had access to detailed guidance to administer people's medicines properly. Medicines plans were person centred and took account of people's needs. Staff monitored medicines taken 'when required' for usage and effectiveness.
- People were supported to manage their own medicines, where appropriate, and were regularly checked to ensure they were taking their medicines properly. Audits were undertaken and when issues were found there was evidence of actions taken and shared with staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were well managed. Risk assessments covered all aspects of people's lives and included guidance for staff on how to manage risks in a safe and consistent manner.
- The registered manager had carried out environmental risk assessments to ensure the safety of people's living space. The provider had arrangements to carry out maintenance and safety checks on the installations and equipment. All safety certificates were complete and up to date.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances, such as power failure.
- Staff and people who lived in the home participated in regular fire drills to ensure they knew what action to take to keep safe in the event of a fire. The staff had developed personal emergency evacuation plans for

each person which included information on the support people would need if they had to evacuate the building quickly.

- The registered manager had developed systems to learn lessons and improve the service when things went wrong. We saw there were appropriate systems to record, manage and analyse any accidents and incidents. The registered manager had carried out investigations as necessary following any incidents and had discussed the learning with the staff team.

#### Staffing and recruitment

- The provider had established systems to monitor the number of staff deployed in the home. The registered manager completed a dependency assessment to monitor the staffing levels in accordance with people's needs. People told us there were sufficient staff to meet their needs in a timely way. One person said, "They try their hardest to help everybody who wants it. It's not very often that people wait."
- The provider followed safe recruitment systems and processes to protect people from the employment of unsuitable staff. We looked at four staff files and found appropriate checks were carried out prior to employment.

#### Preventing and controlling infection

- The provider had established good infection control practices. Staff followed the provider's policies and the home was clean, hygienic and pleasant smelling throughout. People and their relatives said the home had a good level of cleanliness and was well maintained.
- Staff were provided with infection control training on induction and through mandatory training programmes.
- Staff were seen wearing personal protective equipment and the management team had completed regular infection control audits.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had attended MCA training and were aware of the need to obtain consent when they supported people.
- Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible. Best interests meetings had been held to ensure people's rights were protected.
- Where people needed restrictions on their liberty, to ensure their safety, the registered manager had applied to the local authority for appropriate authorisation under DoLS. One person had an authorised DoLS, with no conditions attached.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A member of the management team and a senior care assistant carried out assessments of people's needs, before they moved into the home. This helped to ensure the staff team had the resources and training to meet people's individual needs. The completed assessments covered all aspects of a person's needs and preferences.
- People's diverse needs were detailed in their assessment and care plans and met in practice, this included support required in relation to their culture, religion, lifestyle choices and diet preferences.
- Staff reviewed people's needs assessments regularly to assess if the support remained appropriate and provided positive outcomes for people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services. Staff had strong supportive relationships with other agencies and professionals to provide a flexible and effective service, which adapted to people's needs. A visiting healthcare professional provided us with positive feedback about the service and confirmed staff made timely medical referrals.
- People's physical and mental healthcare needs were documented within their care plan. This helped staff to recognise any signs of deteriorating health.
- All people had an oral healthcare care plan and the staff recorded oral care as part of the daily monitoring charts.
- Staff shared information when people moved between services such as admission to hospital or attendance at health appointments. In this way, people's needs were known and care was provided consistently when moving between services.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in line with their dietary requirements. People were satisfied with the variety and quality of the food. One person told us, "I think the food is very good really, and there is enough choice each day."
- We observed lunch being served on all three suites. The dining experience was a pleasant and sociable occasion. We saw staff were attentive and encouraged those reluctant to eat. People were not rushed and ate their meals at their own pace.
- People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to healthcare professionals, as needed.

Staff support: induction, training, skills and experience

- The provider ensured staff had the appropriate skills and experience and supported them in their roles. People told us the staff were competent and good at their job. One person said, "We're very well looked after here. The staff know what they're doing; I haven't seen anything to concern me."
- New staff were supported through an induction programme and the provider's mandatory training was provided for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. The registered manager monitored staff training to ensure staff completed the training in a timely manner.
- Staff were provided with one to one supervision and an annual appraisal. These forums facilitated discussions around work performance, training needs and areas of good practice. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

Adapting service, design, decoration to meet people's needs

- The design and decoration of the service met people's needs. People's bedrooms were personalised and decorated with items meaningful to them. The communal areas were accessible and there was outside space for people to spend time outdoors if they chose. Appropriate equipment had been provided, such as specialist bathing facilities and lighting had been upgraded on the corridor of the Woodlands suite.
- The provider had installed memory boxes outside bedrooms on Woodlands suite to help people recognise their room. The registered manager agreed to investigate the options for more general signage around the home.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff promoted people's rights and delivered person-centred care. All people expressed satisfaction with the care provided and made complimentary comments about the staff team. One person told us, "I feel quite content and comfortable here. The staff are very nice people; kind and considerate." Relatives also praised the approach of staff. One relative commented, "The staff are thoughtful and interact with people well."
- The registered manager promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff interacted with people in a warm and friendly manner and people were comfortable in the presence of staff who were supporting them. Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were consulted in individual and meaningful ways. Staff asked people for their comments about the support they provided. They included people in decisions about their care and gave people time to voice their wishes.
- People were encouraged to make decisions about their day to day routines, in line with their personal preferences. One person told us, "There's no 'get up' time or bedtime; I can follow my own routines."
- People told us they and / or their relatives had been consulted about their care needs and had discussed their care with staff.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service. This helped them to make informed decisions about accepting a place at the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected. People could spend time alone in their rooms if they wished. One person told us, "'I've always found the staff listen to you. They do what you want; you can't fault them."
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with current regulations.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised and planned round their individual needs. People were happy with the care they received and praised the staff team. One person said, "The staff are all very nice, and very caring."
- Each person had an individual care plan, which was reflective of people's current needs. Staff reviewed the care plans at regular intervals.
- Staff had a good knowledge of people preferences and were responsive to their needs. They maintained detailed daily records of care and handover records. These provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood people's right to have information presented to them in an accessible manner, such as larger print documents or the use of pictures.
- People had access to a wide range of information, which helped them understand how to gain support from other services.
- People's information and communication needs had been considered as part of the assessment and care planning processes. We saw staff members engaging with people during the inspection, which prompted conversation and helped to avoid isolation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had support to undertake activities in line with their interests. However, people had mixed views on the activities provided, one person told us, "There are times when it's a bit quiet, not much going on; I usually watch TV." In contrast, another person commented, "There is quite a choice of things to do. I enjoy choir practice. The staff work very hard." The registered manager explained the provision of activities was an area of development and two new activity organisers were being recruited.
- A weekly activities programme was displayed in all areas of the home, so people could plan their time. Daily activities took place across the whole day and included, arts and crafts, quizzes, music therapy, singalongs and armchair exercises. Special events were arranged in the home, which were also attended by relatives.
- The home had a minibus and people had the opportunity to go on trips to places of local interest.

#### Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their issues would be taken seriously. The provider had arrangements for investigating and resolving complaints.
- People had access to a complaint's procedure, knew how to make a complaint and were confident they would be listened to. One relative told us, "I have no complaints but any concerns are dealt with." However, another relative felt limited action had been taken after they had raised a concern. The registered manager addressed this matter immediately.

#### End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care. Wherever appropriate, people's end of life wishes, and preferences were recorded and reviewed as part of the care planning process. Advanced care plans setting out people's wishes were developed in conjunction with the District Nurses.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free. Staff had access to training and the provider's policies on end of life care.
- A visiting healthcare professional and a relative praised the staffs' commitment to providing high quality end of life care. A relative wrote to us following the inspection and commented, "In the last weeks of [family member's] life the quality of care could not have been more dignified and professional to ensure they were not distressed or in pain.... The care they received was outstanding."

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. Staff morale was good, and they felt valued and supported.
- The management team followed a schedule and carried out a number of audits and checks covering all aspects of the service. Action plans were drawn up to address any shortfalls.
- People, relatives and staff spoke positively about the way the service was managed and the registered manager's leadership style. One person told us, "The manager is excellent. He is always very concerned if you have a problem and he wants to help you to sort it." And a staff member commented, "The manager is really supportive and very approachable. He says he'll sort things and he does."
- An area manager supported the registered manager and visited the home at least once a month. During their visits they carried out a number of checks and compiled a monthly report of their findings.
- The registered manager utilised meetings with staff, both on an individual and group basis, to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the registered manager was open to feedback.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between the registered manager, staff and people who lived in the home and their family members.
- The registered manager spoke with people when things went wrong. Any incidents were fully discussed with staff during meetings or in one to one support sessions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were focussed and committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about their needs and preferences.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy to protect people from unsafe or inappropriate care.
- We observed a positive and welcoming culture within the home. Staff told us they felt people were well supported and they described how much they enjoyed their work. One staff member commented, "I just love it here, every day's different, you feel like you make a difference, you really get job satisfaction."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff involved and engaged people in the life of the home and gave consideration to their equality characteristics. The registered manager encouraged people to express their opinions through different forums to ensure their views were heard. This allowed the provider to monitor, reflect and develop based on people's experiences.
- The registered manager explained people, relatives and staff were invited to complete a satisfaction survey in October 2019. The results had not yet been published.
- People were given the opportunity to attend monthly residents' meetings and join the 'Quality Circle' group. This group considered improvements and developments in the home. We looked at the minutes of meetings and noted a wide variety of issues had been discussed.
- The management team and staff worked in partnership with external agencies where they could learn and share knowledge and information that promoted the continued development of the service.