

Maria Mallaband Properties (5) Limited

The Belvedere

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Belvedere is a residential care home providing personal and nursing care for up to 41 people. At the time of the inspection 39 people were using the service. The home specialises in providing care to people living with dementia.

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

Overall people and their relatives were positive about the care and support they received at The Belvedere. People and their relatives indicated people felt safe and were supported by kind and caring staff.

There were enough staff to meet people's care needs. However, the provider had identified the need for new or increased ancillary roles. For example, a new hospitality role at mealtimes. Recruitment was underway for several roles. Staff had been safely recruited.

Risks to people's safety were assessed and detailed information was recorded in their support plans to manage any identified risk. Some training needs had been identified and were being addressed by the provider in relation to nutritional risks. Some environmental safety checks were overdue, a new maintenance person was undertaking their induction, and these were in progress.

Medicines were managed safely. Part of the provider's own improvement plan was to review the use of sedative type medicines, to ensure they were being used appropriately. Reviews with people's GPs and mental health professionals were in progress.

Overall, staff followed Infection prevention and control (IPC) practices, which followed government guidance. The provider gave further assurance about the cleanliness of the premises, as they were recruiting and increasing domestic and laundry staff. Following our inspection, the manager reminded staff about the appropriate disposal of PPE. Improvements to aspects of the home's environment and decoration were in progress.

There was no registered manager in post. The previous registered manager had left, and a peripatetic manager was providing support. A new manager had been recruited but had not yet applied to register.

The provider had identified areas for improvement in relation to good governance and had recently redesigned their auditing processes. A recent in-depth audit had been carried out and a detailed improvement plan was being actioned. The provider planned to improve outcomes for people in relation to lifestyle and to focus on meaningful activities

Most issues found during this inspection had already been identified by the provider's audit. However, we further identified some issues around the accurate recording of checks of people in their bedrooms.

There had been some uncertainty due to changes in management. However, overall staff felt supported as a staff team and understood the expectations of their roles.

Feedback indicated that staff engaged regularly and involved people and their relatives in discussions about their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was good (published 13 March 2020).

Why we inspected

The inspection was prompted in part due to concerns about medicines, staffing and management. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Belvedere on our website at www.cqc.org.uk.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Belvedere

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Belvedere is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 does not have a manager registered with the Care Quality Commission. The provider is 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the regional director, peripatetic manager, nurses, care staff and ancillary staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and detailed information was recorded in their support plans to manage any identified risk.
- Overall, staff were knowledgeable about risks and took appropriate actions to ensure they were kept safe. However, in one case staff had identified a potential risk in relation to a person's sitting position, there was no evidence that further action had been considered. We raised this with the manager.
- The manager had identified and arranged further support and training for some staff around nutritional risks, especially where people required modified diets.
- A new electronic "Home report" had been implemented to record and monitor areas of risk such as weight loss or pressure ulcers. These were being monitored and acted upon where necessary.
- Some environmental safety and maintenance checks were overdue. A new maintenance person was undertaking an induction, and these were in progress. The provider had recently reviewed and streamlined records in relation to appropriate safety checks.

Staffing and recruitment

- Overall, there were enough staff to meet people's care needs. The provider had identified the need to increase domestic and lifestyle support staff, as well as creating new hospitality roles to support the mealtime experience. Recruitment for these roles was in progress.
- Staffing levels were determined using a dependency calculation tool which was regularly reviewed. Some people always required a member of staff to be with them, to manage aspects of risk. Agency staff were used to provide some of this support, they undertook an induction and a system was in place to ensure they understood people's care needs.
- Feedback from staff indicated there were generally enough staff. They told us, "Staffing is okay, we work well together, if we need help, we've got it" and "I think the staffing is managed well."
- Staff had been safely recruited. Staff had pre-employment checks to check their suitability before they started working with people. For example, criminal record checks and references from previous employers.

Using medicines safely

- Part of the provider's own improvement plan was to review the use of sedative type medicines to ensure they were being used appropriately. Reviews with the GP and mental health professionals were already in progress and staff were being supported with this.
- People received their medicines as prescribed and staff kept accurate medicines records.
- People were supported by staff who had received suitable training and their competency checked.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives indicated people felt safe living at The Belvedere and were supported by kind and caring staff. One person told us, "They (staff) are very patient with people" and a relative commented, "The staff are very good with (relative)– he likes all the staff."
- The provider had systems in place to safeguard people from the risk of abuse.
- Staff had received safeguarding training and understood their responsibilities in relation to reporting any safeguarding concerns. They felt any concerns would be acted upon by managers.
- The manager kept a log of any safeguarding concerns; any concerns had been reported appropriately through the relevant procedures.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. However, on the first day of our inspection a toilet area and other surfaces were not visibly clean. The provider was recruiting for increased domestic support.
- We were somewhat assured the provider was using PPE effectively and safely. However, PPE had not been disposed of correctly in one area and a staff member had not removed their PPE before leaving a bedroom. During the inspection process extra clinical waste bins were put in place and the manager confirmed staff had been reminded about correct procedures for disposing of PPE.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an electronic system. The manager undertook a monthly review to consider any themes or lessons learnt and take further action.
- The current peripatetic manager had commenced a weekly clinical governance meeting to review people's needs and any wider areas for action.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no current registered manager in post. The previous registered manager had left and a peripatetic manager was providing support. A new manager had been recruited but had not yet applied to register with CQC. A new clinical lead was due to start, and they were recruiting for a new deputy manager.
- The provider had identified areas of improvement in relation to good governance and had recently redesigned their auditing processes. A recent in-depth audit had been carried out and a detailed improvement plan was being actioned.
- Most issues found during this inspection had already been identified by the provider's audit. For example, improvements during the mealtime experience. During our inspection we noted similar issues and the approach of some staff could be improved when supporting people with meals and drinks.
- Improvements to aspects of the home's environment and decoration were also in progress.
- However, we further identified some issues around the accurate recording of checks for people whilst in their bedrooms. We saw two examples of checks which were not recorded at the time the check was carried out, as required. We also found two records completed to indicate mattress settings had been checked, but these were incorrect.

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

- Most people living at the service were living with dementia. Where able to, staff supported people to make choices and decisions. There was a positive culture to support people as individuals and we saw some positive interactions. However, we found some staff were focused on completing tasks such as meals and personal care as part of a routine.
- The provider planned to improve outcomes for people in relation to lifestyle and to focus on meaningful activities. During the inspection the home was quiet with little activity taking place. (However, the activities coordinator was absent during the inspection). Part of the provider's plan was to increase staffing to address this, with support from the provider's new Dementia Lead and Head of Lifestyle.
- The provider demonstrated a commitment to continuous learning. They had reviewed and amended their oversight and auditing systems, along with developing other initiatives with a view to improving the overall care provided.
- The manager had implemented regular walk arounds of the home which enabled her to regularly engage

with staff and people; and observe the care being provided.

- There had been some uncertainty due to changes in management. However, overall staff felt supported as a staff team and understood the expectations of their roles. They were positive about the current peripatetic manager and felt able to raise any concerns.

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

- People were invited to complete an annual survey to provide feedback, the latest one showed mainly positive feedback, apart from in relation to sufficient indoor activities being provided. This was part of the provider's action plan.
- Feedback indicated that staff engaged regularly and involved people and their relatives in discussions about their care. Relatives told us, "They listen to me. I'm very pleased with them" and "The care here is very good."
- There were plans to arrange a "meet and greet" opportunity with the new manager and to increase virtual contacts with family and friends.
- The service worked in partnership with others to support people using the service. Professionals such as the mental health team and dieticians were involved in people's care.