

# Inspection Report on

**Belvedere House Residential Care Home** 

Belvedere House Residential Care Home Serpentine Road Tenby SA70 8DD

**Date Inspection Completed** 

01/04/2022



## **About Belvedere House Residential Care Home**

| Type of care provided                                      | Care Home Service   |
|--|---|
|  | Adults Without Nursing  |
| Registered Provider  | Belvedere Care Limited  |
| Registered places  | 19  |
| Language of the service                                    | English   |
| Previous Care Inspectorate Wales inspection                | 5 September 2019  |
| Does this service provide the Welsh Language active offer? | No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service. |

## Summary

People are happy with the care and support they receive. Care workers are guided by accurate and up-to-date plans. Interactions are positive and friendly, and care workers know the people they support well. The environment is homely and people move around the communal spaces as they wish. Representatives of people who live at the service are positive about the service and one told us "the home suits him 100% and all around I'd give it ten out of ten". People, their family members and staff value the Responsible Individual (RI) and manager of the service and have confidence in them.

### Well-being

People receive person centered support. The manager involves health and social care professionals to help people remain as healthy as possible. Up-to-date personal plans focus on things that matter. People told us the staff are: "very good" and "marvellous". Group activities encourage socialisation and one-to-one support makes the most of assistive technology. Individuals are respected, and interactions with the staff team are positive and friendly. When discussing the service, a family member said "the home and staff are exceptional and I am so happy we found it". People live in a service that does not provide an 'Active Offer' of the Welsh language, however staff complete a Welsh language module as part of their apprenticeship.

Recruitment and training ensures people get the right care and support, from skilled and knowledgeable care workers. Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. People know how to make a complaint if needed and have confidence in the manager.

The environment is comfortable and there are different communal areas for people to use to do things that make them feel happy. Individual rooms are personalised and homely. The gardens are accessible for people to do things they enjoy, and help them remain healthy.

Governance processes focus on developing the service by using information from internal audits. The RI is involved in the day-to-day running of the home, people and staff talk to them about improving the quality of the service. This information is recorded in Regulation 73 visit reports and the six monthly Quality of Care Review.

#### Care and Support

People are happy with the personalised care and support they receive. We witnessed many warm and friendly interactions. A person who lives in the service told us "I have no complaints what so ever". Representatives of people are positive about the service, one said "they make sure they take some time to chat with him and he really appreciates that". A care worker told us "everyone is interesting and different. I love spending time with people and just chatting with them". The manager assesses a range of information from the person, their representatives and external professionals. The provider has accurate plans for how it provides care and support to individuals. The manager regularly reviews plans with people so they remain relevant. Daily notes record the care and support completed and give a good account of the day from the perspective of the individual. There is good evidence of health and social care professionals being involved with people documented. A visiting health and social care professional is very positive about the service and told us "Residents appear to be well kempt and well cared for".

During the Pandemic and subsequent restrictions people remained in contact with family and friends by using video and phone calls. Visits take place inside and outside of the service in line with individual risk assessments. The RI consults people and their representatives when the COVID-19 guidance changes to agree a suitable visiting protocol.

People enjoy a variety of activities in the service, grounds and local community. A dedicated co-ordinator arranges activities for groups and offers one-to-one opportunities. A care worker told us about the positive impact of people's well-being when they are doing odd jobs such as dusting, hoovering and folding sheets. A family member told us how reassuring the updates from the activity co-ordinator are, especially throughout the pandemic.

Sufficient staffing levels are in place to meet the needs of the people living at the service. Staff have adequate time to spend with people and have a very good understanding of individual needs and preferences.

The provider has policies and procedures to manage the risk of infection. There are good hygiene practices throughout, staff wear the correct PPE and follow the latest Public Health Wales guidance.

#### **Environment**

The manager of the service ensures the environment supports people in line with their needs. Décor connects people to the community with photographs and paintings of well-known local landmarks. People can use the different communal areas to socialise or to have quiet time alone. People appear comfortable and relaxed throughout the home. Individual rooms are personalised with their own pictures, paintings, furniture and ornaments. Every bedroom door has a poster to introduce the person, which is an excellent conversation starter. A person who lives at the service said "I have a great view from my room". Maintenance issues are resolved promptly and the domestic team are committed to keeping the building clean and fresh. Accessible grounds are well used. The RI has identified issues including the internal and external painting and an action plan is in place to address them.

Regular Health and Safety audits of the property are completed. The home is compliant with Fire Regulations and testing of fire safety equipment is up-to-date. Personal Evacuation Plans are individualised and available in emergencies.

The kitchen has a food hygiene rating of five. People enjoy a social dining experience together or can choose to eat in their own rooms. People make daily choices from the menu and alternatives are available. A person who lives at the service told us "the food is good, if I don't like what's on the menu I can pick something else".

Additional COVID-19 measures are in place. There are sanitation stations throughout the service and a strict testing procedure for all visitors.

## **Leadership and Management**

The RI is involved in the day to day running of the service alongside the manager. Staff describe them as accessible and supportive. A care worker told us "they [RI and manager] are very caring and really approachable". Arrangements in place for monitoring, reviewing and improving the quality of the service and the RI talks to people and staff on a daily basis. The RI's quarterly visit reports and the six monthly Quality of Care Review use information from the managers quality audits and lists actions to improve the service.

The staff are positive about the leadership at the service, a care worker told us "they are lovely to work for; very understanding". The manager is supportive of the people who live and work at the service and shares their time between administration, care and staff training duties. People talk to the manager and RI, and know how to raise concerns. A care worker said "if I need to question anything I ask [RI] or [Manager] and they sort it out".

Up-to-date policies and procedures support good practice and staff have a sufficient understanding of key policies. They receive regular supervision meetings, including annual appraisals. Staff demonstrate a good understanding around safeguarding. Staff following appropriate infection, prevention and control measures. A family member spoke positively about the leadership and said "[RI] and [Manager] are very helpful and always available".

Pre-employment checks take place before new employees start work. These include reference checks, right to work and Disclosure and Barring (DBS) checks.

Adequate numbers of experienced care staff work on shift to meet people's needs. It is evident care workers have built good relationships with people and understand their individual circumstances.

| Summary of Non-Compliance |   |  |  |
|---------------------------|---|--|--|
| Status                    | What each means   |  |  |
| New                       | This non-compliance was identified at this inspection.  |  |  |
| Reviewed                  | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |  |  |
| Not Achieved              | Compliance was tested at this inspection and was not achieved.  |  |  |
| Achieved                  | Compliance was tested at this inspection and was achieved.  |  |  |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

| Priority Action Notice(s) |  |        |  |
|---------------------------|--|--------|--|
| Regulation                | Summary  | Status |  |
| N/A                       | No non-compliance of this type was identified at this inspection | N/A    |  |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

| Area(s) for Improvement |  |        |
|-------------------------|--|--------|
| Regulation              | Summary  | Status |
| N/A                     | No non-compliance of this type was identified at this inspection | N/A    |

## **Date Published** 09/05/2022