



*Making Social Care  
Better for People*

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### **Belle Vue Nursing And Residential Home**

**1 Stanmore Road  
Heaton  
Newcastle Upon Tyne  
Tyne & Wear  
NE6 5SX**

*Lead Inspector*  
Suzanne McKean

*Key Unannounced Inspection*  
17th May 2007      09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Belle Vue Nursing And Residential Home
<b>Address</b>	1 Stanmore Road Heaton Newcastle Upon Tyne Tyne & Wear NE6 5SX
<b>Telephone number</b>	0191 209 0300
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<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Bawi Homes Limited
<b>Name of registered manager (if applicable)</b>	Mrs Dawn Metcalfe
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	49
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (49)

# SERVICE INFORMATION

## Conditions of registration:

1. One specified person under the age of 65 may be accommodated for as long as they are in residence. The CSCI must be informed at that time so that this condition can be removed.

**Date of last inspection**      1st June 2006

## Brief Description of the Service:

Belle Vue House is a purpose-built two-storey care home of traditional brick build and tiled roof construction. It is situated in the Heaton suburb of Newcastle upon Tyne. The home is well located with ease of access to the nearby Chillingham Road and its' variety of public amenities including shops, cafeterias, schools, public houses, parks, churches and regular transport services.

The home is registered to provide care with nursing to people over the age of 65 years who have Dementia.

The home charges fees of between £395.50 and £714 per week depending upon the needs and requirements of the individual residents. As the home provides nursing care the free nursing care element of the funding is provided in addition to the costs charged to the resident.

The home provides information about the service through the service user guide. A copy of the last inspection report from The Commission for Social Care Inspection is available to perspective residents and their families.

# SUMMARY

This is an overview of what the inspector found during the inspection.

This unannounced inspection took nine hours over two days by one inspector. All of the key standards have been assessed during these visits and from other information provided to the Commission.

Eight residents and five staff were spoken to. Others were chatted to briefly. Four relatives were spoken to privately during the visits others informally while they were visiting. Four care plans, training records and records for medication were examined. Staff files, training records and health and safety documentation were looked at. The inspector undertook a specific observation of residents care during the inspection. This is a "Short observational framework for Inspection" (SOFI) and the information from this has been included in the report.

Ten questionnaires sent out to residents and relatives (20 in total) were generally positive with three relative and three resident questionnaires being returned. The details are contained in the report.

## **What the service does well:**

At times the Manager provides a higher level of staffing by having an additional carer at times when the resident need additional support. This is to be commended as it shows that she is aware of the particularly high level of dependency of some of the residents and is prepared to ensure that there are enough staff to care for them well.

Two relatives spoken to during the visit were positive about the care being delivered and those residents who were able to express their opinions were complementary about the staff and the way they are supported an example being the "staff are lovely".

The food served during the visit was well received by the residents of whom a seven said that they enjoyed it. Those residents not able to express themselves verbally were eating enthusiastically and were being supported in a kind and respectful way.

## **What has improved since the last inspection?**

It was a positive inspection with evidence of improvements being maintained.

The medicines records have been improved and controlled medicines disposal records are now complete.

The flooring and radiator in the shower area on the first floor has been repaired and the room redecorated to make it a more pleasant area for residents to take showers.

Liquid soap, disposable hand towels and appropriate waste bins are now provided in the communal toilet and bathroom and in the on suites.

Written reports of monthly visits by the proprietor or his representative are now being completed regularly.

### **What they could do better:**

It is acknowledged that this client group can pose a particular challenge when planning the social programme. However the home must develop further the way social activities are assessed and delivered and the way this is recorded in the individual care plans.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

**The Commission considers Standards 3 and 6 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

3 & 6

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to the service.

No resident enters the home without having a pre-admission assessment, which forms the basis for the development of the care plan.

The home does not offer intermediate care.

## **EVIDENCE:**

The four care plans examined contained information to allow the home to judge if their needs could be met and that they could be cared for safely.

The senior staff visit potential residents prior to placement and an assessment is completed from which a care plan is developed. All care plans contained a pre-admission assessment. The home gives information prior to admission and potential residents and relatives are made welcome and encouraged to find out as much as possible about the home.

The residents also have a care management assessment, which is given to the home on admission and from these documents an individual care plan is produced. All of the care plans looked at had these in place.

During the inspection a relative of a newly admitted resident was interviewed. He said that the support that was provided by the home particularly the Manager had been very good. He suggested that this had made his relatives transfer into the home a more positive experience although this would always be a difficult time.

## Health and Personal Care

### **The intended outcomes for Standards 7 – 11 are:**

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care.
- 8.** Service users' health care needs are fully met.
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- 10.** Service users feel they are treated with respect and their right to privacy is upheld.
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7, 8, 9, 10 & 11

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

All residents have good care plans identifying their health and social care needs, service users have their health care needs met. There is good individual care planning and the care is being delivered in line with these plans. The residents have their healthcare needs met effectively.

The staff treat residents with respect and maintain their privacy so far as possible both when delivering care and throughout their daily life.

The residents receive their prescribed medication in line with safe working practices. The medicines in the home are well managed and safely disposed of as necessary.

## **EVIDENCE:**

Four care plans were examined; they were of a good standard, with relevant risk assessments for the reduction of falls as well as other general risk assessments. Care planning is in place for nutrition, wound care, moving and assisting, continence promotion and mental health status. The risk management process is detailed. The plans showed that they are regularly reviewed and updated.

The care plans showed residents have access to all NHS services and facilities. There is a range of pressure relieving mattresses for prevention of pressure sores. A number of appropriate assessment tools are in use. Daily reporting of residents care was satisfactory, and the changing health care and mental health care of residents was reviewed and updated.

Throughout the visit staff were treating residents with respect and dignity. Personal care was given in privacy, staff used residents preferred name at all times.

The medicines in the home are well managed and there is a contract in place for the disposal of medicines including controlled drugs.

The treatment room was very tidy and well organised. Medication records were examined were being completed in line with the statutory guidance. There is good stock control and all opened topical medications are dated on commencing use. There was a separate list of signatures of staff on record for auditing purposes and this was up date for new staff.

The home does not have any residents who are prescribed any "controlled medicines" so the system these could not be audited. The home has a contract has a contract with a registered company for the safe disposal of medicines.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### The Commission considers all of the above key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 & 15

Quality in this outcome area is adequate.

This judgement has been made using available evidence including a visit to this service.

Residents are supported to have flexibility in their daily routines. There is a social programme in place, however this must be developed further to ensure that it meets the needs of the residents in an individualised way.

Arrangements for residents to maintain contact with their family and friends and the local community are suited to each individual's needs and vary accordingly.

Service users are receiving a wholesome balanced diet in pleasant surroundings at suitable times.

### EVIDENCE:

Residents spoken to who were able to respond to the question said that they are encouraged to make choices in their daily routines in simple but important ways including the time they get up, what and when they eat and how they spend their time. The home has a policy to ensure that residents can choose the gender of staff for personal care.

A weekly activities programme for residents was seen and showed a range of events taking place although this is dependent on the daily preferences and changing needs of the residents. Residents were seen spending their time mainly watching television and spending time together. Relative's questionnaires also suggested that they felt that social activities could be better. The high level of dependency of some of the residents presents a challenge to providing social activities and result in some of the opportunities needing to be provided on a one to one basis and specifically targeted to the residents stage in their illness. The Manager agreed that this could be developed further and has plans to do so. There is no activities co-ordinator employed in the home and currently no staff member has responsibility for developing this area of care.

Menus show a good range and choice of food with likes and dislikes recorded. There is a protocol of action for those residents losing weight including referral to the General Practitioner. On the day of the inspection the food being served was hot pot with potatoes, peas, fresh cabbage and frozen mixed vegetables or the second choice, which was pizza and chips. The pudding was fresh strawberry served with either ice cream or cream. Yoghurts and fruit were available. The food was very well received and residents were complimentary about the food generally. An example of this was "the food is always lovely" and "you can have as much as you like, there is always something nice to choose from".

The bedrooms are personalised showing individual choices and preferences and two residents when asked said they were happy with the decoration.

## **Complaints and Protection**

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

16 & 18

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The residents and their families have shown willingness to raise their complaints or concerns. Complaints are taken seriously and if improvements are identified during the investigation they are acted upon.

### **EVIDENCE:**

There is written guidance in place on dealing with complaints, which is available in a number of different areas including posted on the wall and in the service user guide. Two staff spoken to could describe the way in which a complaint handled.

The two complaints which have been made in 2007 were examined and the records showed that these have been investigated and either resolved or the complainant chosen not to pursue them further.

Two relatives spoken to on the day of the visit confirmed that they felt satisfied that any concerns or complaints raised would be dealt with appropriately. There are regular well attended resident and relative meetings in which general non resident specific issues are discussed.

The Manager has a pre-arranged time, which varies but is advertised when she is available for relatives or residents to meet with her if they have any concerns. She also has an "open door" policy of accessing her when she is in the home.

The home provides Protection of Vulnerable Adults training for all staff, the majority of the staff have now received this. New staff have training arranged as part of their induction.

# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

## The Commission considers Standards 19 and 26 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The general standard of cleanliness is good and the building is well maintained. The necessary specialist equipment for the control of infection is provided in the home and the staff were aware of their responsibilities in this respect.

The environment is generally pleasant and there is a programme in place to ensure it remains in good repair although the wear and tear in the home is an ongoing challenge.

It is safe and is appropriate for the residents who live there.

## **EVIDENCE:**

The décor of the home is good and the home was odour free on both of the visits. Some areas have been recently redecorated and were pleasant and homely. The communal areas were all well decorated and had suitable furniture and equipment to meet the needs of the residents. Two relatives on confirmed that they were happy with the standards of decoration and cleanliness in the home.

A number of bedrooms were examined (at least 10) and were decorated and furnished in a pleasant and homely way.

There were bins in the communal toilet and showers, which means that the disposable paper towels could be thrown away safely. The staff were seen following control of infection practices and knew about their responsibilities.

## Staffing

### **The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

27, 28, 29 & 30

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The staffing levels are appropriate and qualified nurses are on duty in sufficient numbers to meet the resident's needs.

The home has more than 50% of the care staff with the National Vocational Qualification (NVQ) level 2 in care.

The recruitment and selection process ensures that they can provide safe care and is in line with the home's policies Staff are offered a selection of training in both statutory and clinical areas.

### **EVIDENCE:**

Staffing rotas showed that enough staff are on duty to meet the staffing levels set down prior to the change to the CSCI without reduction. At times the Manager staffs at a higher level by having an additional carer at times when the resident need additional support. This is to be commended as it shows that she is aware of the particularly high level of dependency of some of the residents in the home and is prepared to ensure that there are enough staff to care for them well.

When sickness and staff holidays occur they are usually covered staff picking up extra shifts. When this is not possible agency staff are being used, late reporting does occasionally result in fewer staff being on duty for short periods.

On the day of the unannounced visit the following staff were on duty for 43 residents not all of which require nursing care –

- The Manager
- 2 Qualified nurses
- 8 care staff
- 2 domestic staff
- 1 cook
- 2 kitchen assistants
- 1 administrator
- 1 housekeeper

Two staff records looked at were complete including application forms, references, records of interviews and CRB checks.

The manager has arranged a number of training sessions on a variety of subjects as well as statutory training. The staff confirmed that they are being encouraged and supported to attend. The training record for four staff was examined, there is evidence of a lot of training being provided and confirmed that all staff had received statutory training.

Twelve out of nineteen care staff have achieved NVQ level 2 in care and they will be at 81% when the staff who are currently doing the training have completed the course.

## **Management and Administration**

### **The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

### **The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

31, 33, 35 & 38

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The Registered Manager ensures that she has systems in place to make sure that the home is managed effectively taking into account the needs and wishes of the residents.

Clear safe working practices are used in the home in line with the company policies and procedures. Formal supervision for the care staff is up to date which ensures that they are working to the expected standard and were supported.

Personal allowance management is good and the systems and records are in place to allow audit to be effective.

## **EVIDENCE:**

Dawn Metcalf is now the registered manager for the service as she has completed the process with Commission for Social Care Inspection to register in line with the Care Standards Act.

There are clear lines of accountability both in the home and within the company. The manager maintains her Professional Portfolio according to the NMC (UKCC) requirement for updating to maintain her nursing registration.

The records to support the Managers confirmation that she ensures safe working practices in relation to first aid, food hygiene and moving and handling are in place and are satisfactory.

Formal supervision for care staff is up to date and senior staff are allocated specific staff to supervise, the Manager then overviews the process. The qualified nurses undertake informal supervision of care practice when delivering care.

The manager takes the necessary action to ensure the health and safety of the service users. This is supported by the policies and procedures and by discussion with the Manager.

The Manager facilitates relative and resident meeting, there give the opportunity for the home to communicate formally with them. During the visits the relatives visiting were chatting in a very positive way with the staff. She has periods when she is available for more informal meetings and she has an "open door" policy, which gives relatives the opportunity to approach her informally if necessary when she is in the home.

The personnel records kept in the home of residents who are receiving assistance to manage their finances are detailed, logical and appropriate. Receipts were in place for purchases made on behalf of residents and signatures of either two staff or one and the service user were in place. The personal allowance records examined allowed the audit of individual residents moneys to ensure that it is being managed effectively.

There are now records of the Regulation 26 visits by the representative of the proprietor. The representative's reports were very detailed and involve the Manager completing an action plan. There is regular communication between the proprietor and the home generally.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	4
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP12	16 (2) (m) (n)	The social programme must be developed further to ensure that it takes into account the needs and wishes of the service users and is recorded in detail.	01/10/07

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP18	The home should develop further the way residents and relatives are involved in the care planning and record that participation in more detail.

## **Commission for Social Care Inspection**

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