

Kross Investments Limited

# Belton House Retirement Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Belton House Retirement Home is a residential care home providing personal care to up to 30 older people. At the time of our inspection there were 13 people using the service, many of whom were living with dementia. The accommodation is over two floors of a large period property with bedrooms on the first floor serviced by a lift.

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

The provider had made some improvements to the service. However, not all the requirements of the previous enforcement we took had been met.

The provider and registered manager had implemented systems to monitor, assess and improve the quality of people's care and the environment. However, these systems were not always effectively embedded and sustained at the time of this inspection. Although governance at the service showed some signs of improvement since our last inspection, not enough had been done at this inspection and we were still concerned that full oversight had not been established. Concerns we identified at this inspection had not been identified by the provider's own systems.

People's care plans had been reviewed since our last inspection. However, these did not always provide the information and guidance staff needed to keep people safe. In particular, records around positive behaviour support and daily health monitoring were not always accurate or reflective of people's needs. This put people at risk of harm.

Systems to ensure people received their medicines safely required review as these were not always followed or sufficiently robust.

The deployment of staff required review as there were times when people were left unsupervised in and around communal areas which put people at risk of harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We observed people being offered choice during both days of inspection, and people told us they were offered choice. However, we identified care plan interventions required further review and expansion to ensure correct processes were taken using least restrictive practices.

The provider and registered manager had made improvements to safeguarding processes and structures and worked to establish effective communication with relevant, external agencies. Improvements had been made to ensure people were protected from the risk of infections.

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 and update

The last rating for this service was Inadequate (published 27 October 2022) and there were breaches of Regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

### Why we inspected

We carried out an unannounced inspection of this service on 3 August 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the breaches of Regulation 12 Safe care and treatment, Regulation 13 Safeguarding service users from abuse and improper treatment, Regulation 17 Good governance and Regulation 18 Staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belton House Retirement Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to Safe care and treatment, Staffing and Good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.  
Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.  
Details are in our well-led findings below.

# Belton House Retirement Home

## **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.

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 2 Inspectors and an Expert by Experience. 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

Belton House Retirement Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Belton House Retirement Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we held about the service and spoke with commissioners, responsible for funding some of the care for people using the service. We used the information the provider sent us in their latest provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 3 people who used the service and 7 relatives. We spent time observing care and support in communal areas to understand the care experience of people who were unable to share their views. We met with the 4 staff including the registered manager and 3 care staff. We reviewed care plans and records for 4 people and sampled medicine records. We reviewed training and recruitment records for staff. We also reviewed other records, including policies and procedures, relating to the safety and quality of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

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

At our last inspection, we found risks to people were not robustly captured as part of care planning and risk assessing processes. The provider did not have a thorough oversight of accidents and incidents. People were not protected from the risk of infections. This exposed people to a risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found improvements in infection prevention and control risks, not enough improvement had been made at this inspection in ensuring people were protected from potential risk of harm. The provider was still in breach of regulation 12.

- People's care plans and records did not always give clear guidance for staff on supporting people with their care needs and measures they needed to take to mitigate the risk of harm.
- For example, one person was identified at high risk of dehydration and required support to ensure they achieved a daily fluid intake to reduce this risk. We reviewed daily fluid monitoring charts from 3 to 7 February 2023, which showed the person had failed to achieve their daily fluid intake each day. There was no action recorded by staff in response to the insufficient amounts of fluid the person had consumed each day. This meant the person had not been protected from the risk of dehydration.
- A second person experienced periods of distress and high levels of anxiety. Following our last inspection, the provider had implemented a positive behaviour support strategy (PBS) which required staff to monitor and record episodes of distress. These records are essential to ensure any interventions were safe and appropriate. Monitoring charts showed staff had recorded 2 incidents of distress for the person since the start of 2023. However, we found a further 2 incidents noted on personal care records during which the person became very distressed whilst care was being provided.
- Incident forms had not been completed and records failed to evidence the intervention and response of staff. The person's PBS had not identified this risk and therefore staff lacked the guidance they needed to keep themselves and the person safe using least restrictive practices.
- The person's care plan identified they were at increased risk of wounds and infection due to poor skin integrity. Their skin integrity risk assessment instructed staff to monitor and record skin integrity in daily care records. We reviewed care records for January and February 2023 and found this information had not been recorded. This put the person at risk of failing to receive timely medical intervention in the event of a deterioration to their skin integrity.
- A third person had experienced an increase in distressed behaviours prior to our inspection. Although incidents had been recorded, they were not supported by any post incident analysis or debrief for the

person and others involved. Under PBS best practice guidance, a debrief is important to provide an opportunity to support staff and the person, with the aim of reducing the likelihood of the situation recurring.

- Following our last inspection, staff had undertaken on-line training in positive behaviour support to enable them to support people who could become distressed. We found staff had varying understanding of people's behaviours and the need to monitor and record incidents. This demonstrated training had not been evaluated to ensure it was effective and was not fully embedded into staff working practices.
- We found the provider had failed to act on environmental risks identified at our last inspection. The main staircase was easily accessible to people from the ground floor and first floor. At our last inspection, we asked the provider to undertake individual risk assessments for people to identify potential risk of harm. The registered manager told us risk assessments had identified risks could only be minimised with the use of appropriate stair gates. Although this had been identified as a suitable remedial measure, action had not been taken to install equipment in a timely manner, which left people at risk of harm.
- We found some fire doors to people's rooms required review and adjusting as there was a substantial gap between doors and door frames which presented a potential fire risk. The registered manager took immediate action to rectify this following our inspection visit.

Risks to people were not robustly captured, monitored and mitigated against as part of care planning and risk assessing processes. This was a continued breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager reviewed positive behaviour support strategies to ensure they reflected people's current needs.

#### Using medicines safely

- Peoples' medicines were not consistently managed safely.
- Topical creams were not consistently stored in a suitable manner or clearly labelled. We found 2 flammable, paraffin based topical creams, in 2 people's rooms. The prescription label directions, including the person's name and directions for use, had rubbed off. Labels for dispensed medicines are important for communicating medicine-related information and ensuring effective medicine use.
- Dates of opening were not visible to ensure the medicated creams had not expired. One person was not prescribed this medicine. The registered manager told us they had probably taken it out of another person's room.
- Transdermal (medicines applied directly to the skin through an adhesive patch) patch records were not completed consistently. Staff did not consistently record the application of a patch and include the specific location it was put on a person's body, for example front, right, chest. This is important so other staff can check that the patch is still in place, correctly applied and rotated to avoid over absorption and potential overdose and checked every day.
- A sharps container, used to dispose of syringes, did not include the date of assembly. This information is important as containers have a maximum use period of 3 months and must be disposed of when three-quarters full.
- People's confidential medical information, including medicine administration charts, was not stored securely. Throughout our inspection visit, we found information to be left on top of the medicine trolley or on a table or chair in communal areas, rather than locked securely away.

The provider had failed to ensure all medicine processes were completed to maintain people's safety. This was a breach of regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- The registered manager told us they had addressed concerns with medicines following our inspection visit.
- Written guidance was available for staff to refer to about medicines prescribed for use on a when-required basis (PRN protocols). Protocols were in place for medicines administered in food and drink (covertly).

### Staffing

At our last inspection, the provider had not ensured staff received appropriate support, training and supervision as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made improvements around staff training and support. However, concerns remained about the effective deployment of staff to keep people safe. The provider remained in breach of Regulation 18.

- The provider had reviewed and updated their staffing dependency tool to determine staffing levels were sufficient to meet people's needs. However, we observed periods of time where there was a lack of supervision from staff for people who walked with purpose and were at risk from harm.
- Two members of staff told us, "There are enough staff around in the mornings but not in the afternoons when people are awake and start to walk around."
- We observed an incident between 2 people which occurred in a person's room by the office, a busy area which attracted people. One person was left very distressed by the incident. Staff told us incidents did happen as there were not enough staff to monitor and observe in these areas at all times.
- Relatives were either unsure about staffing levels or felt there were insufficient staff to meet people's needs. One relative told us, "There isn't enough stimulus for the residents. I know that it's because they're short staffed." A second relative told us, "I think there are enough staff ratio wise, but they don't seem very organised. I think this is where the problem is. Staff are sitting around on phones or doing paperwork and popping in and out of (communal) rooms." Most relatives told us they struggled to find staff to let them in and out of the building when they visited and felt staffing was an issue at weekends.

The provider had not ensured sufficient numbers of staff were deployed to keep people safe from harm. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the deployment of staff with the registered manager, including allocation of duties and roles. They told us they would review deployment following our inspection to improve supervision during peak times. Following our inspection, the registered manager told us they had recruited a new staff member to address these concerns.
- Staff were safely recruited. The provider undertook pre-employment checks including right to work status checks with the Disclosure and Barring Service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had failed to take timely action to protect people from abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found sufficient improvements had been made and the provider was no longer in breach of Regulation 13.

- Since our last inspection, the provider and registered manager had implemented new systems and processes to support with record keeping and oversight of potential safeguarding incidents.
- A safeguarding log had been implemented to ensure safeguarding's that had been raised were detailing outcomes and actions taken. This record was in its early stages but set a clear process for future use.
- The registered manager attended regular meetings with local authority officers to discuss changes in people's needs. This helped to identify potential concerns and risks at any early stage, and supported external agency monitoring to ensure appropriate action was being taken.
- Relatives felt their family members were safe. One relative told us, "[Name] is definitely safe; the environment is safe. There are cautions in place for when [Name] gets out of bed and their movements are monitored at night. There's always some there to help if [Name] needs help."

#### Preventing and controlling infection

- Since our last inspection, the provider had made improvements to hygiene and cleanliness of the service to support effective infection prevention and control.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

#### Visiting in care homes

- Relatives visited their family members, in line with current government guidance. Relatives and friends visited the service during our inspection.

# 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 inadequate. At this inspection the rating has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider did not operate effective systems and processes to make sure they assessed, monitored and improved the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found the provider had made improvements to systems and processes. However, these were not fully effective in monitoring and improving the service. Therefore, the provider remained in breach of Regulation 17.

- Monitoring systems were being implemented at this service, however, these were not always effective as they were not embedded. For example, positive behaviour support strategies had been implemented but had not been analysed to ensure these provided staff with the guidance they needed to keep people safe during times of distress.
- Staff had completed additional training, including training in positive behaviour support. However, the provider had not completed any skill analysis to ensure staff had the competency and skills to meet people's needs and ensure they were effective in their roles.
- The registered manager and provider had reviewed people's care plans to ensure these were accurate and up to date. However, audits and checks had failed to identify ineffective and inaccurate monitoring of people's care needs.
- Systems were in place to review people's dependency needs and determine staffing levels. However, systems had not supported effective review of staff deployment during peak times.
- Medicine audits were undertaken but had failed to identify the issues of concern around the management of medicines that we found during our inspection.
- The provider and registered manager had developed their own improvement plan. However, this improvement plan did not identify the issues of concern we found during this inspection.
- Many relatives who we spoke with felt some improvements had been made but these were not enough. Comments included, "They are better than they were but there's a lot of room for improvement still. We don't have confidence in the home," and "I do think that they are improving but I think that they should do better. They need to be more pro-active," and "There have been problems in the past but I am not too concerned now. It could be such a lovely home."

- This is the fourth consecutive rated inspection where the provider has failed to meet regulations and achieve a good rating as a minimum standard. This demonstrated governance systems were ineffective in addressing and sustaining improvements. Lessons had not been fully learnt to ensure improvements were made.

Quality assurance and monitoring systems were being implemented however these had not been fully embedded and were not fully effective at identifying and addressing shortfalls. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager provided an updated service improvement plan demonstrating how concerns had been or were being addressed.

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

- The registered manager had tried meetings with people but these had not proved successful in enabling people to participate in discussions and consultations. They were in the process of identifying other methods which would be more effective.

- Relatives provided mixed views on the level of engagement and consultation they experienced. Comments included, "The (registered) manager is upbeat, friendly and helpful. They have started producing a newsletter which is regularly emailed to me," and "I've never been asked my opinion or have questionnaires to fill in or relatives' meetings. I have made suggestions in the past about the activities but nothing's happened. I do feel the manager listens but not sure they have the power to make changes" and "Unless we ask for things we don't get told anything. We are not confident we would be listened to; it's like talking to a brick wall."

- Relatives had been invited to a relative meeting but no one had attended. The registered manager had sent out invites to another meeting and felt this would be better attended.

- The registered manager had developed newsletters to keep relatives informed of changes and events in the service. They were in the process of developing and improving communication with relatives. This included outcomes of surveys through 'You said, we did' displays in the service.

- Most staff felt the service had improved in some areas and the registered manager was supportive. One staff member told us, "The [registered] manager is approachable and supportive. We can go to her if we are unsure about anything."

- The registered manager was developing positive relationships with other agencies, including local authority commissioners and health and social care professionals.

- Care records showed staff worked in partnership with other agencies to support people's health and well-being.

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 registered manager was clear on their roles and responsibilities under duty of candour. They had made appropriate notifications and were committed to improving information sharing and communication with relevant agencies.

- The registered manager was open to feedback and had been open to challenges they had faced prior to the inspection. They voluntarily shared their ongoing action plan with CQC regularly to evidence steps they were taking to improve compliance.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured sufficient numbers of staff were deployed to keep people safe from harm

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not robustly captured, monitored and mitigated against as part of care planning and risk assessing processes.

### The enforcement action we took:

Notice of proposal to cancel provider registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance and monitoring systems were being implemented however these had not been fully embedded and were not fully effective at identifying and addressing shortfalls. This placed people at risk of harm.

### The enforcement action we took:

Notice of proposal to cancel provider registration