

Bellhouse Care Home Limited

# Bell House Care Home Limited

## Inspection report

61 Wilshaw Road  
Meltham  
Huddersfield  
West Yorkshire  
HD9 4DX

Tel: 01484850207

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17 February 2021  
30 March 2021

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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

Bell House Care Home Limited is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

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

There was not sufficient staff available to meet people's care needs in a timely way. Staff were not always suitably skilled. We found concerns relating to fire safety because not enough staff had received fire safety training. This was resolved following the inspection. Safeguarding procedures were not always followed. The building had not been well maintained, which presented issues relating to the safety and cleanliness of the environment.

There was not adequate management support during our inspection. Quality assurance systems were not effective at monitoring the quality and safety of the service. There were concerns relating to the providers oversight and management of the service. Staff did not always feel supported and listened to by the provider.

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

### Rating at last inspection

The last rating for this service was Good (published 15 March 2019).

### Why we inspected

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 coronavirus and other infection outbreaks effectively.

We received information in relation to safeguarding concerns. As a result, 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.

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

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

You can see what action we have asked the provider to take at the end of this full report.

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

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing, safeguarding, maintenance of the building, governance and safe care.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

### Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore 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.

### Is the service well-led?

Inadequate ●

The service was not well-led.

# Bell House Care Home Limited

## **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

This inspection was carried out by one inspector.

Bell House Care Home Limited 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 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. The registered manager was on a period of leave during the inspection.

#### Notice of inspection

This inspection was announced on the day of the visit. We did this to discuss the safety of people, staff and inspectors with reference to Covid-19.

Inspection activity started on 17 February 2021 and ended on 30 March 2021. We visited the care home on 17

February 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the provider and four members of staff. We spoke with one person and one relative. We reviewed a range of records. This included two people's care records and two people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate the evidence we found. We contacted the local infection prevention control team, the moving and handling team and West Yorkshire Fire & Rescue Service to share our concerns and support the service to make improvements.

# 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 now deteriorated to inadequate.

This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

- The provider did not have enough staff in place to support people safely. This placed people at risk of harm and delays in care being provided.
- Staff training had not been maintained to ensure staff continued to be competent and skilled for the role. This meant there were not enough skilled staff available, for example, during the night when there were less staff available.

Staff training had not been maintained and low staffing levels placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider increased staffing and provided managerial cover, following the inspection visit. This meant staffing increased so there were enough staff to provide support to people.

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

- The provider did not carry out the actions they identified following a safeguarding investigation. This meant they had not managed risk effectively, as they had agreed to do with the local safeguarding team. This put people at risk of potential harm because the provider could not be assured concerns raised were mitigated.
- The provider had not referred a member of staff to the disclosure and barring service following their employment ending. This meant concerns regarding the staff member's conduct would not be identified in recruitment checks by other providers and placed people in other services at risk of harm and abuse.
- The safeguarding policy was not appropriate because it did not refer to current legislation.
- The whistleblowing policy was not up to date and did not signpost people to the Care Quality Commission.

Safeguarding procedures had not been followed effectively which put people at risk of abuse. This was a breach of regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider ensured steps were taken to protect people and minimise the risk, following the inspection visit.
- Staff knew how to recognise and report safeguarding concerns. They were aware of whistleblowing and

how to raise concerns should these arise.

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

- Staff did not have the necessary fire training to ensure they could evacuate people safely in the event of a fire. Following the inspection visit, the provider ensured staff were adequately trained.
- People's personal emergency evacuation plans had not been reviewed. This meant for some people there was not a plan in place to evacuate them from the building safely, which reflected their current needs.
- Risk assessments did not always contain detailed information of the control measures for staff to follow to keep people safe. For example, limited guidance was provided for staff to recognise a decline in a person's mental health.
- Care plans were not always dated and reviewed. This meant there was a risk these did not reflect people's current needs.
- Medicines were not always managed safely. Records for prescribed creams were not always in place. This meant we were not assured these creams had been applied as prescribed.

We found no evidence that people had been harmed, however, insufficient action had been taken to effectively manage people's safety and placed them at risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The premises had not been properly maintained. For example, we found a broken window handle, leaking roof, a pipe becoming loose from the wall and loose headboards on some beds.
- The lack of maintenance and upkeep meant there were some safety issues including overloaded extension cables. These presented fire and trip hazards. Hot water pipes were exposed which presented a risk of scalding if people came into contact with these.
- We found some items were in need of replacement because they were worn or damaged. For example, a shower chair. This meant they could not be cleaned properly. These items were removed following the inspection visit. The provider had not replaced worn items such as towels and bedding.

We found no evidence that people had been harmed, however, insufficient action had been taken to maintain the premises. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The service was clean. However, some cleaning practices being used were not appropriate. This was rectified following the inspection.
- After our inspection and feedback the infection prevention and control team subsequently inspected and the provider then achieved 93% compliance with their audit.
- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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 inadequate.

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

- The provider did not have sufficient management arrangements in place to ensure effective quality monitoring of the service. A lack of staffing had compromised effective management of the service during the registered managers period of absence. Following the inspection, the provider confirmed they would provide managerial support in the interim.
- The provider did not have clear oversight of the service. Systems to support the running of the service were incomplete or missing.
- The provider did not have effective systems to monitor the quality and safety of the service. This meant they had failed to identify the issues we found during our inspection. These related to staffing, safeguarding, training, safety and maintenance of the premises and records. As a result, the provider was unable to effectively identify and address quality and safety shortfalls.
- Staff recruitment files were not adequately maintained and were not audited to check for shortfalls. For example, one was missing an identity check and photograph of the staff member.
- The provider had not used people's feedback for the purposes of evaluating and improving the service.

The provider had failed to ensure effective systems were in place to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff did not always feel the provider was approachable or would always listen to their concerns and act on these.
- Staff worked together as a team and felt supported by one another.
- The provider knew of their responsibilities in relation to the duty of candour; they were open and honest.

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

- Staff worked in partnership with other professionals to achieve good outcomes for people.

- Staff communicated effectively between one another. For example, daily meetings and handovers took place.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12: Safe care and treatment</b> Care and treatment must be provided in a safe way for service users.</p> <p>(a) Assessing risks to the health and safety of service users of receiving the care or treatment.</p> <p>(b) Doing all that is reasonably practicable to mitigate any such risks.</p> <p>(c) Ensuring that the premises used by the service provider are safe for their intended purpose and are used in a safe way.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>Regulation 13: Safeguarding people from abuse and improper treatment</b> (1) Services users must be protected from abuse and improper treatment in accordance with this regulation.</p> <p>(2) Systems and processes must be established and operated effectively to prevent abuse of service users.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p><b>Regulation 15: Premises and equipment.</b> (1) All premises and equipment used by the service provider must be (e) properly maintained.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p><b>Regulation 18: Staffing</b></p> <p>(1) <input type="checkbox"/> Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.</p> <p>(2) <input type="checkbox"/> Persons employed by the service provider in the provision of a regulated activity must-</p> <p>(a) <input type="checkbox"/> Receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p><b>Regulation 17: Good governance</b> Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part.</p> <p>17(2)(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of any decisions taken in relation to the care and treatment provided;</p> <p>(d) maintain securely such other records as are necessary to be kept in relation to-</p> <p>(i) persons employed in the carrying on of the regulated activity, and</p> <p>(ii) the management of the regulated activity;</p>

### The enforcement action we took:

Warning notice for Regulation 17