

Harbour Healthcare 1 Ltd

Belle Vue Care Home

Inspection report

8 Belle Vue Road
Paignton
Devon
TQ4 6ER

Tel: 01803522112

Date of inspection visit:
07 May 2019
09 May 2019

Date of publication:
13 June 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Belle Vue is registered to provide accommodation for up to 52 people aged 65 and over who require residential or nursing care. At the time of our inspection there were 42 people living at the home. Some people who lived at the home were living with dementia.

People's experience of using this service: The managers and staff demonstrated a commitment to providing person centred, high-quality care. The management told us they aspired to deliver outstanding care and support to their residents and provide a specialised inclusive dementia community for the people of Torbay.

People and their relatives were complimentary about the care they received. People told us staff had an excellent understanding of their individual needs which resulted in them receiving personalised care. People said staff knew what their preferences were and how they liked to be supported. The dedication and team working at Belle Vue had a positive impact on people's health, wellbeing and quality of life.

We observed staff were very gentle, caring and treated people with compassion and kindness. People's privacy and dignity was respected and promoted, and people were supported to maintain their independence. This provided them with a sense of purpose and wellbeing.

The managers and staff were passionate about ensuring people and their loved ones experienced positive end of life care that was delivered with tenderness, sensitivity and effective communication between staff, the person and their family.

People told us they felt safe living at Belle Vue. Staff had a good understanding of how to safeguard adults from abuse. Safeguarding training had been provided and refreshed in line with the providers policy to ensure knowledge remained up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People's needs, and choices were assessed and their care and support delivered to achieve effective outcomes. Care plans provided staff with information and guidance about how to meet people's needs in the way they preferred. Risk assessments covered areas such as, moving and handling, falls, nutrition and hydration. Not all care plans and risk assessments were as detailed as they could be or contained information about how risks to people were being mitigated. We made recommendations to the provider about this.

There were sufficient staff to meet people's needs in a timely manner and ensure that care was person centred. The provider completed relevant pre-employment checks to ensure staff were safe to work with older people. The manager analysed staffing needs to ensure staff had the right mix of skills to meet people's needs safely.

Staff received training suitable to meet the needs of the people they were supporting and received regular supervision. Staff told us they felt supported in their roles.

People told us they knew what to do if they had any concerns or complaints about the home and the management team had resolved them. The home used learning from complaints to improve future practice.

People told us they thought the home was well led. People and their relatives were very complimentary about the management team and told us they knew them well. One person told us, "The managers know everything about me which makes me feel good."

The provider had an effective system of governance in place to monitor and improve the quality and safety of the service. Feedback was regularly obtained from those who lived at the home and their relatives. Regular team meetings had been conducted and staff members felt able to approach the managers with any concerns, should they need to do so.

Rating at last inspection: On 20 March 2018 (report published 25 May 2018), the service was rated 'Requires Improvement' because the service was not always safe, responsive or well-led. At this inspection, we found these issues were addressed and the rating for the service has now improved to 'Good'.

Why we inspected: This was a planned inspection based on the rating of the last inspection.

Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Belle Vue Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors, an assistant inspector 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:

Belle Vue is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager who was in the process of registering with the CQC. This means when registered with the CQC, they and the provider will be legally responsible for how the home is run and for the quality and safety of the care provided.

What we did:

Prior to, during and following the inspection visit we gathered information from a number of sources. We contacted the local authority quality team for their feedback and spoke with other professionals supporting people at the home, to gain further information. During the inspection we spoke with a visiting GP. We also looked at the information received from the provider about the home. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with 11 people who lived at the home and five visiting relatives. We spent time observing staff interacting with people. We also 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 spoke with the managing director, senior regional manager, the manager and deputy manager. We also spoke with the wellbeing coordinator, chef, laundry assistant, two registered nurses and eleven care staff.

We looked at a range of records. This included, nine people's care plans and medicine records. We also looked at three staff files, staff rotas, quality assurance audits and staff training records. We also reviewed the home's complaints system, health and safety records and a selection of the provider's policies and other records relating to the management of the home.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection published in May 2018 we rated this question as requires improvement. This was because we identified concerns in relation to risks to people's safety and well-being and safe recruitment processes. At this inspection we found that action had been taken to address all of the concerns.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe living at Belle Vue. One person said, "I feel safe here, the care is good, and I don't have any complaints." A second person told us, "I feel safe and am happy here and the staff are approachable."
- The provider had a safeguarding policy in place and the manager's were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. We saw safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.
- Staff were knowledgeable about the different types of abuse and knew how to identify and report any concerns. Safeguarding training had been provided and refreshed in line with the providers policy, to ensure knowledge remained up to date.

Assessing risk, safety monitoring and management

- People had pre-admission assessments completed before they moved into the home which meant the home knew that they could cater for the person's care needs and the environment was suitable.
- Care plans included risk assessments in relation to people's specific care needs and covered areas such as, moving and handling, falls and nutrition and hydration. Some risk assessments provided detail about how risks were being mitigated. For example, people's risk of developing pressure ulcers was described, and equipment was in place to reduce the risk. However, not all care plans contained the same level of detail which may result in inconsistent care.

We recommend the provider reviews care records and risk assessments to ensure they contain the necessary detail to ensure risks are managed and mitigated.

- Risk assessments were reviewed as part of care plan reviews, or when needs changed.
- Checks of the premises and equipment had been completed in line with guidance, to ensure they were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, water safety, hoists and fire equipment.
- Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency

evacuation plans.

Staffing and recruitment

- People were supported by enough staff to meet their needs. During the inspection, we saw staff were prompt when responding to people's call bells and people received the care they needed. However, one person told us they sometimes had to wait a while for staff to respond when they rang their bell. A relative told us, "The care is good, the home is clean and there is a happy atmosphere, but they need more staff." We discussed this comment with the managers. The regional manager thanked us for bringing this to their attention and told us they would review the current staffing levels.
- People were cared for by staff that had been safely recruited. Staff files contained references and evidence of employment history to show that staff were suitable to work with the people living in the home.
- All staff had an up to date Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nurses were up to date with their Nursing and Midwifery Council (NMC) registration.

Using medicines safely

- Medicines were stored, recorded and administered safely and the ordering and disposal of medicines was managed effectively.
- We observed staff administering medicines to people in a very patient way, explaining what they were doing and giving people the time, they needed to take their medicines.
- All staff administering medicines had received relevant training and were assessed as competent. Regular audits of medicines were undertaken.
- There were clear protocols in place for the use of 'as required medicines'. These gave staff very clear instructions on how and when they could be used.
- Staff worked closely with people's doctors and held regular medicine reviews when required. Regular discussions were also held to consider how best to support people who did not always understand why they needed their medicine.
- Some people received their medicine covertly, we found safe processes had been followed and people's doctors and the pharmacist were involved in these decisions.

Preventing and controlling infection

- The home was clean and free from malodour.
- Records showed infection control and cleaning audits were undertaken and these were reviewed by the management team to ensure compliance.
- We saw personal protective equipment (PPE) was readily available and accessible, such as disposable gloves and aprons, and staff used these during the inspection.
- Staff received training in the management of infection control and food hygiene.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and analysed by the manager and provider for patterns and trends.
- Records showed the management used accidents and incidents as learning opportunities to try and prevent future occurrences.
- Actions were taken to reduce risk and risk assessments and care plans were reviewed and updated

accordingly.

- Discussions took place during handovers and team meetings following incidents, to help prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving in, pre-admission assessments had been completed. These ensured the home could meet people's care needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured as part of the admission process and used to formulate care plans. Care was planned and delivered in line with people's individual assessments.
- People told us staff delivered care and support in line with best practice guidelines; for example, one person told us, "The staff are very gentle and caring, there are always two of them to hoist me."

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively.
- We saw all new staff completed an induction to the home. Those who were new to care services also completed the 'Care Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care.
- Records showed, and staff told us, they completed a range of training the provider considered mandatory, which fully equipped them for their role.
- Staff told us additional training was provided so they could meet the needs of people living at the home. For example, additional training to meet the needs of people living with epilepsy. This was confirmed in the review of staff training records.
- Staff told us, and records confirmed, they received regular supervision on a one to one basis. Staff found these constructive and said they were encouraged to further develop their knowledge and skills. One staff member told us, "I've had three or four one to one meetings with [manager's name] since I have been here. I feel listened to and able to discuss anything."

Supporting people to eat and drink enough to maintain a balanced diet

- People who could talk to us, were mainly complimentary about the food and confirmed they were offered a choice about where and what they wished to eat. One person said, "The food is hot and tasty." However, one person told us, "The food is not good, the meals are small, and we hardly ever have green vegetables." We passed this comment on to the management team to address and feedback to people what action they would be taking.
- We observed lunchtime in the both dining rooms at the service. We saw the dining experiences had improved since the last inspection and were now a social occasion. People were being supported by attentive staff as required in a dignified and sensitive manner.

- People's care plans contained information about their food likes, dislikes and any foods which should be avoided. Where people were at risk of not maintaining their health or/and a balanced diet, there was information in their care plans guiding staff how this should be addressed.
- People's specific dietary requirements, for example, soft or pureed diets, or thickened fluids, were being met with detailed guidance in place for staff to refer to.
- People at risk of not drinking enough fluids were having their fluid input and output monitored. However, electronic fluid balance charts had not been consistently or correctly completed and did not always demonstrate that people had received enough to drink. We spoke with the management team about this. They told us this aspect of their electronic care planning system was not working effectively. Staff were entering people's fluid intake individually in the daily progress notes rather than the fluid balance charts. Records we looked at confirmed this. The management team acknowledged this was ineffective and may lead to action not being taken when people had not had enough to drink. The manager immediately re-introduced paper fluid balance recording sheets.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider was working within the principles of the MCA. The correct procedures for applying for DoLS had been followed. Conditions of DoLS authorisations were being met.
- Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
- Where people were not able to make a decision, including where restrictive practises were being considered, a best interests decision making process was followed. This included consideration of the least restrictive options and these decisions were documented. We saw this included where people were being given their medicines covertly.
- Where needed independent advocates were involved in best interest decisions.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- Any changes in people's health were promptly recognised and support was sought by external healthcare workers when necessary and any guidance provided had been followed.
- Feedback from healthcare professionals was extremely positive. One healthcare professional was complimentary about the way the home worked with them to provide effective care for people. They told us, "I have seen some significant improvements in the home. [Manager's name] and her team have worked with me to review processes and have improved this significantly. [Manager's name] has been open and honest,

referring in concerns and issues and has taken any recommendations on and ensured they do not occur again. The work Belle Vue are doing appears to be really positive and having better outcomes for their residents." A visiting GP described the service as "Brilliant" and had clearly developed good relationships with people.

Adapting service, design, decoration to meet people's needs

- The adaptation, design and decoration of the premises was suitable for the people who lived there.
- Since our last inspection extensive improvements had been made to the building and the garden areas. The services' refurbishment was still on going and the completed work had created an atmosphere that was warm, homely and comfortable.
- Most of the communal areas, corridors and bedrooms had been redecorated and new furniture had been purchased throughout. People benefitted from comfortable and stimulating communal areas decorated to create a dementia friendly environment.
- Plans were in place for further improvements to the environment, including creating a bariatric suite and an end of life suite and an interactive dementia garden.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's independence, privacy and dignity

- Staff were skilled at empowering and enabling people to remain independent. Staff and management were fully committed to this approach and finding innovative ways to make it a reality for each person living at Belle Vue. This had a positive impact on people's health and wellbeing and helped them to live fulfilling lives.
- There were many examples where people were able to achieve their own personal goals due to the care and support given by staff.
- One person was very physically restricted following a severe stroke. When they were admitted to Belle Vue they had limited mobility and were confined to a chair or bed. They were having difficulties swallowing foods and maintaining their nutrition and the stroke had affected their ability to verbally express their needs. This had caused them severe anxiety.
- Their relative told us staff went 'the extra mile focusing on the person's overall wellbeing.' Staff developed a personalised weekly exercise chart with the person, which focused on exercises to help with their breathing, mobility, speech and swallowing. The chef met with them to discuss and try different meal options to trigger taste and enjoyment in food. This continuous support resulted in the person regaining their independence and mobility, eat and drink independently and regularly take part in activities at the home. This had a positive impact on the person's overall wellbeing, as planned.
- Staff understood the importance of getting to know people, so they could provide care and support in their preferred way and assist them with maintaining or regaining their independence. They were described as "Extremely proactive, caring and organised. They are always looking at ways in which to make [name's] experience better, they try different things, if something doesn't work they try something else."
- Staff spent time getting to know one person who was initially declining personal care, only accepting assistance from a family member when they visited.
- Staff worked with patience and compassion to understand this person. They moved from declining care, to re-learning how to care for themselves. Their relative told us this was a big achievement for this person and significantly improved their quality of life. As a direct result of this, there was a significant and positive impact on the quality and type of relationship between this person and their relative. Instead of the visits focusing on personal care, they were now able to spend quality time together, often going out together. Their relative told us, "I have been particularly impressed with the level of personal care which Belle Vue have been able to provide. I would have to highly commend [manager's name] and her team and would highly recommend anyone looking for a nursing home to consider Belle Vue."
- Staff recognised and emphasised the importance of meaningful occupation in helping people to maintain their independence and individualism. This meant that the activities staff and people engaged in, had a purpose. For example, during the inspection we observed one person tidying and dusting shelves and

bookcases. Staff told us the person believed it was their place of employment. We heard conversations between staff and this person supported their belief and appeared to make the person very happy.

- Staff supported people to maintain their independence. For example, providing equipment to aid people to eat and drink independently, such as specialised drinking cups with handles.
- People were encouraged by staff to do as much as possible for themselves. One staff member said, "I try encourage people to do things for themselves. I will help them hold things but reassure them and encourage them with some kind words to help them keep doing things for themselves."
- People's privacy and dignity was highly valued, protected and promoted. Staff described the methods they used such as ensuring people were covered-up as far as possible during personal care and always knocking on people's bedroom doors. One person told us, "They always knock before they come in your room. They are all very respectful."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff and management were committed to ensuring that people received the best possible care in a homely environment.
- People and their relatives were extremely complimentary about the care they received. Comments included, "The care is good here, if I want anything staff will get it for me", "The staff are very good to me" and "The care is good here, my Dad is getting everything he needs. The staff are very welcoming and nice, they do try very hard with him."
- Staff were very gentle and caring to the people they supported. We observed many patient and kind interactions between staff and people. People's faces lit up when staff spoke to them, and they sought out holding staffs' hands.
- The home was very calm, and people looked comfortable and relaxed in the presence of staff. When people became anxious, this was managed patiently and kindly by staff. Staff recognised people's anxieties were very real to them.
- Staff were positive about their role. They told us, "I enjoy it. I love the job. It is nice to work with a nice team and very rewarding. You are helping people and making the days a bit better for them" and "I know the residents, I can communicate with people and they are happy when they see me. I like chatting to them and talk to them if they are agitated by calming them, encouraging and reassuring them."
- People were clean and well groomed. Staff documented any daily personal care tasks provided and we saw people had been supported to wash, bathe or shower in line with their wishes.
- There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. People's equality and diversity was recognised and respected.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome. One person told us, "Visitors can come into the home when they want to, and they are made welcome and can have a meal with us."

Supporting people to express their views and be involved in making decisions about their care

- People, wherever possible, and their relatives, were involved in planning their care and support. One relative told us they had been fully involved in their relative's care planning and the development of their very detailed care plan.
- We saw people were offered choice in everyday situations such as where they would like to sit and what they would like to eat. Care plans contained guidance for staff which promoted choice for people.
- Staff understood people's communication needs and used this so people could make decisions in their day to day life. This helped to demonstrate how the provider was working towards meeting the

requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information in a way that they can access and understand and receive any communication support that they need. `

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

At our last inspection published in May 2018 we rated this question as requires improvement. This was because we identified concerns that care records did not always include complete information. At this inspection we found that some action had been taken to address the concerns, but further action was needed.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support that was personalised to their individual needs, wishes and aspirations. This had a positive impact on people's health and wellbeing and helped them to live fulfilling lives.
- Care plans provided staff with information and guidance about how to meet people's needs in the way they preferred. Not all care plans we looked at were as detailed as they could be. For example, one person's care plan for personal care said, "[Name] requires full assistance with personal care" the care plan did not contain a detailed description of how staff should provide personal care that met the person's wishes or preferences.

We recommend the provider reviews care plans to ensure they are person centred and fully reflect people's needs and wishes.

- The home had recently implemented and were trialing, an electronic care records system. A motivating factor for this investment was to capture people's changing needs on a more frequent basis, so staff could be responsive in real time. For example, care staff could now instantly record changes in people's wellbeing on hand held units which was later reviewed by senior staff.
- We found the electronic monitoring system did not always accurately reflect the care that was given, such as how much someone had been drinking. We found that care, such as the recording of fluid and food intake or when people were being helped to change their position in bed, was being recorded in different areas of the system. We discussed this with the management team who immediately reintroduced paper recording charts until they could be assured the electronic care planning system was being used in the correct way. The management team told us they were still in the process of ensuring that all care plans on the electronic care planning system, contained the level of detailed person-centred information for staff to refer to.
- People had opportunities to socialise and take part in activities if they wished to. One person told us, "I like being involved in the activities here, I like painting and enjoy planting seeds with the children when they come to visit, I am doing flower arranging later today and sometimes the activities lady takes me out to the shops in my wheelchair." Another person said, "I like staff to take me out into the garden so that I can sit and watch the birds."
- Since the last inspection the home had employed an enthusiastic wellbeing coordinator who had developed a creative variety of activities for people. Activities were designed to be meaningful to the person

and information gathered about people's lives, their past hobbies and interests, were used to help achieve this.

- Activities included games, visits by musical entertainers, animal visits, arts and crafts, staff spending time with people talking about interests and enjoying the gardens. Where people had similar interests, there were specialist clubs arranged to facilitate their personal hobbies such as dominos and word search club. One person told us, "There is a board in the hallway that tells us what activities are on each day, I like to play dominoes." As well as the activities board, the wellbeing coordinator produced a weekly activity leaflet which was distributed in the communal areas and was available in accessible formats.
- Whilst we saw there were many activities available to people we did note, and staff told us, staff did not have enough time to sit with people and engage them in meaningful activity. We brought this to the attention of the deputy and regional manager who said they would look at the staffing provision in order to free up staffs' time so they could spend meaningful time with people.
- People were supported to be involved with the local community. Every Tuesday morning Belle Vue hosted an open coffee morning to help build relationships with the local community. Staff worked with local schools who visited the home weekly to spend time with people, talking, singing and playing games. The wellbeing coordinator told us, "It's so important to bring the community in, when the children visit some of the interactions are so lovely and you can see people enjoy it."
- An achievement file highlighted the many positive aspects of the home. For example, photos showing people enjoying a wide range of events with their comments added about how much they had enjoyed them. Other photos showed people spending time in the garden or engaged with activities and the children who visited from the schools.

End of life care and support

- The management team and staff were passionate about ensuring people and their loved ones experienced positive end of life care that was delivered with tenderness, sensitivity and effective communication between staff, the dying person and their family.
- People and their relatives were supported to make decisions about their preferences for end of life care and their preferences and choices were documented in their care plans.
- People were supported to remain at the home, in familiar surroundings, and by staff who knew them well. The home had recently secured funding from the local authority to create an end of life suite offering accommodation for people and their relatives to use to ensure they were as comfortable as possible.
- Staff went out of their way to ensure they cared for people and their families holistically. For example, staff told us about how they supported grieving relatives staying with their loved ones at the end of their lives. Staff told us they always made sure relatives were given meals and drinks and offered any help they needed to try to make their time left with their loved one as stress free as possible. One staff member told us, "I have looked after someone end of life, but more often it is about reassuring the families and making sure all their needs are met, as families are usually around a lot and need lots of support."
- Staff had developed an information leaflet that was given to relatives when someone they loved had passed away. This leaflet contained information about what happens next, details about processes involved, practical advice, support and how and who they could contact if they wished to comment about the care their loved one received.
- The management team had developed strong links with the local hospice so that specialist nurses were available to guide and support staff through a person's death. The deputy manager had recently completed the local hospice 'Ambassadors in End of Life Care' course and the service were developing staff as end of life champions.
- Staff provided on going sympathetic care to families of people who had passed away. We were told of relatives who still regularly visited the home to spend time with staff to remember their loved ones, which

brought them great comfort.

- Staff had received many thank you cards and compliments from relatives, acknowledging their care and compassion they had shown towards people and their families at this time. Comments included, "I appreciate all the care and dignity you gave Mum during her life at Belle Vue. Keep doing what you are doing", "I would like to thank you for all the loving care afforded to [name] in the last 12 months of his life. It will not be forgotten" and "We always knew she was in safe hands."

Improving care quality in response to complaints or concerns

- People were actively encouraged to express their views about the home and were given clear information about how to make a complaint without fear of recrimination.
- Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. We looked at the complaints log and found that any complaints received had been investigated and responded to in line with the provider's complaints policy.
- People and relatives told us they felt able to raise any concerns with the manager or the provider and felt assured they would be dealt with. One person told us, "If I am not happy, I will tell the staff and they sort it out."
- We observed during our inspection that the managers were in daily contact with people who lived at the home and were available to discuss their care and any concerns they might have.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection published in May 2018 we rated this question as requires improvement. We identified that systems in place to assess, monitor and improve the service had not always been effective. At this inspection we found that action had been taken to address all the concerns.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Since the last inspection the home had undergone significant changes and improvements both to the environment and the care given to people.
- The registered provider, new management team and staff demonstrated a commitment to providing person centred, high-quality care. The manager told us they aspired to deliver outstanding care and support to their residents and provide a specialised inclusive dementia community for the people of Torbay.
- Throughout the inspection we saw, and staff told us, they placed people at the centre of everything they did.
- The manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The manager had submitted all relevant statutory notifications to us promptly which ensured we could effectively monitor the service between our inspections.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There was a new manager and deputy manager in post who provided consistent leadership and support. At the time of the inspection, the new manager was in the process of applying to become the registered manager of the service.
- We found the management team open and committed to making a genuine difference to the lives of people living at the home.
- Staff were very positive about the changes and how they had improved the support people received. One staff member told us, "I used to work here before but left as I was not happy, but since Harbour have taken over it has improved a lot and there's a really good atmosphere now. Such a difference, in general with

environment, staff and management. [Manager's name] is absolutely fantastic, she speaks to you one to one, and her door is always open and no matter what your problem is, she will always talk to you."

- People and their relatives were very complimentary about the management team and told us they knew them well. Comments included, "The managers know everything about me which makes me feel good", "The managers are good, I can talk to them about anything" and "The managers call into see me and we have meetings every month to talk about the home."
- There was an open and honest culture in the service.
- The management team demonstrated a strong desire to continuously learn and develop the home further. For example, the home was successful in a bid to secure local authority funding to improve the care and environment at Belle Vue. Plans were in place to develop an area of garden into an interactive sensory garden, install acoustic monitoring (a monitoring system which alerts staff to people moving around at night, in order to keep them safe) create a hydrotherapy spa bath experience, a bariatric nursing suite and end of life suite. They also planned to purchase specialised technology and equipment to improve engagement and interactions with people living with dementia.
- When things had gone wrong, the manager and staff had learnt from this to improve the quality of care people received. For example, following several medicine errors, the management team and staff met to discuss the errors and what needed to happen to ensure medicine errors were not repeated. Staff told us they all worked together to come up with solutions and felt fully involved in the process. This resulted in medicine management changes and a significant reduction in errors and risk to people.
- Robust systems were in place to monitor and maintain a high standard of care for people. This included quality assurance systems and audits as well as management observational walkarounds to regularly check on people and the quality of care being provided.
- Provider level audits and ongoing monitoring had also taken place, with action plans generated, which had been followed up on at their next visit. The regional manager was a regular presence at the home, and managers from other local homes owned by the provider, also provided input and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a variety of ways people could influence the service provided; including feedback surveys and informal conversations with staff and the management team.
- Resident and relative meetings were held quarterly, at people's request. The home also sent out a monthly newsletter.
- Various staff meetings were held for every staff role. These were constructive meetings which celebrated achievements whilst identifying where further improvements could be made. Staff told us the meetings were an open forum for discussion. This helped to ensure staff had an opportunity to raise any concerns or make suggestions about how the service was run. One staff member said, "I feel listened to and able to discuss anything." Another staff member said, "I work in a supportive, nice environment, the management are helpful and have an open-door policy. We all work together to achieve the same outcome."

Working in partnership with others

- The manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people and improve quality of care and safety.
- Feedback we received from health professionals was very positive about their experience of working with the service.
- Records showed multi-disciplinary teams were involved in people's care.