

Vitality Care Homes Ltd

# Belgrave Court Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Belgrave Court Residential Care Home provides accommodation and support with personal care for up to 30 older people, some of whom may be living with dementia. At the time of this inspection there were 28 people using the service.

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

Leadership was ineffective and governance systems did not identify multiple shortfalls within the service. There were gaps in staff's skills and knowledge and not all staff had received opportunity for appraisal to support their development.

People were not always safe. Standards of cleanliness were poor and infection control procedures were not followed. Medicines were not safely managed. Risks associated with people's individual care needs were not always assessed and guidance was not always available to staff on how to minimise known risks to keep people safe.

The provider failed to ensure safe recruitment practices or to deploy enough staff to provide people with the care and support they needed. Staff did not provide appropriate person-centred care and failed to promote people's dignity. Interactions were brief and often task focussed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People had access to activity and stimulation; some people were supported to pursue hobbies. People told us staff were kind, caring and friendly. They told staff and management were approachable and open to feedback.

The provider responded proactively to our concerns acted immediately to make changes and improvements.

We have made recommendations about recruitment process, staffing levels, and the application of the Mental Capacity Act (MCA).

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

The last rating for this service was good (published 21 March 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We identified five breaches in relation to safe care and treatment and the safety of the premises, dignity and respect, recruitment and governance at this inspection. The provider took some action to mitigate the risks after the first and second days of inspection, however further improvement is still required.

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 from 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.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

Details are in our well led findings below.

**Inadequate** ●

# Belgrave Court Residential 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. 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.

#### Inspection team

On 29 August 2019 an inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 4 September 2019 two inspectors visited the service, and on 6 September 2019 one inspector returned to complete the inspection.

#### Service and service type

Belgrave Court Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 absent during this inspection and we were supported by two different interim managers and the registered provider.

#### Notice of inspection

This inspection was unannounced.

#### 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. 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 six people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including two interim managers, an assistant manager, care, activity, domestic and maintenance staff, and a cook. The provider was present on all days of the inspection and for feedback at the end of the inspection. Throughout the inspection we observed care and support practises.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including safeguarding and quality assurance records were reviewed.

#### After the inspection

The provider and interim manager sent through an action plan, maintenance records and safeguarding information.

# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- Areas of the home had not been properly maintained or kept clean which put people at risk of harm. For example, one window was cracked, and carpets were worn and dirty and flooring in some en suite bathrooms were stained with urine. Furniture and equipment used to assist people was not clean.
- The laundry room was disorganised and dirty and there was no clear workflow to ensure clean linen was not at risk of contamination. Pipework in the laundry room and some bathrooms was not boxed in which did not allow for the effective cleaning of surfaces.
- A curtain screen in a shared room was broken putting the privacy of the two people sharing the room at risk.

The provider had failed to ensure that the premises and equipment used to deliver care were properly maintained and standards of hygiene appropriate for the purposes for which they are being used. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They replaced flooring in en suite bathrooms and purchased new fixtures and fittings.

- Staff did not always use personal protective equipment to prevent the spread of healthcare related infections. We saw one member of staff pick up a bag of soiled laundry with their bare hands.

### Using medicines safely

- Medicines were not managed safely. Staff did not follow best practise guidance for the administration of medicines and people did not receive their medicines as prescribed.
- Medicines were not stored securely, and systems were not effective for the receiving, storing and disposing of medicines.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse;

- People were not kept safe from avoidable harm.
- Information about risks to people were not always passed on to staff. Therefore, staff were not aware of all the control measures that were needed to prevent harm. For example, there was no guidance in place for staff about how to manage one person's diabetes.
- Risk assessments were not always followed in practice. Staff did not consistently undertake checks for one

person assessed as being at high risk of developing a pressure ulcer.

- Safeguarding concerns were not appropriately responded to, to ensure people were kept safe from abuse and ill-treatment. Concerns were not consistently recorded and/or investigated to ensure people were no longer at risk.

The failure to take all reasonable steps to manage infection control, risk, and to manage medicines safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the shortfalls in safety, people living at the service told us that they felt safe. Comments included, "Yes, I feel safe here. Can't put my finger on it but I just feel safe."

#### Staffing and recruitment

- Recruitment processes were not robust. The provider did not take steps to assure themselves staff were safe to work with vulnerable adults. For example, the provider had failed to assess risks associated with new staff for whom they had not yet received confirmation of appropriate recruitment checks.

The provider failed to ensure effective recruitment and selection procedures of suitable staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed they had appropriately risk assessed staff working without these checks in place.

- Staff were not appropriately deployed to care for people. Whilst people told us they were happy with the care they received, staff told us they were not able to respond to people's needs in a timely manner. One member of staff told us, "This morning people weren't got up until 11am as there was just me and a shadow staff to get everyone up. The morning tea trolley hasn't gone around a couple of times when we are short."

We recommend the provider revisits their recruitment process, staffing levels and the deployment of staff within the service, taking into account current best practice guidelines.

#### Learning lessons when things go wrong

- The provider analysed accidents and incidents and identified trends and themes to prevent reoccurrence. For example, staff referred one person to a health professional following a series of falls.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service did not always seek consent to deliver care and treatment in line with legislation and guidance. It was not always clear how decisions around people's care had been made and/or agreed, as this information was not captured or included in people's care records.

We recommend the registered provider ensures that where people lack capacity to make a decision, the principals of the Mental Capacity Act 2005 are followed and recorded.

The provider responded immediately during the inspection and began to review the documentation in place.

- The provider maintained a record of those people using the service for whom a DoLS application had been completed.

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

- People did not receive appropriate person centred-care and treatment. Information in people's care plans was inconsistent and staff did not have all the information they needed to care for people effectively.

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

- The home was dirty, and areas required renovation to support effective care. Wallpaper was coming away

or missing in areas and fixtures and furniture were damaged or worn.

- Signage to support people to find their way around the home was minimal.
- Some people's bedrooms were very plainly decorated. The provider recognised the building needed modernising and had a plan in place for redecoration and renovation work.

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

- People were complimentary about the food. Comments included, "Food is good, we can choose, always ask us what we want. Porridge here is amazing, this cook really knows how to make it" and "Food is good, usually two things to choose from, reasonably acceptable."
- Staff were aware of people's dietary needs.
- People had access to finger food and drinks to 'graze' on throughout the day.

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

- People were supported to access healthcare services.
- There were systems and processes in place to refer people to other relevant professionals and staff acted appropriately on their recommendations.

Staff support: induction, training, skills and experience

- There were minor gaps in staff's skills and knowledge and training had not always been delivered by suitably competent individuals. The provider told us they had planned for staff to attend additional training following the inspection to address these shortfalls.
- Staff had received regular supervision to discuss any matters of concern with a manager. Not all staff had received opportunity for appraisal to support their development.

We recommend the provider reviews staff training, taking into account current best practice guidelines.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Systems and processes did not promote people's privacy and dignity. Staff did not have adequate time to spend with people to provide person-centred support.
- Staff were task focused and did not respect people's individual choices. For example, staff administered medicines to one person whilst they were receiving personal care. Another person was provided with a pureed meal; they nor the staff member supporting them knew what meal was being served.
- People's records were not stored confidentially or securely.

People were not treated with respect and their dignity was not promoted. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives were complimentary of the care and support people received. One person told us, "I have never met a member of staff that didn't care. [They] all seem quite caring and take notice of what you say."
- Care plans included information about people's spiritual, cultural and communication needs.

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

- Electronic records reflected that some, but not all people using the service had been involved in creating their care plans. One person told us, "What's a care plan?".
- Staff held regular meetings with people to seek their views and about care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Changes in people's needs were not regularly reviewed. Care plans were not up to date and did not sufficiently guide staff. For example, staff did not have the information they needed to support one person with diabetes.
- People's care records included information about their personal histories and preferences. Staff used this information to care for people in a way they preferred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in a way they could understand. Reasonable adjustments were made for people with a disability, impairment or sensory loss.
- Accessible information was available to people throughout the home. This included information about how to complain, a copy of the service's last CQC inspection report and dates of future events taking place in the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a variety of person-centred activities and were encouraged to maintain hobbies and interests. These included worship, board games and exercises as well as knitting and puzzles. One person said, "Sometimes young people visit, sing to us. We have bingo and dominoes; music and we might be going to start up a knitting group."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to give feedback about care and felt confident their concerns would be listened to. One relative said, "Staff are very approachable, they do listen."

End of life care and support

- Records reflected that end of life planning had been completed with some people.

# 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 service was not well-led. Management and leadership were inconsistent and lacked oversight. There was no credible strategy to drive quality or improvement.
- There were widespread and significant shortfalls in the service and legal requirements were not always met. The governance systems in place had not identified the issues we found during the inspection. These included; maintenance of the premises and standards of hygiene, risk management, staffing and recruitment processes, MCA and DoLS and the safeguarding of people's dignity.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider failed to maintain or adapt the environment to a consistent standard to support the delivery of high-quality care or promote people's wellbeing.
- There was no in-depth analysis of relative's survey results, such as identifying any themes or trends. This meant the provider did not use the information which could contribute to continued learning and improvement in the standards of care for people. Staff and other stakeholders had not been invited to give their views on the service.
- Staff told us they felt rushed and this compromised the quality of care people received. One staff member told us, "People don't get the care they need".

The failure to operate effective and robust systems to monitor the quality and safety of the service demonstrated a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection; an action plan was developed to address our concerns relating to infection control and safety of people using the service. During the inspection the provider reviewed paperwork relating to MCA and DoLS.

- Staff felt supported by the provider, and one another. Comments included, "I have definitely been welcomed by the staff team and met all of the residents" and "[interim manager] has introduced themselves to us. I have seen [provider] before they are lovely. If I need a talk I would talk to them."

#### Working in partnership with others

- The service worked in partnership with other organisations to ensure continuity of care for people. District nurses, GPs and other professionals visited people when required.

#### 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 provider and interim manager were open and transparent; they understood their responsibility to apologise to people and explain what happened if things went wrong.

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 10 HSCA RA Regulations 2014 Dignity and respect  People were not always treated with dignity and respect.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There was failures to assess and prevent the risk of infection.  Poor systems meant that people did not always receive their medicines as prescribed and medicines management was not safe.  There was a failure to address people's individualised risks associated with their health, care and support needs.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to ensure that the premises and equipment used to deliver care were properly maintained and standards of hygiene appropriate for the purposes for which they are being used.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Systems in place were not effective in assessing and monitoring the quality and safety of the service. Records were not accurate or complete.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider failed to ensure effective recruitment and selection procedures of suitable staff.