

Belmont House (Devon) Limited

Belmont House Devon Ltd

Inspection report

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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

About the service

Belmont House is residential care home providing personal care for up to 21 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 18 people using the service.

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

People told us they were happy living at Belmont House and were supported by staff who were kind and caring.

Since the last inspection the provider had made improvements to the service to ensure people's care was delivered safely. There were effective quality monitoring systems in place to monitor the quality of the care and support people received which provided good outcomes for people.

Staff understood people's needs, preferences and what was important to them. Staff respected people's privacy and dignity, encouraged people with making choices, and promoted their independence.

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

People told us they felt safe. People were protected from the potential risk of harm and abuse as staff understood their responsibilities for safeguarding people and followed the provider's policies and procedures.

Risks to people's health, safety and wellbeing had been assessed and measures were in place to manage these risks. Medicines were managed safely. People were protected from the risk of infection.

There was sufficient staff at the service and the provider operated safe and robust recruitment and selection procedures to make sure staff were suitable and safe to work with people.

The provider and registered manager promoted a positive culture within the service and people received care that was person-centred.

People and their relatives were asked for their views about the quality of the care delivered at the service through surveys and meetings with people and their relatives.

People had access to health services to meet their needs, and there was positive feedback from healthcare professionals about their relationship with the home.

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

Rating at last inspection

Since the last inspection, the provider had changed their legal entity. The last rating for the service under their previous legal entity was requires improvement, published 7 August 2019.

At the last inspection the provider completed an action plan to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider seek reputable guidance on completing and monitoring safe recruitment processes, implementing protocols for PRN medicines, the Accessible Information Standard and ensuring people's records fully reflect their needs.

At this inspection we found the provider had acted on the recommendations and had made improvements.

Why we inspected

We carried out this inspection to provide a rating for this provider under their new legal entity.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Belmont House Devon Ltd

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 Health and Social Care Act 2008.

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 1 inspector, an assistant inspector, an inspector from the medicines team 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.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 2 family members visiting. We contacted 6 health professionals and received feedback from 3 health professionals. We spoke with 12 staff including the provider, registered manager, deputy manager, care staff, housekeeper/maintenance person and cook. We reviewed a range of records. This included 7 people's care records, multiple medicines administration records and looked at arrangements for administering, storing and managing medicines. We also reviewed records relating to the management of the service, including 3 staff recruitment files and recent audits and checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At the last inspection systems, processes and checks had not been effective in monitoring and ensuring people's safety in relation to monitoring care, infection control and learning from accidents and incidents. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

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

- Risks to people were assessed and monitored.
- Risk assessments were in place for people and contained information about potential risks and actions to help mitigate risks. For example, where people were at risk of skin damage, people's skin was monitored to ensure it remained healthy and specialist equipment was in place to prevent their skin from becoming sore.
- Risks associated with the environment were well managed. For example, health and safety certificates were up to date including water checks, electrical, gas and fire safety procedures.
- People had personal evacuation plans in place in the event there was a fire. The plan outlined what support the person needed.
- At the last inspection there was no clear overview of incidents and accidents which meant it was difficult to identify any themes, trends or areas for improvement.
- At this inspection there was clear systems and processes in place to record, review and analyse accidents and incidents. Staff reported accidents and incidents, which the registered manager reviewed to ensure all necessary action had been taken for people's safety and wellbeing.
- At the last inspection people were not protected from the risk of infection. At this inspection we found staff were following good infection prevention and control practice.
- We were assured the provider was using PPE effectively and safely. We observed staff using PPE in line with the providers policies and current guidance.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean and there were cleaning schedule in place.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was preventing visitors from catching and spreading infections.

- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to receive visitors to the service in accordance with the current guidance.

Using medicines safely

- At the last inspection we recommended the provider sought guidance regarding the implementation of protocols for PRN medicines.
- At this inspection we found protocols were in place for 'when required' (PRN) medicines to guide staff when doses should be given.
- People received their medicines as prescribed for them. There had been some supply issues, but these had been identified in a timely way and changes were underway to improve this.
- Systems were in place to record when creams or other external products were applied, and we saw staff recorded when these were used. Preparations were not always listed as named products, and the registered manager was putting new records onto the electronic system to make sure these would always be listed individually.
- There were suitable arrangements for storage, recording and disposal of medicines. This included those needing cold storage and those needing extra security.
- Staff were trained in safe medicines handling and had competency checks to make sure they gave medicine safely.
- Medicines audits were completed, and we saw that areas for improvement had been identified and actions recorded. Any incidents were reported and investigated to try to prevent a recurrence.

Staffing and recruitment

- At the last inspection we recommended the provider sought guidance on completing and monitoring safe recruitment processes.
- At this inspection we found staff had been recruited safely. The provider had made appropriate checks on staff to ensure they were safe to work with people. These included criminal record checks, employment history and identification.
- There were enough staff available on each shift to ensure people were cared for safely.
- People and relatives told us they did not have to wait long for care and there were enough staff. One person said, "I think there's enough staff, they are always around when I need them. I never have to wait."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Belmont House. One person told us, "I'm happy here. I feel safe as the staff look after me well."
- Systems and processes were in place to protect people from abuse. The registered manager had made safeguarding referrals as necessary to the local authority safeguarding team and had investigated concerns raised with them.
- Staff knew what to look for regarding abuse and felt supported to raise any concerns they may have about the people they were supporting.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 <, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.>

- Staff understood the principles of the MCA ensuring that people had their rights and freedoms respected and care and support was provided in the least restrictive way. However, records did not always show that mental capacity assessments undertaken were decision specific and supported by decision specific best interests' records. We discussed this with the registered manager, and this was in place by the second day of the inspection.
- Staff supported people to make their own decisions about their care and support. We observed and heard staff offering people choices about what they wanted to do, where they wanted to spend their time and what they would like to eat and drink.

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

- People's needs were assessed in line with legislation and best practice prior to them moving into the service to ensure that people's needs were understood and could be met. All this information was used to form the person's care plan and risk assessments and support them to achieve good outcomes.
- People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture were discussed with people.

Staff support: induction, training, skills and experience

- People were supported by staff who had received induction, training and support to be able to meet their needs safely.
- New staff completed an induction programme which included completing training, learning about the people they would be supporting and shadowing more experienced staff.
- Staff had access to online training to ensure they had the knowledge and skills to care for people. The provider's training programme ensured learning was tailored to individuals' needs. For example, staff received training on understanding dementia. A staff member told us, "The training here has been very good, there is a lot of online courses but there are also things like catheter training inhouse and more training this week on the new MARs [medicines records]. I cannot fault the training."
- Staff told us they felt supported in their role. Staff received support in the form of supervisions, and appraisals. One staff member told us, "I feel staff are well supported and listened to, most definitely. They are approachable. If I am unsure of anything, I ask [deputy manager's name]."

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

- People told us they were happy with the food provided to them. Comments included, "Food is wonderful, I can't fault it, it's enjoyable and cooked nicely. There is such a variety of meals. If you don't like what's on offer, there's always something else offered" and "Food is very good, it's always hot. My favourite is the Sunday Roast. I also like the fish. She's a great cook."
- People were able to choose where they ate their meals. Some people said they liked to eat in the dining room, and we saw others preferring to eat on their own. The dining experience was a social occasion and we saw people enjoying the relaxed atmosphere.
- People received the support they needed to eat their meals. For example, we observed staff encouraging people to eat and reminding people when they were distracted.
- People's nutritional and hydration needs were monitored to ensure they had received sufficient nutrition and hydration. People were offered drinks and snacks regularly and meals were provided in line with people's dietary requirements.
- Where people were at risk of weight loss, their weight was monitored, and people were referred to their GP and dietitian for advice and guidance.

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

- Staff worked effectively with healthcare professionals to ensure people received the care they needed.
- Records showed referrals to health and social care professionals were made in a timely manner and care plans were updated following professional advice.
- One health professional told us, "The service is safe, effective and responsive to all resident's care requirements and have been noted to go above and beyond requirements. Care delivery is of a very high standard and delivered when appropriate and always in best interests of each resident."

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

- People lived in an environment that was accessible and suitable for their needs. The home was safe, clean, well-maintained and had a homely feel.
- People were able to personalise their rooms with items and furniture that was important to them.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were very kind and caring and they liked living at Belmont House. Comments included, "There's a nice atmosphere here, the staff are kind and caring. I don't think you could get better care", "I can't thank them enough. Everyone is marvellous, kind and helpful" and "The staff come into see me just to have a laugh with me. We are just so close."
- During the inspection we saw and observed people were relaxed and happy in staffs' company and there were easy conversations and laughter heard throughout the home.
- Staff were attentive to people when they asked for assistance and when a person became upset staff sat with them and gave them reassurance.
- Care plans contained information about people including any personal and cultural beliefs. People's religious and spiritual needs were documented, and people were supported to practice their chosen faith.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People made choices in their day to day lives such as what to do with their time, what to eat and what to wear. For example, one person told us they like to go out to the garden when it is warm and spend time alone in their room in the afternoon and staff respected this.
- People were treated with dignity and respect. Staff were kind, respectful and spoke with people considerately. One person said, "We are treated as individuals not a group. They speak to me nicely, always call me by my name. Never speak down to me. I've never heard any staff member talking disrespectfully to others, that's the honest truth."
- People told us staff understood the importance of respecting people's privacy. For example, people told us their personal care was provided in a way which maintained their privacy and dignity. Staff ensured bedroom doors were closed and people were not exposed whilst being assisted with personal care.
- People were supported to maintain their independence as far as possible and encouraged to make choices and decisions about their care. One person told us, "I like to be independent. They don't interfere. They do some of my personal care and they are always respectful."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- At the last inspection we recommended the provider seek reputable guidance to ensure people's records reflect their needs.
- At this inspection people told us they received person centred care where everyone was treated as an individual. A staff member told us, "It is important giving people their own choice and it is about person-centred care, whatever they want we give it to them." A relative told us, "The staff give a high level of care and attention. Mum is always clean and comfortable, they do extremely well."
- People's care needs had been assessed and care plans developed based on people's needs and preferences.
- Care plans contained information on people's support needs including mobility, communication, nutrition and hydration and health. People's care plans were accurate, regularly reviewed and updated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At the last inspection we recommended the provider seek advice on implementing the AIS.
- At this inspection we found people's communication needs were identified and recorded in their care plans.
- The provider had developed accessible ways of communicating with people, such as picture menus and easy read documents.
- Staff were aware of the AIS and made sure people who relied upon hearing aids or glasses to help them with communication had these available to them.

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 were supported to take part in activities they enjoyed.
- Activities on taking part in the service was displayed for people to see. These included quizzes, arts and crafts, films, music and chair exercises. On the day of our inspection, we observed people being entertained by a musician and enjoying a singalong.
- People told us they were happy with the activities available to them. One person commented, "Whenever

there's activities I try and take part. Usually, a couple of times a week." Another person said, "I don't get bored, I just enjoy sitting and listening to music."

- People were supported to maintain personal relationships to avoid social isolation. Visitors were always made welcome and were able to visit at a time that suited them. One person told us how staff helped them make friends at the service. They said, "Staff helped me to develop a friendship with another resident here and we became friends. They care about our emotional state not just the physical state."

Improving care quality in response to complaints or concerns

- People and relatives were provided with information on how to raise any concerns they may have.
- People told us they had not had any reason to complain. One person said, "I've never had to complain. I would mention anything to the person concerned or the senior carer. I think they would act on it." A relative told us, "I've never had any concerns or complaints. If I have any queries, I've always emailed, they are very approachable."

End of life care and support

- People's end of life wishes was discussed with them where appropriate, and their wishes were recorded in their care plans.
- Staff worked with other professionals such as the local hospice, community nurses and the person's GP to make sure people were well cared for at the end of their lives. Staff ensured appropriate medicines were available when needed to maintain people's comfort and dignity.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider had not ensured the quality of the service was monitored effectively or that changes to best practice were understood and implemented by staff. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had effective quality monitoring and assurance systems in place to monitor the quality of the care and support people received at the service.
- Audits and checks were in place to monitor the service, maintain standards and help drive improvements.
- The management structure provided clear lines of responsibility and accountability and staff were aware of and understood their roles and responsibilities.
- The registered manager understood their responsibility to notify the relevant authorities including the CQC, of important events that happen in the service. For example, any safeguarding concerns and serious incidents.

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 registered manager were aware of their responsibilities in relation to duty of candour, that is, their duty to be honest about any accident or incident that had caused or placed a person at risk of harm.

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

- The provider and registered manager promoted a positive culture within the service. People received care that was person-centred, and staff knew people well which achieved good outcomes. One person told us, "I feel liked by the staff, they are all good to me and they seem to care."
- People told us the home was well managed and the registered manager was approachable and accessible. Without exception everyone we spoke with told us they would not hesitate to recommend the service to their friends and family.

- Staff told us they enjoyed working at the service and felt well supported by the management team. One staff member said, "The management are lovely and easy to talk to and if I had a problem, I would not hesitate to go to them. They are very inclusive, I feel listened to and valued."

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

- People and their relatives were asked for their views about the quality of the care delivered at the service through surveys and meetings with people and their relatives.
- The last survey showed people were very happy with the care delivery at the service. One health professional commented, "Always a lovely atmosphere. Some residents are very good friends. A really lovely home to be in. Genuine family atmosphere."
- Staff told us they had regular opportunities to discuss their performance and regular staff meetings took place to ensure information was shared and expected standards were made clear.

Working in partnership with others

- The service worked in partnership with outside agencies and health and social care professionals to promote good outcomes for people. One health professional told us, "The care team are very well led and led by example. All staff observed to have excellent communication skills."
- Referrals were made to relevant professionals when required and staff worked with health and social care professionals to meet people's needs.