

Ryecourt Limited

# Belsfield House

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection visit at Belsfield was undertaken on 17 March 2016 and was unannounced.

Belsfield provides nursing care and support for a maximum of 40 people who live with dementia, physical disability or mental health conditions. At the time of our inspection there were 39 people living at the home. Belsfield is situated in a residential area of Blackpool. Accommodation is provided over three floors. There is also a swimming pool in the basement area. Each floor is provided with communal lounges and dining areas. Bedrooms are for single occupancy, spacious and include an en-suite facility. A passenger lift is provided for ease of access.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 20 August 2014, we found the provider was meeting all the requirements of the regulations inspected.

During this inspection, we observed Belsfield had exceptional leadership. This steered staff to provide outstanding care that was highly responsive to people's requirements. Without exception, one person and relatives told us they experienced compassionate staff who consistently aimed to provide excellence in care. One relative said, "Belsfield was recommended to us, but it was some distance and we weren't thinking this far away. It has exceeded our expectations."

The management team had control measures in place to maintain people's environmental safety. This included a variety of risk assessments and tools to safeguard them from potential hazards. Staff demonstrated a good awareness of how to protect people from potential harm or abuse.

The provider had ensured Belsfield House was well resourced with high staffing levels. For example, staffing ratios exceeded one staff member for every two people. Additional staff were deployed, at cost to the provider, to meet extra care requirements. We observed the registered manager was incredibly resourceful in how they trained their staff and had provided comprehensive levels of guidance. One relative told us, "I am absolutely confident about leaving [my relative] in their experienced hands." The management team followed correct recruitment procedures to ensure suitable staff were employed.

We noted responsible staff dispensed medicines, without interruption, in a focused, knowledgeable way. They utilised evidence-based tools to monitor pain and when required medicines for individuals who could not verbalise their needs. The management team monitored related processes to check people's medicines were managed safely.

Care files we looked at held detailed nutritional risk assessments to protect people from the risk of malnutrition. We observed lunch was well organised, very enjoyable and promoted as a social occasion. The cook stated, "There are no restrictions on the food budget, [the registered manager] is good like that. Whatever the residents want we get."

Staff demonstrated an in-depth awareness of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. We observed they had positive, strong relationships with people to support them to have as much freedom as possible. Additionally, we found people's consent to care and treatment was sought with an ongoing and fluid approach.

We observed staff demonstrated an exceptionally caring, compassionate and kind attitude towards people who lived at the home. A staff member stated, "You have to have a heart and be passionate to give residents the best care they deserve." When we discussed care with staff, they demonstrated an enthusiastic desire to understand individuals and their preferences. One person and relatives told us their care was excellent. A relative said, "The care is outstanding."

External agencies found extensive monitoring, assessment, treatment and evaluation of people's support meant care was highly responsive. Care planning was fixed upon having the individual at the heart of their support and followed evidence-based, best practice. Relatives told us staff fully involved them to ensure people received high standards of care. One relative said, "If there's any change, from the smallest thing, the staff ring me. They suggest a care plan, ask what I think and then we agree a way forward."

Staff, one person and relatives told us the home was well organised and exceptionally well led. One relative said, "The leadership at Belsfield is amazing." Staff said they felt fully supported in their role and they were inspired by the management's team's commitment and experience. A staff member added, "[The registered manager] is passionate, she's always trying to help the residents in the best way possible."

The management team sought feedback from staff, people, relatives and external agencies. They told us they were at the heart of and valued as part of the home's ongoing drive to improve. The provider analysed the outcomes of surveys and discussed these with relatives as part of their quality assurance. The registered manager had regularly completed a wide range of audits to maintain people's safety and welfare to a high standard.

## 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.

The registered manager had high staffing levels. People and their representatives said skill mixes were excellent in meeting their needs. The management team had utilised safe recruitment procedures.

Everyone we spoke with told us they felt safe. Staff had training to enable them to protect people against harm or abuse.

The management team undertook audits to monitor the safe management of people's medication.

### Is the service effective?

Outstanding 

The service was highly effective.

Relatives told us staff were exceptionally effective and highly trained to meet people's needs. The provider was very creative in supplying outstanding training for staff who then implemented this to enhance excellence in care.

Staff were extremely experienced in meeting people's needs to reduce hospital admissions. They established strong links with healthcare professionals to maintain high standards of care.

Belsfield had attained the Gold Standards Framework's highest award for end of life care in relation to nutritional support. Relatives told us staff provided exceptional care for people who lived with dementia to meet their dietary requirements.

The registered manager had sought people's consent to care and treatment with an ongoing and fluid approach. Staff demonstrated a high level of awareness about the MCA and DoLS.

### Is the service caring?

Outstanding 

The service was exceptionally caring.

People and their relatives told us staff were extremely kind,

compassionate and caring. Other healthcare professionals said people received outstanding care, which had resulted in the reduction of hospital admissions.

External agencies reported the provider exceeded standards, showed innovation and established excellent practice in end of life care. We found there were ample staff to provide high standards in care and support people with their social needs.

The registered manager ensured individuals were at the heart of their care. We found outstanding care planning and staff approaches underpinned this.

### **Is the service responsive?**

The service was highly responsive.

Care planning was fixed upon having the individual at the heart of their care. Relatives said support was extremely responsive because staff really understood the principles of outstanding personalised care.

External agencies found staff utilised specialist assessment tools, training and evidence-based, best practice to underpin excellence of care. Consequently, the registered manager had reduced unnecessary hospital admissions.

The provider had a fluid approach to maintain high standards in enhancing people's social skills and needs. A wide range of planned and ad hoc activities was in place. Staff had maximised stimulation for people who lived with dementia to give positive meaning to their lives.

**Outstanding** 

### **Is the service well-led?**

The service was extremely well-led.

External agencies highlighted Belsfield provided innovative care and exceeded a variety of standards. They found leadership was outstanding and the provider understood the care business remarkably well.

People described leadership at the home as exceptional. They told us they found the registered manager was very approachable and supported staff with a strong 'hands on' approach.

Staff said they were led by a management team who were compassionate, solid role models and had clear vision. They

**Outstanding** 

confirmed the registered manager valued their input to improve people's quality of care.

We found the registered manager had completed an array of audits to maintain people's safety and well-being. Staff had a number of tools to support people and their representatives to comment about their care.

# Belsfield House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an adult social care inspector; a specialist advisor, with nursing experience of older people and people with dementia; 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. The expert by experience for the inspection at Belsfield had experience of caring for older people.

Prior to our unannounced inspection on 17 March 2016, we reviewed the information we held about Belsfield. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager told us they planned to continue to improve their laundry system and update their fire strategy. They also said they would recruit specialist staff to enhance people's support and establish more regular relatives' meetings.

We were only able to discuss care with one person who lived at Belsfield. Therefore, during our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with a range of individuals that included the registered manager, eight staff and six relatives. We discussed the service with the commissioning department at the local authority who told us they had no ongoing concerns about Belsfield. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to five people who lived at Belsfield and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.



# Is the service safe?

## Our findings

One person and relatives told us they felt very safe at Belsfield. A relative said, "My [relative] is utterly safe. The security is beyond belief, so I know [my relative] is never at risk." Another relative stated, "I feel very happy going home knowing [my relative] is safe in their hands."

We found Belsfield was extremely well resourced with high levels of staffing and skill mixes. Staffing rotas we looked at indicated there was a minimum of one staff member to meet two people's needs throughout the day. Staff teams consisted of floor managers, team leaders and a mix of skilled care staff. Additionally, there were up to three nurses on duty throughout the 24-hour period. The Care Home Liaison Team (CHLT) told us they found the level of staffing was very good and ensured individuals were safe. They said this gave them confidence people were well supported and, consequently, unnecessary hospitalisation had been reduced.

The registered manager deployed staff in innovative ways to ensure people received the best possible care. Each floor had regular teams who built strong relationships with individuals who lived at Belsfield and understood their needs and preferences. Supplementary staff had specific 'floating' roles to manage emerging urgent situations before they escalated. Furthermore, the management team provided additional staff at cost to the provider. This included staff who delivered extra assistance for people to attend appointments, for one-to-one support and for added activities. For instance, further staff were deployed to support newly admitted people, on an individual basis, who were highly anxious. This provided them with a recognisable, friendly face on a daily basis and helped people settle into their unfamiliar environment much more quickly. There was a range of ancillary personnel, such as eight maintenance staff, cooks and kitchen assistants, activity co-ordinators and domestic staff. This meant staff were enabled to focus fully upon their role and responsibilities.

Everyone we spoke with confirmed staff numbers were sufficient to meet their needs. One relative stated, "The first thing I notice is the amount of staff. They are everywhere, which assures me my [relative] will be safe. The staffing levels and their skill is incredible." Another relative said, "There are very good staffing levels here." Staff told us staffing levels were high to provide the best possible care for people. One staff confirmed, "There's more than enough staff here for us to have the time to spend with people that they deserve." The registered manager showed us evidence to confirm they recently recruited a qualified physiotherapist for the enhancement of people's safe mobility. This is unheard of in services in the local area and showed the registered manager went the extra mile to optimise people's welfare.

Staff had evaluated risk management to minimise the risk of harm to people. Risk assessments included door closure, behaviour that challenged the service, personal care, falls, self-neglect, medical history, bedrails and fire safety. Records outlined information for staff about the risk, level of hazard and actions to manage people's safety. The CHLT told us risk assessment was good with detailed information and sensible processes to keep people safe. We found the provider had suitable arrangements for the management of accidents and incidents to protect people from harm or injury. This included records of accidents, any resulting injuries and actions staff completed to manage them. The registered manager audited incidents to analyse where they could make improvements to minimise their reoccurrence.

Hot, running water was available and delivered within health and safety guidelines. We saw the registered manager kept associated records and completed checks in line with the Health and Safety Executive guidelines. Additionally, we found windows were secured with restrictors to safeguard people against injury or falls. The service's gas, electric and legionella safety checks were up-to-date.

Training records we saw contained documented evidence staff had received safeguarding training. Staff had a good awareness of related principles to protect individuals from abuse or poor practice. They told us they knew how to raise concerns because the registered manager frequently guided them about this. One staff member told us, "I would report to [the registered manager] and if they did not act I would inform CQC and social services." Another staff member added, "We have a whistleblowing system if we have any concerns. I couldn't go to bed if I had any concerns or if I forgot to say anything."

Records we looked at held evidence of the management team following safe recruitment procedures in the employment of suitable staff. Documentation included references and criminal record checks obtained from the Disclosure and Barring Service. The provider confirmed personnel had a full employment history and verified, where required, they had a current professional registration in order to practice.

We observed people received their medicines on time and when they were required. One relative told us, "I would know if my [relative] did not have his medication. The staff have always kept to the strict times required. I feel very happy going home knowing he's safe in their hands with medication." We noted responsible staff dispensed medicines, without interruption, in a focused, knowledgeable way. They explained the purpose of each medicine and provided fluids to aid swallowing, before they completed associated records. Staff completed and regularly reviewed risks assessments to check related processes were safe.

The registered manager provided all staff with relevant training and undertook competency tests on those who dispensed medicines. The management team completed an individual audit for each person on a monthly basis. We noted they addressed identified issues quickly to maintain the safe management of medicines. Staff utilised evidence-based tools to monitor pain and when required medicines for people who could not verbalise their needs. This included the Abbey Pain Scale, which was a clear process in the management of pain.

# Is the service effective?

## Our findings

People and relatives we spoke with said they felt staff were exceptional in meeting their needs. One relative told us, "My [relative] improved dramatically because of their caring input, knowledge and expertise." Another relative added, "I am impressed with the staff and team work that goes on. I admire these young kids doing this job because I do not think I could. The staff use their initiative" A third relative said, "We tried many homes, but they could not cope with [my relative's] condition. I think it's brilliant here. They treat [my relative] really well. All the staff are marvellous."

Staff worked with other healthcare services to monitor people's physical and mental health. Records we looked at held detailed accounts of concerns staff had identified, along with immediate actions they undertook. Staff continuously evaluated interventions and monitored the impact they had upon people. These exceptional measures enabled staff to provide care that was fluid and adaptive. Staff were extremely experienced in meeting people's needs to reduce hospital admissions. They established strong links with healthcare professionals to maintain high standards of care. This included GPs, social workers, community services and specialist hospital services. One relative stated, "The staff are very knowledgeable about medical conditions and how best to support people."

The registered manager accessed the National Gold Standards Framework (GSF). This is an external organisation supporting providers to develop evidence-based approaches to optimise care and treatment for people. The GSF awarded Belsfield its highest 'Beacon' status because outstanding care planning underpinned support provision. We saw staff used a variety of tools and had extensive training to optimise their responsiveness to people's needs. For example, nurses were trained to provide intravenous fluids and antibiotics to reduce hospital admissions. With this innovative approach, people were enabled to remain within their familiar surroundings with staff they recognised. The registered manager told us, "If you are a failing home, it means you do not have a heart and the GSF helps with that. It helps us provide personalised care." The GSF found extensive records related to the monitoring, assessment and treatment of people's support meant care was highly effective. The GSF report noted areas of particular strength included clinical assessment and that 'specialist assessment tools are used to identify distress, anxiety and pain.'

During our inspection, we were able to confirm the GSF findings. We saw staff had utilised the principals of evidence-based, best practice in people's care. For example, they employed research based assessment tools in the measuring and monitoring of people's anxiety, depression and pain. These included the Rating Anxiety in Dementia assessment, the Abbey Pain Scale and the Cornell Scale for depression. The dynamic methods improved people's welfare because staff supported them with tools that were proven to be responsive to their needs. We observed staff supported individuals quickly before their anxiety escalated. They additionally monitored how the person reacted to their assistance and, where necessary, changed care approaches.

Investors in People (IIP) had recently completed an assessment of Belsfield. IIP is an external organisation that checks how services manage their staff against set standards. Their accreditation programme looks at the leadership, support and management of employees and identifies good practice or areas for

improvement. The IIP report found areas of outstanding practice and outlined how the registered manager had ensured staff were well trained. This was because they had 'made significant investment to ensure staff skills and knowledge were kept up-to-date.' We were able to confirm this then enabled staff to work effectively because of the registered manager's innovative, fluid learning and development approach.

Staff files we looked at held evidence of a wide range of regular staff training provision. This included guidance in load management, infection control, falls management, behaviour that challenged, dementia awareness and the Mental Capacity Act. The provider had funded highly specialist training, such as intravenous infusion therapy for nurses, which reduced the need for hospitalisation. These were repeated to ensure all staff unavailable on the first training were enabled to complete this at a later date. The registered manager had a philosophy of continuous learning, which formed a cohesive and talented staff team. One relative told us, "It was the best thing to happen to my [relative] coming here because the staff are extremely well trained and experienced." They added this had a major impact upon the person's welfare.

The provider funded training to meet staff requests to improve their personal skills. A staff member said, "I recently did training with [the local hospice]. It was about being more effective in communicating with others, relatives and residents. It was really good and I got lot out of it." The provider employed staff whose first language was not English. Where required, they funded external maths and English training to support staff who requested it. This demonstrated the management team valued their staff because they invested in them to enhance their skills and expertise. Registered managers across the organisation's group of homes had lead role specialisms. These included wound care, acquired brain injury and end of life care. They shared their knowledge and disseminated information to champion excellence in care.

We found the registered manager was proactive and highly supportive of their nursing staff to meet their registration and practice requirements. For example, their professional portfolios included personal and registration details, guidance for staff about their practice requirements and detailed reflective practice. Nurses had to complete case studies, competency tests and development plans agreed with their line manager. The registered manager monitored registration due dates and practice hours to ensure these were on target. This showed the management team were creative and pre-emptive in assisting nurses to maintain their required registrations.

The registered manager checked learning informed care practice through competency testing and supervision. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. Staff files we looked at contained records of regular supervisions and appraisals. We found these were two-way discussions and assessments between staff and their line manager. Areas covered included strengths, weaknesses, IT skills, training needs and future interests. A staff member said this was, "Really useful. I feel listened to and anything I need, such as training, they act on this quickly".

When we discussed people's special diets, preferences and nutritional requirements with the cook, they demonstrated an effective understanding of their needs. They explained, "I have a list which is updated daily. Once the nurse has assessed the resident I am informed and I also speak with relatives." Belsfield had attained the GSF's highest award in the provision of end of life care in relation to nutritional support. The cook told us, "We keep a close eye on the resident's GSF needs. Any deterioration, then we implement actions such as fortified drinks, portion sizes, etc." People and their representatives told us their food was very appetising and well presented. One person stated after lunch, "I've enjoyed my dinner. If I don't like something they give me something else instead. There's plenty to eat and drink."

We found the provider had maintained the kitchen to a high standard. The Food Standards Agency had

awarded Belsfield the highest grade of five-star rating following their last inspection. This meant the service was 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. Care files contained detailed nutritional risk assessments, which were regularly reviewed. These included control measures to minimise the risk of malnutrition. Where staff identified concerns, they acted immediately and provided nutritional supplements. They had good relationships with, for example, GPs, Speech and Language Therapy or dieticians to maintain people's care. One relative told us, "[My relative] started to choke on his food and straight away the manager got a specialist in. Everything recommended is always followed to the T, such as a soft diet and positioning at meal times."

We observed lunch was well organised, very enjoyable and promoted as a social occasion. Staff supported people who lived with dementia with a discrete and extremely caring approach. We saw they provided everything they could to maintain people's independence and ensure they did not take unnecessary control. One relative told us, "[My relative] is well supported at meal times, as are the other residents." The relative explained staff were very patient and clearly understood people's needs. They added, "They are very encouraging and often spend a long time helping people." Additionally, hot and cold drinks were provided every afternoon in ways that highly enhanced people's welfare. This was because home-baked cakes, biscuits and buns were displayed on cake stands, with doilies, which promoted a social occasion. Relatives said this made it a special occasion every day and reminded people of past experiences in tearooms.

The registered manager had sought people's consent to care and treatment with an ongoing and fluid approach. Care records we looked at held documented evidence of the person's agreement to care. This included decision-specific consent to, for example, care planning, risk assessment, photographs and sharing of information. When new or temporary events arose, such as infections or the use of different equipment, staff had sought further consent. Where people did not have capacity to agree to care or treatment, staff obtained this from relatives or the power of attorney. This was also completed with decision-specific approaches and advocacy services were involved to ensure the individual had a voice. Additionally, the management team had reacquired people's agreement when they updated care planning. One relative told us, "The staff always discuss [my relative's] care with me. I am assured that they would not do anything without my consent."

We observed staff constantly checked for people's agreement before supporting them and helped them to make their own decisions. Where individuals demonstrated they had not understood staff used pictorial tools or simple signals and body language. We observed staff were proactive in minimising control and enhancing people's independence. Their exceedingly patient engagement and use of multiple approaches was very effective in obtaining people's consent and maximising their self-determination. Additionally, we noted this meant people were continuously relaxed and settled during and after the provision of support. On discussing consent, one staff member explained, "I ask people what they would like to wear and check for a smile, nod or something similar to confirm, rather than just dress them in what I think is best."

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. The application procedures for this in care homes and hospitals are 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 were being met.

People who lived at the home had complex physical and mental health conditions, as well as limited capacity. In order to protect individuals, every person had a DoLS in place to show they were deprived of their liberty. We saw all completed processes were done in line with legislation and consistently followed related good practice. For example, DoLS records were completed on an individual basis and were decision-specific to the person's individual requirements. Records held evidence of clear decision-making processes, mental capacity assessments and best interest meetings. Staff had transferred all the information associated with the legal authorisation to the individual's MCA-specific care plan.

When we discussed the principles of the MCA and DoLS with staff, they demonstrated a high level of awareness. One staff member said, "We've had a lot of training. To me it's about knowing and understanding the resident and what's in their best interest. We always promote their autonomy and independence." Staff had positive, strong relationships with people to support them to have as much freedom as possible. For instance, they encouraged individuals to go wherever they wished and consistently assisted them to make their day-to-day decisions. One relative told us, "For example, they try at least three times with different staff to encourage my [relative] to take his medication. If he still refuses they leave it, at least then he is not forced in any way."

## Is the service caring?

### Our findings

People and their relatives spoke highly of staff and the management team. One relative told us, "I would describe the home as outstanding because of how the staff support [my relative]. I go home feeling reassured that he's in the best possible place." Another relative added, "Everybody at the home is friendly." A third relative explained when they first visited the home they were taken to the office and said they had since found, "All those words like support, compassion, privacy, dignity, etc, listed on the office wall is exactly what this home is about." A fourth relative stated, "This home deserves an award for its outstanding care."

The CHLT told us they found staff were fantastic. They said because support was excellent people were cared for in one of the best homes they worked with. The CHLT stated they found, without exception, staff were very caring and courteous. Consequently, they found people received the best care possible and hospital admissions were reduced as a result. The CHLT found this enabled individuals to remain within their familiar spaces with staff who were known to them. A member of the CHLT said, if they needed to, they would place their relative at Belsfield because the care was exceptional.

Belsfield recently received the top 'Beacon' award from GSF because of excellence in end of life care. The registered manager achieved this through 15 months of intensive training, which was embedded in care. The GSF reported they exceeded standards, showed innovation and established outstanding practice. Areas of particular strength included dignity and people's 'care in their final days.' We found staff and the management team were passionate about the end of life care they provided. This was enhanced by the inventive approaches they utilised to celebrate people's lives. For example, we saw they had set up a commemoration area in the entrance hall to Belsfield that contained a condolence book. This included staff reflections on people alongside their photograph. The registered manager told us, "We live and breathe the GSF. Everything we do is geared towards ensuring that people have the best possible end of life care."

We saw staff created individual, detailed and person-centred end of life care plans. This included a document titled 'comfort guidelines checklist'. This contained evidence of the efficient management of people's pain, anxiety and prevention of other symptoms. A relative said staff also kept them fully informed during the last stages of their family member's life. They told us, "We were treated compassionately. [My relative] did not suffer and they kept him free from pain so that his passing was peaceful." Staff provided information to relatives about the GSF to assist their understanding. The provider ensured staff were available to provide one-to-one support, where there were no relatives or for relatives who could not visit regularly. One relative, whose family member had recently died, told us, "I spent a lot of time on the phone with [one staff member] and can never thank him enough for what he did for me. He took away the guilt I felt."

The registered manager had ensured Belsfield House was well resourced with very high staffing levels. This, along with the proficient and experienced skill mixes deployed, ensured people's needs were attended to in a very caring way. For example, we observed there were ample staff to sit and chat with individuals or to provide activities for long periods. We noted staff pre-empted care requirements by acting immediately to de-escalate situations and ensure the person remained content and comfortable. Relatives told us the high



staffing levels meant staff had the time to provide patient, compassionate care. A staff member said, "It means we really can have the proper time to provide person-centred care."

We found the registered manager deployed additional staff to meet people's needs without having any funding in place. For example, one recently admitted individual was struggling to settle in at Belsfield because of high anxiety levels. The provider had organised an extra staff member to support them throughout the day on a one-to-one basis. The registered manager told us, "We provide extra staff for people's extra care needs. It's all about making sure they are happy." Furthermore, they had recently recruited a physiotherapist, which created an exceptional holistic approach to care. This showed the registered manager went the extra mile to optimise people's support. One relative stated, "The care is outstanding. They go above and beyond."

We discussed care with staff who demonstrated empathy and a very kind attitude. One staff member said, "It's about getting to know and understand people. I want to go home knowing someone is happy and I can only do that if I have been kind and helped them to have the best possible care." We observed staff were patient, courteous and friendly towards individuals who lived at the home. We noted they went the extra mile to maximise people's comfort. For example, they brought in soft toys from home or bought items to help individuals to personalise their rooms.

Whenever staff entered communal areas, they engaged in meaningful conversations with people. This included discussions about the weather, checks on how they were feeling and reflections on current affairs. One relative stated, "The staff are very respectful, they don't just walk by. You can see that they care and that means a lot to me." Staff used eye contact and soft tones to encourage participation. They continued interactions until people indicated they no longer wished to talk. Another relative told us, "The staff have a kind and caring approach and they have the patience of a saint." A third relative added, "The staff have got lots of patience and are kind and caring."

The registered manager had displayed signs discretely in some areas of Belsfield. These reminded staff about the principles of excellence in care and gave examples of compassion, dignity and personalised support. Staff told us they were very useful as visual aids to prompt them about what constituted high standards of care. Relatives added the small signs reassured them, without diminishing the homeliness of the environment.

We saw staff treated individuals as close family members and expressed appropriate affection. For example, we heard a staff member say to one person, "I've not had a kiss today." This person smiled and raised their arms to hug the staff member, which showed this was natural and acceptable to them. We observed staff consistently checked how people wanted to be supported, utilising pictorial tools if necessary. A staff member told us, "We make sure we communicate with people in ways we know helps them to understand so that we can ensure anything we do is based on their preferences." This demonstrated patience, compassion and an understanding of people's needs, as well as a very caring approach to communication. A relative said, "I am overwhelmed by the manner of the staff. They are warm and demonstrate affection by hugging the residents."

The registered manager said they fully involved people and their representatives in their care planning. Records we looked at contained detailed evidence of them being engaged in the entire process. Care planning and other documentation had records about their preferences and how they wished to be supported. Relatives told us staff worked collaboratively with them to maximise people's support. Staff completed life stories with relatives to gain the best insight into each individual. One relative told us, "I am constantly involved in [my relative's] care plan. The staff discuss this with me regularly and we agree a way



forward." Another relative added, "They tell me everything. I am part of [my relative's] care."

Staff had an in-depth understanding of the importance of assisting individuals to be fully included in their support. When we discussed this with staff, they demonstrated an enthusiastic desire to understand people and their life histories. A visitor told us they entered their relative's bedroom one day and found photos of famous people on their wall. The relative asked staff about this and said, "The staff had found out by talking to my [relative] that he was a chauffeur for [famous people] and I never knew. I was so impressed with them."

A relative told us they were very appreciative when the registered manager had laminated two poems they had written about Alzheimer's Disease. Staff were required to read these as part of their learning and understanding of this medical condition. The management team had excelled in demonstrating the relative was an important part of care provision and that they mattered to Belsfield. Another person who did not have a view of the promenade had a scene of the sea painted on their bedroom wall. This was an inventive way of enhancing the individual's wellbeing.

Staff placed in people's bedrooms 'Get to Know Me Boards'. These were an outline of the individual's personalised requirements and wishes in relation to their support. This gave staff, including new staff unfamiliar with the person, an immediate reference guide about their care needs. We checked people's care records and found staff transferred all updated information to the boards to maintain continuity of care. Care was focused upon the individual and there was exceptional emphasis placed upon finding out every detail about them. This meant the provider created opportunities to help staff understand each person and how best to support them.

When we discussed the principles of dignity in care with staff, we found they had an in-depth understanding. We saw staff maintained people's privacy and dignity throughout our inspection, such as knocking on doors before entering. We observed one person spilt coffee on themselves and became upset. Staff attended immediately with a very sensitive approach and reassured the individual to help them settle and reduce their discomfort. The registered manager had designated a member of staff as the dignity champion at Belsfield. The staff member received specialist training, organised staff learning meetings and circulated related current research. Themes of the month, such as 'understanding and supporting' were discussed in groups. This was a proactive approach to optimising people's support and demonstrated outstanding arrangements to maintain high standards of dignity and respect.

We observed staff welcomed friends and relatives when they visited people. For example, they engaged in a friendly manner, provided drinks or offered a meal at lunchtime. One relative told us, "Staff let me visit at any time." The management team had documented family contact made and how this affected people. The registered manager and staff had assisted people to retain their important relationships and develop their social skills.

## Is the service responsive?

### Our findings

People and relatives we spoke with said they felt staff were very responsive to their needs. One relative told us, "[My relative] had been in another home for a very long time and I was reluctant to move him, but they were no longer able to support him. I am so glad I looked at this place. It's the best thing that has ever happened to him." Another relative added, "It's by far the best place. Other places could not manage [my relative]." A third relative stated, "[My relative] has made good progress at Belsfield. She's improved from how she was." A fourth relative explained, "There's no sense that people have to fit in with a regime. They see people as individuals."

We found care planning was fixed upon having the individual at the heart of their care. For example, we saw one nurse had documented 'staff to empower [person's name] to communicate using' tools. The nurse had recorded examples of approaches recognised as supportive to the individual, such as visual aids and signs. Support plans were very detailed, but completed in a format that did not overload staff with information. Consequently, new or agency staff had immediate and clear guidance about the individual, their care requirements and how best to support them. Care plans were easy to read and gave staff precise direction. Records flowed extremely well to guide staff to each person's individual requirements with a holistic, compassionate and vigorous approach. The CHLT described care planning as extremely detailed, clear and precise. They identified unnecessary hospital admissions had been reduced because of the exceptional support people received and their associated records.

Records included detailed, individualised care planning for people with behaviour that challenged. A 'traffic light' support method was utilised to give staff clear guidance. Records included initial information about how the person should be assisted if they presented with anxiety. If staff actions did not aid the individual then they escalated this and additional support mechanisms were implemented. The registered manager provided further guidance for staff to inform them how to complete records correctly. This included advice about what to look for and what to write to ensure care was responsive to people's needs. A relative told us, "They understand the challenging behaviour very well." Relatives said the environment was peaceful and staff managed anxiety levels extremely well. A relative stated, "If [my relative] becomes a little agitated staff take him to his room and talk about the photographs on his wall, which helps him calm down."

The registered manager had recently recruited a physiotherapist, which uniquely optimised people's care through specialist staff and outstanding care planning. They told us, "It's an area of expertise for improving residents' assessment, care planning and treatment, provided in conjunction with the staff teams." As part of the provider's excellent approach to responsively meeting people's requirements, there was an operational swimming pool in the basement. Staff utilised this to maximise people's mobility, welfare and social needs.

The nurses audited and updated people's requirements, care planning and all associated records daily. The registered manager introduced this system to check care planning continued to meet the individual's needs. Staff used every available option to ensure relatives were fully involved in care reviews. For example, staff discussed care during visits, calls to relatives or at formal review meetings. A visitor told us their relative's

mental health had deteriorated and said, "We couldn't work out why and then the staff suggested we change his medication regime, which I agreed with and they discussed it with the doctor." The relative explained the individual's health had radically improved because of staff responsiveness. This meant support was constantly updated, tailored to the individual's holistic requirements and fully inclusive of everyone involved.

The management team told us they had vigorous communication systems to act upon changes to people's health. The registered manager said, "It's a good, tight communication system for any changes to make sure the residents' needs are continuously met." Our discussions with staff confirmed there were clear lines of responsibility and they coordinated care as a team. One staff member said, "We write any changes down as they happen and then inform the floor manager to make sure we communicate properly. This helps the nurse to update the care plans." The staff member stated other systems further enhanced communication, such as twice-daily handovers.

We observed staff discretely checked individuals every 20 minutes, immediately documented findings and then amended care records. This was a dynamic, continuous communication process to ensure care was responsive. The system meant care planning was fluid and instantly updated because patterns of behaviour, risks and support provision was closely monitored.

Staff had a clear understanding of the principles of support underpinned by the needs and preferences of each person who lived at Belsfield. One staff member stated, "Person-centred care is about what's important to people and working to their needs, not what's important to the home or any tasks I have to complete." A relative told us, "[My relative's] care is highly personalised."

We observed staff supported people with an adaptive approach and consistently offered choice. For example, staff empowered individuals to choose where to sit, what they wanted to do and what they wanted to eat. A staff member told us, "I always give people choice. Even when they cannot communicate verbally, I try different ways to help residents make a choice." They had a clear understanding of each person's requirements and they supported them in a very caring and sensitive manner. For instance, we observed one staff member ask an individual who lived at the home, "Do you like this sort of music?" The person indicated they did not and the staff member played a variety of options until a preferred option was found. A relative said, "The staff do whatever [my relative] wants. If he wants to sleep during the day, they let him; if he wants to join in an activity they encourage him; if he doesn't want a meal, they offer another choice."

The registered manager had employed designated activity co-ordinators and a programme of activities was in place. This included board games, bingo, cake designing, playing musical instruments, physical exercises, dominos, quoits, art, gardening and sensory equipment. A staff member told us, "We have sensory sleeves, which are really good in giving residents comfort and sensations." Additionally, we saw the registered manager had purchased an activity unit staff used with individuals who lived with dementia. This inventive equipment contained a plug and socket, padlock, window handle and other items designed to enhance people's memories and dexterity.

We observed staff encouraged and participated in ad hoc activities with an enthusiastic, patient and fun approach. Although we noted documentation was completed with a timely approach, staff gave precedence over to providing social interaction and stimulation. For example, one staff member observed an individual batting a balloon and asked if they could join in. On participation, the staff member laughed with the person and gave appropriate praise, continuing the activity for over 30 minutes. The provider had deployed high staffing levels and skilled employees to provide invaluable support for people's social skills and welfare. The registered manager told us, "I get extra staff in for activities, to take residents out and to just sit and talk with

people." We observed one individual was evidently excited about going out to celebrate St Patrick's Day. The staff member who supported the person wore a related giant top hat to add to their enjoyment.

Whenever staff entered communal areas, we noted they took an interest in what people were doing and encouraged them with a positive approach. On completing the person's monitoring charts, staff sat with the individual and discussed the forms and their needs with them. Immediately afterwards they took their time to have a friendly chat with the person or read a book with them. Staff asked if they wanted to participate in an activity and then encouraged them to choose what they wanted to do. We observed a staff member discussed with one person pictures in a folder of old transport to stimulate their memory.

We reviewed the arrangements the provider had to enable people and their representatives to raise any concerns. On discussing how people were supported to make a complaint, one relative said, "I have never had reason to complain, but they made me aware of how I could do this if I needed to." At the time of our inspection, Belsfield had not received any formal complaints in the previous 12 months. We saw the related policy gave clear information in the timely management of complaints. A staff member told us, "We need to respond to complaints quickly. We need to follow our duty of candour by keeping the family up-to-date and apologising where necessary."

## Is the service well-led?

### Our findings

People we spoke with told us Belsfield had exceptional leadership. One relative said, "I would describe the home as outstanding because of the way Belsfield is managed." Another relative stated, "Their door is always open if you have any concerns." A third relative added, "They ask if we have any concerns. We've not had any because they are so good and on the ball."

The CHLT told us Belsfield House was one of the best services they worked with. They added the leadership was outstanding and they found the registered manager was transparent with them in their reports. The CHLT stated the provider understood the care business and told us they did this remarkably well. They said this reassured them people's care was exceptionally well managed, partly because of the registered manager's exceptional leadership.

The provider worked with other organisations, like the GSF, to assess service quality assurance. This organisation had awarded Belsfield the highest 'Beacon' status for innovative care and because they exceeded a variety of standards. We noted these standards were explored in team and managers' meetings, discussed with relatives and included in Belsfield's auditing systems. The GSF scheduled annual appraisals to check the 'Beacon' status was maintained. They said they would use Belsfield's exceptional achievements as 'showcased examples of best practice to encourage and inspire others.' This showed the provider worked with other organisations in the continuous development of excellence in care and leadership. Other outstanding systems the provider had measured staff competency and the impact of procedures upon service quality. This included a 'significant event analysis' form. We noted these demonstrated all staff reflected and debriefed on what went well and what could have been better. We found areas of good practice or ways of improving the service were explored and implemented to improve people's welfare.

We observed the registered manager was 'hands on' in their approach and organised the home very well. A staff member said, "[The registered manager] is brilliant, I can't tell you how good she is. She's so passionate and kind." Despite having responsibility for four services, we observed the registered manager had detailed understanding of people's histories and their individual needs. A visiting professional said they attended Belsfield House frequently and found the registered manager worked in a consistently hands-on way. They added they were impressed with the high levels of care and the impeccable cleanliness of the home. The report from Belsfield's recent IIP assessment identified the management team as role models and the 'leadership team had clear vision. Which staff understood and followed.'

Staff said the management team provided multiple opportunities to assist them in their roles. One staff member stated, "I've never met anybody like [the registered manager]. Her door is always open and she is so good and fair that I would never want to work anywhere else." Another staff member added, "The managers are really good and supportive." A relative said, "I have observed [the management team] getting really involved and fully supporting the staff." We saw the management team developed each staff members' talents and skills. This gave staff a sense of ownership and enjoyment in their work, as well as pride in working for the provider. A staff member confirmed, "We are encouraged to progress and try different roles, which is brilliant."

Staff told us they had regular team, seniors' and managers' meetings. Content of the meetings was geared around exploring issues or concerns and discussing ideas for improvement. We looked at the minutes from the recent meetings and noted staff were enabled to raise issues or make suggestions. The minutes included actions taken and a review of their impact. A staff member told us, "The meetings are really good because we feel free to say anything." This demonstrated staff were involved in and a valued part of Belsfield's quality assurance.

The provider had a variety of approaches to support people and their representatives to comment about the quality of care. This included ad hoc discussions when relatives visited people who lived at the home and at formal care review meetings. Additionally, the registered manager had implemented monthly afternoon teas as an innovative, fun and relaxed way of obtaining their feedback. They told us, "We have monthly afternoon teas with relatives to offer an opportunity for them to talk with us informally." The sessions were designed as a social gathering where home-baked cakes and hot drinks were supplied. One relative had attended the events and said, "It was great. They're a lively, fun way of being kept informed of any changes and for [the registered manager] to check if there is anything they could do better."

The registered manager had a variety of formal surveys in place intended to gain people's feedback about their care. For example, staff gave questionnaires to visitors who viewed the service for possible placement to check their experiences of the visit. Comments seen included, "Very impressed, very clean, staff very friendly. Just like home from home." Additional surveys were provided on a regular basis to people who lived at the home and their representatives. These covered areas such as staff attitude, personal care, nutrition, environmental safety and activities, as well as checking for potential improvements. The provider had analysed the outcomes of questionnaires and fed this back to people and their relatives. We found Belsfield scored highly in the last survey with positive outcomes across all areas achieving between 80-100%.

Another measure of the provider's outstanding systems to check people's experiences was their post-bereavement questionnaire. The purpose of these forms was to check relatives' feedback about an individual's end of life care with a sensitive approach. Comments we saw included, "God bless you all, we will never forget what you all did for us" and "You will be always in our hearts." A third relative had written, "The care was outstanding during the whole three and a half years. All staff show true sensitivity, love and care." We asked people and their representatives if there was anything the provider could do to improve service quality. One relative responded, "There is absolutely nothing I would change about Belsfield. I have recommended it to other people because of the outstanding care my [relative] has received."

The management team were transparent in keeping individuals and their representatives informed about improvements and the principles of high care standards. For example, they provided an easy read, pictorial document about the Care Act 2014 to assist people's understanding. The document included advice about safety, advocacy, the local authority, abuse, support and wellbeing, care planning and staff training. The provider additionally outlined the outcomes of regular satisfaction questionnaires to demonstrate the ongoing development of the home. There was a welcoming, calm atmosphere at Belsfield and people approached staff and the management team in a relaxed manner.

The registered manager had a variety of audits and other systems in place to ensure excellence in care and quality assurance. These included checks of end of life care practices, environmental and fire safety, medication, infection control and hand hygiene. Another system included a daily review of care completed by nurses to assess care provision continued to be highly efficient. Audits we looked at contained evidence of the management team taking action to address identified issues. For example, incomplete tasks found when staff undertook the care plan audit matrix were passed on to the responsible staff member. We noted

inconsistencies were rectified and staff recorded this on the following month's matrix. A staff member told us, "I'm not worried about CQC coming in because I'm very proud of my colleagues and the work we do. We're trying to be really innovative and I want to show [CQC] all of this."