Belmar Care Homes Limited

The Belmar Nursing Home

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

This inspection took place on 31 May 2017 and was unannounced.

The Belmar Nursing Home is registered to provide care for up to 44 people with a mental health condition, dementia or substance misuse. The home is situated in a residential area of Lytham St Annes close to local shops and public transport. Bedrooms were of single occupancy and spanned three floors. The home provides a number of lounges plus a conservatory. There are gardens to the front, side and rear of the home, plus space for car parking. At the time of our inspection there were 33 people lived at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 January 2016, we found the provider was not meeting the requirements of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 The breaches related to safe care and treatment, consent, recruitment of staff, person centred care and good governance. Following that inspection, the provider sent us an action plan which told us how they planned to make improvements for people who used the service. During this inspection we checked to see what improvements had been made. We found the provider had made positive changes and the service was now meeting legal requirements.

Environmental risks and risks to individuals were assessed and measures put in place to reduce or remove them, in order for care and support to be provided safely.

We saw staff operated safe systems when administering medicines. Medicines were safely and appropriately stored and secured safely when not in use. We checked how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

We found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who used the service were met.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff had received safeguarding vulnerable adults training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

People and told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Safeguards (DoLS).

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

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met. We saw staff responded promptly when people had experienced health problems..

Comments we received demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at the home. Activities were arranged for individuals and for groups.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the registered manager was accessible, supportive and approachable.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people for input on how the service could continually improve. The provider had regularly completed a range of audits to maintain people's safety and welfare.

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.

Medicine protocols were safe and people received their medicines correctly according to their care plan.

Personalised guidelines around risk management were in place. Staff were aware of assessments to support people and manage risk.

There were enough staff available to meet people's needs, wants and wishes. Recruitment procedures the service had were safe.

Staff had been trained in safeguarding and were knowledgeable about how to recognise and report abuse.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to assist them to meet people's needs.

Staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

People who lived at the home told us they were treated with dignity, kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they cared for in a warm, compassionate manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

People received care that was person centred and responsive to their needs likes and dislikes.

The provider gave people a flexible service, which responded to their changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good

The service was well-led.

The provider had ensured there were clear lines of responsibility and accountability.

The registered manager had a visible presence throughout the home. People and staff we spoke with felt the registered manager and nurses were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

The provider had sought feedback from people, their relatives and staff.

The Belmar Nursing Home

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 two adult social care inspectors, a specialist advisor with specialism in adult mental health 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 on this inspection had experience of support people who use mental health services.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority and clinical commissioning group to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

We spent time in communal areas of the home so we could observe how staff interacted with people. We also observed how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this service including ten people who lived at the home. We spoke with the registered manager and 11 staff members during the inspection. We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to seven people who lived at the home and three staff files. We reviewed records about medicine administration, staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

People we spoke with all told us they felt safe at The Belmar Nursing Home. Comments we received from people included, "I feel really safe. Never had a problem with anything." And, "I feel really safe, knowing there is always someone around when I need them." Whilst another person commented, "I've been here 21 years and wouldn't feel safe anywhere else."

When we last inspected the service on 20 January 2016, we found the provider was not meeting legal requirements in relation to ensuring risks to safe care and treatment and ensuring staff were suitable and fit for the role they were employed to undertake. Following that inspection, the provider sent us an action plan which told us how they planned to make improvements for people who used the service. During this inspection, we found improvements had been made in these areas. For example, at the last inspection risk assessments were not fully completed where risks had been identified. During this inspection, we found risk assessment were informative, gave clear guidance and were reviewed regularly. This showed the provider had made improvements to ensure they were meeting legal requirements.

We looked at how the service assessed and managed risks for individual people. We found the provider used a variety of systems to assess and manage risks. We saw documentation which showed risks relating to behaviour, nutrition, pressure sores and swallowing, amongst others, were assessed by staff. Plans to reduce or remove these risks were written by nurses and held in people's written plans of care. This provided guidance for staff on how to manage risks for each individual person.

Staff we spoke with were able to describe confidently the risks and how to manage them for individual people who lived at the home. For example, staff told us how they helped people to manage risks associated with behaviours which may challenge the service, smoking and nutrition. Staff were knowledgeable about people's individual needs and supported them to remain safe. Staff also gave us examples about positive risk taking and explained this was reviewed on an ongoing basis. For example, one person was being supported to manage his own inhalers.

We spoke with the registered manager and the person responsible for maintenance at the home. They showed us documentation and explained how they managed environmental risks, including infection control. We found they had assessed risks, for example, relating to fire, utility loss and the premises in general. We saw plans to mitigate risks had been put in place.

Our observations along with our conversations with people who lived at the home and staff showed the provider had systems in place to ensure risks were properly assessed and managed.

We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at three staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. Staff we spoke with told us they did not start work supporting people until they had received their DBS check. This showed staff were consistently recruited through an effective recruitment

process that helped to ensure only suitable candidates were employed to work with people who may be vulnerable.

During this inspection we observed medicine administration, looked at the storage of medicines and related documentation. The medicines were stored in a locked trolley, which when unattended, was stored in a locked room. The staff member administered people's medicines by concentrating on one person at a time. There was a chart for each person that gave instruction and guidance specific to that individual. Each person had a medication administration recording form (MAR). The form had information on prescribed tablets, the dose and times of administration. There was a section for staff to sign to indicate they had administered the medicines. We looked at how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the manager would act on their concerns.

People who lived at the home and staff told us there were sufficient numbers of staff available at all times to meet people's needs. We looked at staffing levels and observed care practices. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home.

During the inspection, we had a walk around the home, including bedrooms, bathrooms, toilets, the kitchens and communal areas of the home. We found these areas were clean, tidy, and well maintained. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

During the walk around the home, we checked the water temperature from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. All legionella checks had been systematically completed. We checked the same rooms for window restrictors and found all rooms had operational restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. As part of our inspection, we looked at how accidents and incidents were recorded. These were documented appropriately and in detail.

Good

Is the service effective?

Our findings

People we spoke with told us they felt the service was effective. People told us their ongoing health needs were met. This included visits to or from external healthcare professionals, such as GPs, dentists and other specialist services.

When we last inspected the service on 20 January 2016, we found the provider was not meeting legal requirements in relation to the need for consent, because people's capacity to make decisions had not been assessed routinely. Additionally, we made a recommendation regarding staff supervision and training. Following that inspection, we received an action plan from the provider which told us how they planned to make improvements for people who lived at the home. During this inspection we found improvements had been made in these areas.

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 interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We talked with people and looked at care records to see if people had consented to their care where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas.

Assessments of people's capacity to make decisions had been recorded in their plans of care for specific decisions. We saw the service had made applications under DoLS for a number of people. We saw records of best interests decisions which, as far as possible, involved the person concerned. Where the service placed restrictions on people, we saw this had been thoroughly assessed and was as least restrictive as possible.

We spoke with staff members, looked at the training matrix and individual training records. The staff members we spoke with said they received induction training on their appointment. They told us the training they received was provided at a good level and relevant to the work undertaken. People we spoke with were complimentary and positive about the care provided at the home.

We saw from training records and staff we spoke with told us they had received a wide range of training. Staff told us this helped them to support people effectively. Training staff had received included safeguarding adults, moving and handling, infection control, the Mental Capacity Act and Deprivation of Liberty Safeguards, amongst other topics. Staff told us they had recently completed training to enable them to care for people who were at the end of their lives. They explained it was important for them to be able to support people at the home if that was where they wished to spend their final days.

The home employed an in house trainer who delivered training courses for staff. They showed us the system they used to monitor training. This included a training matrix which showed when staff needed to complete refresher courses, as well as which staff had completed additional training.

Staff we spoke with told us they had regular supervision meetings and felt well supported by each other and management. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities, as well as any concerns they had about people who lived at the home. This helped to ensure staff were supported to undertake their role effectively.

As part of our inspection, we looked at what foods and drinks were available. People could choose from a selection of meals on a set menu. We observed staff took a trolley round the home throughout the day with several choices of drinks, biscuits and snacks. We observed people were able to choose food and drinks that were not on the menu. We saw one person requested a sandwich from the chef at lunchtime, rather than the main meal. The chef asked the person whether they wanted tomato ketchup on it, to which the person replied they did. This helped to show the chef knew peoples' preferences.

We observed people receiving their breakfast and lunchtime meals. The food was plentiful and people appeared to enjoy it. People we spoke with gave positive comments about the food provided to them including, "I'm very happy with the food. The staff always help me when I need it." And, "The meals are good. They also make sure I get what I need to eat." This person required a specific diet, due to their health needs, which they told us were catered for.

We visited the kitchen during the inspection and saw it was clean, tidy and well stocked with food. We were told all meals were home cooked and freshly prepared. The chef was aware of food preferences and which people were on special diets or required pureed or soft foods, as well as people who required specific diets due to their cultural needs.

There were cleaning schedules to guide staff to ensure people were protected against the risks of poor food hygiene. The current food hygiene rating was displayed advertising it's rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

Staff had documented involvement from several healthcare agencies to manage health and behavioural needs. We observed this was done in an effective and timely manner. Records we looked at showed involvement from various health professionals such as GPs and mental health practitioners This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

One person was being supported by the service to find alternative accommodation of their own. This was because the service had supported them to make significant progress with their mental health. This was an example of how the service provided effective support to assist peoples' recovery and to enable them to move on to a more appropriate setting.

Good

Is the service caring?

Our findings

People we spoke with gave us positive feedback about how caring the service was. One person told us, "The staff go above and beyond their duties and are always there when I need them." Another person told us, "They [staff] are always caring and polite." During our observations, we saw staff were kind, caring, compassionate and respectful during their interactions with people.

When we last inspected the service on 20 January 2016, we made two recommendations to the provider. The first was to provide people with the opportunity to sign their written plan of care, to show they agree with its contents. The second was to provide people with details of advocacy services. We found the provider had made improvements in both of these areas.

When we looked at people's written plans of care, we saw people had signed to say they had given consent to the care and support that had been planned. We noted where people had not signed their care plan, staff had recorded a reason why. People we spoke with told us they had been involved in planning their care, in order for them to influence how it was provided to them.

With regard to advocacy services, we saw contact details on the notice board in the home. This provided people with the opportunity to contact such services privately if they wished to do so. Staff we spoke with, and the registered manager, confirmed if someone did not have friends or family, they would make them aware of advocacy services during the care planning process. An advocate is in independent person who can act in a person's best interests.

People we spoke with told us they had a good relationship with the staff who supported them. Staff we spoke with confirmed they had time to get to know people well. The registered manager told us they felt it was important for the staff team to build and foster positive relationships with the people in their care. We observed staff spoke with people in different ways depending on how the person preferred to be addressed. We observed people enjoying banter with staff, whilst other preferred to be addressed more softly, to which they responded positively. Our conversations with staff confirmed they knew people well, including their likes and dislikes. This helped to ensure people received a personalised service.

We noted people's dignity and privacy were maintained throughout our inspection. Staff knocked on people's doors before entering. People we spoke with confirmed this was usual practice and raised no concerns about privacy or the approach of the staff team.

When we visited people in their rooms, we saw the rooms had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings. During our inspection, one person requested to move rooms because they preferred the view in another room. This request was accommodated and staff assisted the person in moving their belongings to their new room.

The service encouraged people to maintain relationships outside of the home. We noted one person

enjoyed spending time with friends in a local pub, whilst another was supported to maintain family connections. This helped to show how the service supported people to maintain their social health.

Good

Is the service responsive?

Our findings

People we spoke with told us they felt the service was responsive to their needs. They explained staff reviewed their plan of care with them regularly, usually around every three months. People told us they were involved in this process and were enabled to have input into how their care was provided.

When we last inspected the service on 20 January 2016, we found the provider was not meeting legal requirements in relation to person centred care. At that time, the home advertised rehabilitation services, in order to help people to (re)gain life skills. During that inspection, we found care and support had not been planned to meet people's individual rehabilitation needs. However, since our inspection, the provider had removed rehabilitation from the services offered at The Belmar Nursing Home.

To ensure they delivered responsive, personalised care the provider assessed each person's needs before they came to live at the home. We spoke to the registered manager about how they ensured the care was personalised and met people's needs. They told us they completed a pre admission assessment before people moved into the home. Peoples' written plans of care were initially built on the assessment, along with information from other healthcare professionals. This ensured the placement would meet peoples' needs and staff would have the skills to keep them safe.

We looked at people's written plans of care to check they were up to date and reflective of people's individual circumstances. We found people's involvement in the care planning process had been recorded. Their individual needs and preferences had been taken into account when written plans had been drawn up. People told us and records we looked at confirmed care plans were reviewed, where possible, with the person every three months, to ensure they still met the person's needs. Staff also explained to us that care plans and risk assessments were reviewed and updated immediately following a change in someone's circumstances, for example, following a fall or another type of incident. This showed the provider operated systems to gather personalised information to guide staff to deliver support that was responsive to peoples' needs.

Around planning people's care, the registered manager told us there were times when a person's needs changed and they required guidance from multi-disciplinary agencies to ensure a safe and effective environment. For example, one person had been observed by staff 'pocketing' food in their cheeks. Input had been sought from a speech and language therapist. This showed the registered manager was responsive to peoples' changing circumstances and reviewed the care and support they required.

We saw a variety of activities were planned to take place within the home. However, the majority of people we spoke with told us they did not or did not want to be involved with them. The registered manager told us they respected people's individual choices with regard to activities. People told us staff supported them to go for walks, to go shopping and to go to local cafes and the beach. People told us they preferred these activities to those provided in the home. We saw a patio area at the rear of the property which people told us they made use of in good weather for events such as barbeques. The registered manager explained they were undertaking work with each person to try to tailor more activities to people's individual needs. This

showed the provider recognised activities were essential to stimulate and maintain people's social health.

There was an up to date complaints policy. People we spoke with stated they would not have any reservations in making a complaint. They told us they felt able to raise concerns with any member of staff or the registered manager, who they described as approachable. No one we spoke with had raised any concerns but felt confident the registered manager would address any issues. This showed the provider had a procedure to manage complaints.

Good

Is the service well-led?

Our findings

People we spoke with and staff were positive about the registered manager and how well-led the service was. Comments we received from staff included, "[Registered manager] is really good. She listens to any concerns and helps when needed." And, "[Registered manager is really good. She has brought a lovely atmosphere to the home. She is accessible, friendly and really knows her job." Whilst another said, "[Registered manager] has made it a happier place. She really cares about the residents, it's not just a job to her."

When we last inspected the service on 20 January 2016, we found the provider was not meeting legal requirements in relation to good governance, because of the various breaches of regulations we found at that time. We also found the provider had not submitted notifications to CQC they were required to by law, in a timely manner. Following that inspection, we received an action plan from the provider, which told us how they planned to make improvements for people who used the service. During this inspection we checked to see what improvements had been made and found the provider was meeting legal requirements.

Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt there was a good team at the home and they could approach the manager with any issues or concerns. Staff had confidence in the registered manager to resolve any issues promptly.

The registered manager completed a range of audits as part of their quality assurance for monitoring the home. Various staff, including the maintenance man, cleaners and nurses completed regular audits of all aspects of the service. Checks included bedroom checks, legionella checks, emergency lighting, water temperature and fire alarm systems. Checks on any lifting equipment was undertaken and certificated by an external company. The maintenance man completed health and safety checks of the building. We saw there were regular infection prevention and medicine audits carried out by the manager.

Additionally, the registered manager was supported by a regional manager from the provider company. The regional manager visited weekly and regularly undertook audits to monitor the quality of the service. We saw the results from recent visits which were mainly positive. Where areas for improvement had been identified, such as the environment requiring redecoration or care planning, the registered manager had listed these for action. This showed there were systems in place to address any shortfalls identified by quality monitoring checks.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. We saw minutes, which indicated regular staff and residents meetings took place. Topics included ongoing refurbishment of the home, keeping people safe and subjects related to the kitchen and people's dining experience.

There was a daily handover meeting between staff. This was to ensure important information was shared

among the staff. One staff member told us they found handover meetings played an important part in keeping them up to date with peoples' need and their current circumstances. This was because they only worked part time and often things would change whilst they were not on shift. The registered manager told us handover meetings were important in order to ensure the service delivered to people met their needs and was effective.

The registered manager told us they had used satisfaction questionnaires to gather people's views. We noted regular questionnaires had been distributed and people's views collated and where appropriate actioned. The feedback we saw was positive. People we spoke with told us there were regular meetings held for people who lived at the home but that they preferred not to go to them because they knew they could make suggestions at any time and felt they would be listened to.

The services liability insurance was valid and in date. There was a business continuity plan in place. A business continuity plan is a response planning document. It showed how the management team would return to 'business as usual' should an incident or accident take place.

The registered manager understood their responsibilities and was proactive in introducing changes within the workplace. This included informing CQC of specific events the provider is required to notify us about and working with other agencies to maintain people's welfare.