

Mr & Mrs S Logathas

Bellsgrove Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bellsgrove Care Home is a care home which provides personal care and accommodation. The service is set over three floors and has a communal lounge area and dining area on the ground floor. A lift connects all levels. Most people living at Bellsgrove are living with dementia. The service can accommodate up to 15 people. At the time of our inspection 15 people were living at the service.

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

People said they felt safe living at Bellsgrove and staff were kind to them. They told us there were sufficient staff at the service and we observed this to be the case.

We found the registered manager did not always check staff members' eligibility to work in the UK as part of their recruitment process.

We identified shortfalls in staff practice in relation to infection control. Some of these related to the use of Personal Protective Equipment and cleaning of the service. Immediately following our inspection, the registered manager took action to start to address this.

People received the medicines they needed, but we identified some shortfalls in medicines records.

Although there was some good information relating to risks to people, we found people's pressure mattress settings were not recorded. However, staff were knowledgeable in relation to people's individual care needs.

People and professionals said staff were kind and both people and staff had the opportunity to be involved in the running of the service. We identified that some staff refresher training was overdue, however, this had been postponed due to the pandemic.

Where people had an incident or accident these were responded to and action taken to prevent further accidents. Staff knew how to recognise and report any safeguarding concerns.

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

Rating at last inspection

The last rating for this service was Good (report published 21 December 2019).

Why we inspected

This focused inspection was prompted due to concerns we received about some aspects of the service. This included people's safety, staffing levels, medicines management, recruitment, training and infection control practices. We found no evidence during this inspection that people were at risk of harm from these concerns. However, we did identify some shortfalls related to the concerns. The overall rating for the service

has changed following this inspection and is now Requires Improvement.

CQC have introduced focused inspections to follow up on Warning Notices or to check specific concerns. They do not look at all key questions, only the key questions we are specifically concerned about.

At this inspection we reviewed the key questions of Safe and Well-Led only and this report covers our findings in relation to those.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bells Grove Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme when we will carry out a fully comprehensive inspection looking at all key questions. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Details are in our well-led findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bellsgrove Care Home

Detailed findings

Background to this inspection

The inspection

This was a focused inspection prompted by specific concerns we had received about the quality of care people received. These concerns indicated people may be at risk of harm. During the inspection we looked at the key questions of Safe and Well-Led.

Whilst at the inspection, we also completed an infection prevention and control assessment. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Bellsgrove Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the agency is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This was because this was a focused inspection prompted due to specific concerns received.

We reviewed information we had received about the service since the last inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager (who was also the provider) and care staff.

We reviewed a range of records. This included four people's care records and medicines records. We looked at seven staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- As part of this inspection we carried out an infection prevention and control assessment. We had received some concerns about infection control practices at the service. We identified shortfalls which meant we were only, somewhat assured by the infection control practices at the service.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home were not cleaned to a satisfactory standard. Other areas were worn so could not be effectively cleaned such as kitchen cupboards and bathroom cabinets. Storage of mops was not hygienic and one mop was extremely dirty and laid on top of another mop. There was no cleaning schedule in place and no frequent cleaning of high touch areas. Immediately following our inspection, the registered manager introduced a cleaning schedule and arranged for a deep clean of the kitchen and communal areas.
- We were not assured that the provider was admitting people safely to the service. Although the service was full and as such not able to admit anyone new, the registered manager told us they would only expect someone moving in to isolate for three days, rather than following the guidance of a 10-day isolation period. We provided the registered manager with information on isolation guidance which they said they would introduce.
- We were not assured that the provider's infection prevention and control policy was up to date. The service infection control policy and health and safety audit together looked at cleanliness of service. However, we did not find sufficient detail in these audits and they had not identified shortfalls found by us.
- We were somewhat assured that PPE was being used effectively to safeguard staff and people. Night staff were not wearing masks on our arrival and one staff member removed their mask when speaking to a person. We observed staff sat next to each other not wearing masks for their break. The day after our inspection, the registered manager spoke with all staff regarding the use of PPE. He informed them that failure to follow guidance in relation to this would result in a formal warning.

The failure to consistently follow good infection control practices was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We spoke with staff about infection control practices and personal protective equipment (PPE). A staff member told us, "We're changing it (PPE) between people. When we go into someone's room we put on an apron and mask before going in then our gloves in the room. Before coming out we put it all in a bag and in the clinical waste. There's hand gels and we wash our hands all the time." A second staff member said, "We have plenty of PPE stock. We wear our masks all of the time and we use gloves and aprons for personal care."
- Following our inspection, the registered manager told us they had updated their cleaning schedules to include touch point cleaning in line with current guidance and they had purchased new equipment to ensure the safe use of mops and mop heads.

Staffing and recruitment

- We reviewed the recruitment records for a selection of staff and found an application form, references and a Disclosure and Barring Service (DBS) check. A DBS check helps ensure prospective staff are suitable to work in this type of service. However, we found two members of staff had restrictions on their working hours as they were on student visas. Although the registered manager told us, "They can stay (in the UK) after they have finished their studies" they were unable to provide us with any evidence to demonstrate they had checked and this was the case. We checked the staff rotas and saw these staff members regularly worked 60 hours a week, when their visa only allowed them to work 20 hours.

The lack of ensuring staff are recruiting in line with Schedule 3 employment requirements was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We had received concerns about staffing levels at the service and that people were up and dressed very early in the morning by night staff which was primarily for staff convenience rather than service users' choice. We were also told there were insufficient staff on duty each day and some staff were asked to work a day shift and then continue on to a night shift.
- On arrival at 06:30, we found five people up and dressed in the lounge. Staff told us this was because two people, "Requested to get up" and three people went to bed early as they were at risk of skin breakdown. We spoke to people who told us they were, "Early risers." Other people told us they could get up when they chose and were not woken early.
- The staffing rotas did not identify any staff working a day shift as well as a night shift on the same day.
- Staff said they felt there was sufficient staff on duty each day. Although we observed they were busy during the day, they did have time to spend with people and nothing appeared rushed. A staff member told us, "Sometimes laundry gets backed up but night staff help. We have the time to sit down and chat with them (people) which I love."

Assessing risk, safety monitoring and management

- People told us they felt safe with staff. One person said, "I feel safe as there are always night staff and enough staff to make me feel safe."
- Staff used safe moving and handling practices. Where people required to be moved using a hoist, we observed staff were confident in using the equipment and worked together, speaking to people throughout.
- Staff followed people's care plans in relation to individual risks, such as mobility, emotional or related to nutrition. One person became quite vocal at times and we heard staff distracting and singing to them. Other people required modified diets and there were details of those people in the kitchen. Staff were knowledgeable about this aspect of people's care.
- A visiting health care professional told us, "We're in every day so they (staff) will mention any concerns and we can action it straight away. We have a good rapport with the staff, so they report everything."
- However, some people needed pressure relieving equipment, particularly when in bed and there was no

detail in their care plans on how staff could ensure the pressure mattress was at the correct setting. We also found two people's beds where the bed rail bumpers did not cover the full length of the rails, meaning people may be at risk of harming themselves. We raised these issues with the registered manager at the time who said they would address them. Following our inspection, the registered manager confirmed new bed rails were in place.

- People were kept safe from risks beyond their control. In the event of a fire, people had information relating specifically to them and how best to evacuate them from the building. Staff were able to describe the fire drill and where people would be taken.

Using medicines safely

- People received the medicines they required and we heard staff explaining people's medicines to people and what they were for.
- People had medicine administration records (MARs) which recorded their medicines, the dosage and when they should be given.
- Where people had pain relieving patches, records were not robustly completed on where the patch was applied and when it was changed. We found one pain patch record had not been filled in since 18 December 2020. However, this was remedied before we left the service.
- There were also some handwritten prescriptions on MARs which did not have double signatures. This is important as it ensures that the information transposed onto a person's MAR is correct.
- We observed staff locking the medicines cabinet after each use and saw the trolley was neat and well organised.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had been raised with the appropriate authority and the service worked with the safeguarding team to investigate or provide additional information when required.
- We asked staff about safeguarding reporting procedures. One staff member told us, "It's about protecting vulnerable people and only sharing information with the correct people. I would report anything to the manager and if I needed to I'd tell safeguarding and the CQC." A second staff member said, "I would tell the senior or manager and report concerns straight away."

Learning lessons when things go wrong

- Where people had incidents or accidents, these were recorded and action was taken. One person experienced skin tears and staff consulted with health care professionals who identified these may have been caused by the hoist sling that was being used. We were told by the health care professional, "They (the service) was brilliant and responded by changing the hoist straight away."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now changed to Requires Improvement. This meant the service management did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although health and safety and infection control audits were carried out, these were not sufficiently robust to identify any shortfalls at the service. We observed two people's beds where their bed rail bumpers did not cover the full length of the rails which could potentially mean people could harm themselves. People that required repositioning regularly had a repositioning chart in place, however we found these were not being completed consistently. The charts were not audited and people's care plans did not give direct guidance for staff on how often a person should be repositioned.
- Other audits carried out in the service included regular medicines audits, water and central heating checks and fire safety reviews. There was also an external medicines audit which had identified no concerns.
- We had received concerns about a lack of heating at the service, however we found this not to be the case. Upon arrival the home was warm and it remained as such throughout our inspection.
- We had also received concerns about a lack of up to date training with staff and that the registered manager had postponed training that was due to take place. We found an element of this to be the case as the training records showed that core refresher training for staff had expired. This included safeguarding, first aid, moving and handling and fire safety. However, on further interrogation of the information provided we could see that much of this training had expired in the middle-half of 2020. As such we did not have any major concerns as the service was under pressure with the current pandemic. We did see evidence of all staff having received medicines training in November 2020. A staff member said, "I received training from the old manager. It was all in-house."
- We had received concerns about a lack of confidentiality at the service and falsification of records and staff rotas, including leaving personal staff information in an unlocked cupboard. We did not find this to be the case.

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

- Staff were happy working at Bellsgrove. A staff member told us, "It's the communication. There's a homely vibe and everyone is very friendly. The team work here, I can't fault." Another said, "Every day is different. It's like a family."
- People and professionals were complimentary about staff. One person told us, "They are very good. The food is very good – plenty of vegetables. I am looked after pretty well. They (staff) do care." A second person said, "It's the best place I've ever been. Staff are good." This was reiterated by a healthcare professional who

told us, "I think they (people) are very well looked after. It's very family orientated and very cosy and intimate."

- Staff meetings were held with a range of topics discussed that included oral health care, engaging with people, medicines, infection control, cleaning regimes and care records. People were also enabled to give their views and feedback on the service through resident's meetings. The last one recorded no issues, with people reporting they were happy with all aspects of their care.
- We read compliments received by the service which included, 'Thank you so much for looking after [person's name] over the past few years. The love and care you have given her has been exceptional'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their regulatory requirements. We observed the previous ratings displayed in the service and statutory notifications had been submitted.
- Where people were involved in incidents we noted the registered manager used duty of candour to inform relatives and loved ones.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with external health care professionals, such as the district nursing team and the Speech and Language Therapy team. On the day of inspection, we heard the registered manager telephone the GP on behalf of someone who was not feeling well.
- We had confidence in the registered manager that they would respond to any areas we identified as requiring addressing. Following our inspection, we spoke with the registered manager, who told us they had spoken with staff regarding infection control procedures and was now monitoring their compliance with the guidance more rigorously. In addition, they had organised for deep cleaning to take place at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to follow good infection control practices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had failed to ensure staff employed had the right to work in the UK.