

Belmont Grange Ltd

Belmont Grange Limited

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 29 June and 12 July 2018.

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

Belmont Grange is registered to provide accommodation with personal care for up to 25 people in one adapted building, with two of the bedrooms 'shared'. Belmont Grange is a large Victorian building situated in Ilfracombe, North Devon within a residential area. Access to all floors is gained by a passenger lift. There were 22 people living at the service when we visited, with one vacant room and one person in hospital. The majority of people living at the service experienced some level of a dementia related illness.

We had previously carried out an unannounced comprehensive inspection of this service in March 2017. The safe, effective and well led sections were rated as requires improvement. The caring and responsive areas were rated as good. As a result, the overall service was rated as requires improvement. Two breaches of regulation were found. These related to people not having had assessments carried out relating to their mental capacity and people were not protected against the risk associated with the lack of systems to pick up on environmental issues. We also issued a recommendation in relation to the provider using a dependency tool to help them decide on the number of care staff required to meet people's assessed needs.

Following the last inspection, the local authority Quality Assurance Improvement Team (QAIT) and North Devon Care Homes Team supported and worked with the service to address the breaches of regulation.

At the last inspection in March 2017, we asked the provider to make improvements and this action has been completed.

There was a registered manager in post. A registered manager is a person who has registered with the 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.

People, visitors and care professionals described the care as exceptional at Belmont Grange and this had an extremely positive impact on people's care, support and wellbeing. Relatives described how staff went above and beyond what they should. There was a homely, vibrant and happy atmosphere in the home. Staff were compassionate, polite and respectful to people. They spent time with people, developed meaningful relationships and knew what mattered to them. They were familiar with their lives, past histories and their families. One person commented, "I said I'd never come here ... but I couldn't wish for anything better. The girls look after you, you're not just their job. If I want anything they will do it for me even in their time off." People's relatives and friends could visit always and were very complimentary of the service and all the staff

group. Regular feedback was sought from residents and their relatives.

The registered manager led by example and had made significant improvements in the care delivery, fabric of the building and the management of the home. This had been recognised by people, relatives and care professionals who were overwhelmingly positive about the changes. Comments included, "... feel that the atmosphere in the home is one that gives a positive feel when you visit, there is both a homely and vibrant atmosphere having known the home previously I feel that the environment and indeed the reputation of the home is now so much improved", "Belmont Grange is a home which I have always been very grateful to have in our community" and "In my opinion, the manager has continually strived to make improvements."

Recruitment checks were safely carried out and there were sufficient and suitable numbers of staff on duty to keep people safe and fully meet their needs. Staff received training and supervision to do their jobs properly. There were many positive comments from care professionals about the staff team and how well they did their jobs.

People were protected by staff who had been trained in safeguarding people from abuse. They had undertaken training, knew the right action to take and who to inform if abuse had been suspected.

People's needs were assessed before they came to live at the service. People had care plans in place to guide staff. Risk assessments had been carried out in a way to ensure people were restricted as less as possible. People were involved in making decisions about their care. They were referred promptly to health care services when required and received on-going healthcare support. Staff acted on any advice given.

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. Improvements had been made in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed. Staff knew which people had a Power of Attorney (POA) in place to support the person in decision making. Best interest decisions had been made and involved the relevant parties.

People received their medicines in a safe way and effective systems were in place. The registered manager and staff were committed to ensuring people received end of life care at the service in an individualised way. An activities co-ordinator carried out a range of activities people could take part in.

Staff were very motivated, enthusiastic and proud of their jobs. They felt they were listened to, supported and valued by the registered manager. The registered manager ensured there was an open culture at the service and people, relatives and staff's opinions mattered.

People were complimentary of the food and enjoyed the choice of home cooked meals. They were given choices and assisted by staff where necessary.

A quality monitoring system had been put into place which monitored and improved various aspects of the service. There was a complaints procedure in place and people knew how to make a complaint if necessary.

Ongoing maintenance of the building continued and further updates were planned.

We have made two recommendations about improving the environment and activities for people living with dementia.

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.

People were supported by sufficient staff on duty to meet their needs fully.

Individual risks to people were managed safely.

Staff were recruited safely to ensure they were able to work with vulnerable people. They were aware of their safeguarding responsibilities and the correct action to take.

People received their medicines safely and on time.

Incidents and accidents were analysed for any trends or patterns.

Infection control procedures were in place.

Is the service effective?

Good 

The service was effective.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the DoLS team and best interest decisions were made where people lacked capacity.

Staff undertook the necessary training to enable them to do their jobs properly.

People's health needs were managed through regular contact with community health professionals.

People were encouraged to maintain a balanced diet and their nutritional needs were met.

There were ongoing improvements to the premises to maintain a homely, suitable and well-kept environment.

Is the service caring?

Outstanding 

The service has improved to outstanding.

People, relatives and care professionals gave exceptional feedback about the caring nature of the registered manager and staff.

Staff were motivated and enthusiastic in their jobs. They offered care and support that was exceptionally kind and compassionate.

Staff had developed relationships with people which were strong, caring and supportive. They knew how to meet people's specific needs and how they liked to be supported.

Relatives were complimentary of the staff and were able to visit at any time. They were kept up to date with their relative's wellbeing.

The registered manager and staff had genuine empathy for the people they cared for and treated them like family members.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which showed their individual choices, preferences and needs.

Staff engaged with people meaningfully and had positive interactions.

Complaints were managed effectively.

An activities programme had been introduced and activities were ongoing. However, these would benefit from further improvement.

Is the service well-led?

Good ●

The service was well-led.

People and relatives were complimentary about the registered manager and their approach at the service. They presented a strong, open and visible culture and led by example.

Strong links had been made with health and social care professionals and other registered managers in the area.

Staff felt listened to and valued in their work. They were

motivated and proud of their jobs.

There were quality monitoring systems in place to review the running of the service and identify any improvements required.

Notifications had been reported to the Care Quality Commission in accordance with the regulations.

Belmont Grange Limited

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 checked 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.

This comprehensive inspection took place on 29 June and 12 July 2018; it was unannounced on the first visit. One adult social care inspector carried out the inspection and was accompanied by an expert by experience on the first visit. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

We reviewed information about people's care and how the service was managed. These included: three people's care files and medicine records; three staff files which included recruitment records of the last staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; policies and procedures; action plans; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

During the inspection we spent time with people living at the service. We spoke with 11 people, one relative, one friend, a visiting community nurse and a hairdresser. We spoke with the registered manager, two senior care staff, seven care staff, the cook, a housekeeper and activities worker.

We received feedback from the local authority safeguarding team, the local authority Quality Assurance and Improvement Team and the North Devon Care Homes Team. Following the inspection, we sought feedback from 14 health and social care professionals and received eleven responses.

Is the service safe?

Our findings

At the comprehensive inspection carried out in March 2017, the safe section was rated as requires improvement. This was because people were not protected against unnecessary risks relating to:

- Hot water in baths and showers exceeded the recommended temperatures and
- A radiator was found excessively hot with no cover in place and
- The outside kitchen door did not have a screen in place to protect people from debris going on food being prepared.

Following that inspection, we received notification that the safety works had been completed. At this inspection, we confirmed improvements had been made. The rating had improved to good.

People felt safe living at the home and with the staff who supported them. One person said, "I like it here ... I am happy and I came from home ... I'm looked after very well and kept safe." A relative said, "We are very reassured that (family member) is safe at Belmont Grange".

People were supported at all times by sufficient numbers of staff on duty to meet their needs fully and in a timely way. The registered manager kept staffing levels under review and used a dependency tool. There were four care staff on duty during the day, one of which was a senior care worker. During the night there were two care workers on duty, one of which was a senior care worker. Care staff were supported by the registered manager, housekeepers, a cook, an activities worker and a maintenance person. This meant care staff could focus their time on caring and supporting people.

The call bell was answered promptly and staff were readily available and able to help. Care staff carried out their duties in a relaxed and unhurried manner, having time to stop to respond and interact with people if required.

Healthcare professionals confirmed there was always enough staff visible on duty and available to assist them if needed. One said, "I have not had any concerns regarding staff to resident ratio, when I have visited there have always been plenty of staff visible and willing to help assist me. There has always been someone leading the shift." Another said, "Staff are always around."

Safe recruitment and selection processes were in place to help ensure staff were suitable to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. Pre-employment checks had been carried out which included a satisfactory Disclosure and Barring Service (DBS) check.

People were protected by staff who demonstrated an understanding of what constituted abuse. They were confident any concerns raised would be dealt with by the registered manager. They knew who to report concerns to outside of the service. Staff had received up to date safeguarding training and there were appropriate policies and procedures in place for reference. There had been one safeguarding concern in the

last 12 months. The provider had worked with the local authority and other organisations to resolve this and no further action was taken.

Systems were in place to identify and reduce risks to people. Individual risks were assessed and reviewed. Where risks had been identified, measures were put into place to mitigate the risk. Health and safety risk assessments had been carried out in relation to the building and the garden area and identified any areas of concern with measures in place to reduce the risks. For example, there was one area outside of the home which was uneven and posed a risk to people who may fall. This was included on the registered manager's service improvement plan. A care professional commented, "... they (staff) have always demonstrated an awareness of risk that are identified and have worked to manage those risks".

Medicines were managed in a safe way. The dispensing pharmacy had carried out a medicines audit in May 2018; any points for action had been completed. The medicine trolley was well organised, clean and tidy with medicines clearly laid out and kept at the correct temperatures. Six senior staff gave out medicines and had undertaken medicine training. One staff member took responsibility for the management of medicines in the home. This ensured consistency in the ordering, receiving and disposing of medicines. Medicines had been signed for and audits were regularly undertaken to identify any shortfalls. Eye drops were kept within guidelines and prescribed skin creams kept in a separate area. We found some of these skin creams had reached their recommended expiry date; the senior care worker immediately resolved this by putting new creams in place and attached an open/expiry date label to each cream to prevent a reoccurrence.

People were protected as the provider had appropriate procedures in place to maintain and service equipment in line with their individual contracts. This included checks of: fire and smoke alarms; fire extinguishers; emergency lighting; call bell system; Legionnaire's disease; small electrical appliance testing; hoists; boiler and gas appliances. Regular random fire alarm testing took place at different areas and times of the home.

Systems were in place to keep people safe in the case of an emergency. The home had an emergency grab bag in place which contained necessary equipment and records. A Personal Evacuation Evaluation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do for each person in the case of an emergency evacuation of the service.

Learning from incidents and accidents took place and appropriate changes implemented. Staff recorded all incidents and accidents at the time of the incident. The registered manager looked for trends and patterns and ensured any necessary action was taken to reduce risks.

Infection control measures were in place and housekeeping staff had a cleaning schedule they followed. They had undertaken training and were aware of which cleaning agents to use in which areas. Communal bathrooms were clean and tidy with disposable towels for people to use.

The laundry area was on the lower ground floor. This was divided into two separate areas for washing and drying people's clothes. On our first visit, we expressed concern about the lack of cleanliness in these areas. When we returned for the second visit, the laundry room had received a full makeover. Deep cleaning had taken place, all tiled walls had been washed and one wall repainted. New washable floor covering was in place and an unused stainless-steel sink covered. Clean laundry had been moved out to keep designated clean and dirty areas separate. The registered manager said that whilst this area was now clean and hygienic, they wanted to look at the longer-term plan of continuing the flooring to the drying area and making further improvements. The laundry room had been put both on the cleaning rota and the audit programme to ensure monitoring the cleanliness of this area.

Is the service effective?

Our findings

At our last comprehensive inspection in March 2017, the effective section was rated as requires improvement. This was because:

- The provider had not acted in accordance with the Mental Capacity Act 2005 (MCA). People's consent to care and treatment was not always sought in line with the legislation and guidance.

At that inspection we issued a requirement with regard to Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Need for consent.

At this inspection improvements had been made. The provider had met the legal requirement to ensure they acted in accordance with the MCA. The rating had improved to good.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 found they were. Mental capacity assessments had been undertaken. The registered manager gave an example where decisions had been made in the person's best interests with the help of an independent advocate. The service had liaised with the appropriate professionals and made relevant DoLS applications for people. Two of these applications had been authorised to date.

Records showed where people had delegated power of attorney (POA) to relatives and friends. One friend, who had POA for one person, told us the registered manager and staff always spoke to them and kept them updated. They said, "Whenever I came I was always welcomed ... right from the word go ... I feel the registered manager respected the role of the POA."

People's needs were met by staff who had the right competencies, knowledge and attitudes. The Provider Information Return (PIR) said, "The home has a training programme and staff are required to attend mandatory training ... other training is encouraged and fully support given in all other topics to further develop a better understanding and knowledge." This statement was confirmed by staff members who commented, "I have started my care certificate and completed a few units ... I feel trained to do my job properly that's why people put training in place", "I have had loads of training, most recently sepsis, fire, first aid and safeguarding" and "I have lots of training and can always ask for more." One health care professional commented, "From a training perspective the sessions are always well attended and staff

engage positively." Staff were encouraged to undertake formal care qualifications.

Staff received regular supervision which they felt was useful to their jobs. Their care practice was also regularly checked. Care staff spoke of an 'open door' policy and they could approach the registered manager at any time. Comments included, "I can ask the (registered manager) anytime ... they are always there for advice", "Supervisions are useful and the senior care workers go round and carry out spot checks" and "I do have supervision but I can approach the registered manager at any time if I have any concerns and they are very supportive."

People were supported to have access to health care services where necessary, such as community nurses, speech and language therapist (SALT) and GP's. Health care professionals were complimentary of the service, the staff and how well people were looked after. Comments included, "I have visited my patients there and found the staff to be helpful", "The home would call for district nursing input appropriately and follow any care plans/instructions we provided ..." and "The staff always get in touch and ask for advice ... they are good at asking." People were also supported to have regular access to the dentist, optician and chiroprapist.

People were encouraged to maintain a balanced diet. Each person we asked about the food gave compliments about the variety and quality served. These included: "The food is very good, the staff come in with the menu every day, you have a choice, if there is some things you don't like they get you something else", "I love duck wings, I buy them and the chef cooks them for me" and "The food is home from home." People enjoyed daily homemade cakes or pastries which were served at tea time or throughout the day. Staff had recently introduced photographs of food so people could recognise and choose what they wanted to eat. One person had recognised sardines and expressed their dislike of them which staff were previously unaware of.

People were supported at mealtimes to enjoy their meals. Sixteen people enjoyed lunch together in the communal dining room. They sat at tables with tablecloths, serviettes, condiments and fruit drinks available. Two people enjoyed their meals sat in the lounge area with overlap tables in place. Staff passed in and out of the dining room and kept a discreet eye on whether people were eating their meals. One person required a staff member to help them eat their meal which they did discreetly.

The lunchtime experience was unrushed and enjoyable. Staff interacted with people, checking their dietary needs were being met and offering second portions and refills of drinks. Staff were aware of people's likes and dislikes. People stayed in the dining room after their lunch; they clearly enjoyed their interactions with other people and staff.

People identified as being at risk of weight loss, were regularly weighed and closely monitored. Nobody in the home had lost large amounts of weight. The registered manager and staff were aware of what they needed to do if they identified a person at risk, which included contacting the GP and monitoring diet and fluid intake.

People moved around the home freely and safely on the ground floor. There were some adaptations in the home to prevent people accessing areas which may pose a risk. For example, there were restrictors in place to prevent people entering the lower ground floor via a steep staircase. Key pads were used for entry/exit doors which showed a balance between protection and freedom for people.

There was a relaxed, friendly and happy atmosphere at the home. There had been redecoration and refurbishment of communal areas and bedrooms since the last inspection. However, some of the areas were

not decorated appropriately for people living with dementia. For example, the dining room had magnolia walls and plain crockery. Other areas had a lack of signage and a lack of personalisation on people's bedroom doors. We discussed this with the registered manager. They had plans to introduce new, bright colour scheme into the home and make each person's bedroom door resemble a front door with pictures of interest to the individual. This would help people recognise their own bedroom door.

We recommend the service seeks current guidance and advice about suitable environments for people living with dementia.

Some areas of the home required ongoing maintenance and upkeep, particularly the outside of the property and the garden areas. The walls had paint crumbling, there was some uneven areas of ground and the gutters needed repair due to foliage growing from them. The registered manager had plans to discuss this with the provider and include on the service improvement plan. In August, plans were in place to remove the old kitchen completely and refurbish the whole area with new and updated equipment.

Despite the areas still requiring updating, people, staff and health and social care professionals were very complimentary of the work that had already taken place. One person said, "There has been a lot of improvements since I've been here ... they have enlarged the lounge, put in new floorcoverings, redecorated." Care professionals commented, "Many improvements have been made to the building, residents rooms, living areas, bathrooms etc. This has had a huge impact on the home making it a much more brighter and more hygienic environment I feel" and "... when visiting the home, it gives you the feeling that effort has been made to ensure the residents are comfortable and cared for."

Is the service caring?

Our findings

At the last comprehensive inspection in March 2017, the caring section was rated good. At this inspection the rating had improved to outstanding.

People benefitted from living in a service where the registered manager encouraged a home from home atmosphere, with people being at the centre of the care provision. People were treated as individuals and had their wishes and choices respected. Staff were motivated and supported people in a kind, compassionate and caring way. The registered manager told us "I see Belmont Grange as one big family ... a home from home ... and it is their (people's) home ... their wishes come first." They led by example and genuinely cared for people, relatives and staff. They built up open and honest relationships with families, friends, and care professionals.

People were involved in planning their care and support. They could make choices about how and when they liked to be supported. One relative commented, "(Family member) is central to deciding on their care ... it is clear to us that staff always take mum's views into account ... (family member's) care is tailored to their needs ... they (staff) make us feel that (family member) is part of their family and they care for them like they would their own (family member) ... we are so pleased with the care they receive."

People were seen positively interacting with staff, chatting, smiling, laughing, joking and holding hands. They were respectful, polite and professional. One person's friend said, "... staff are always polite, respectful and address people's dignity ... they are so caring and kind ... very good staff". People were happy and settled in their environment. They were well cared for and staff paid attention to small details. For example, ladies at the home wore matching colours of clothes, jewellery, make up, nail varnish and their hair was styled. Gentlemen were clean shaven and dressed appropriately to their choices and preferences. One lady showed us their pearl necklace which they wore with pride and staff ensured they had in place.

People and relatives were complimentary of the staff and their approach to providing support. One person said, "I'm happy here, I came from home and didn't think I would ever settle but I'm happy here, staff always ask if there is anything special that I want." The person's relative also commented, "Staff know that they (family member) get upset and confused at times, they reassure them, explain that I will be visiting soon, they have time to spend with them." Another relative, whose family member had passed away, wrote in a feedback form, "Every single one of you (staff) went above and beyond anything we could have asked in taking care of them."

People benefitted from care staff having various opportunities to sit, chat and spend quality time with them, especially in the afternoons. Some people chose to snooze but others actively engaged in conversations, jokes and banter with staff. Care and support was delivered in an unhurried, patient and empathetic way.

Positive and meaningful relationships had developed between people and the staff who supported them. Staff visibly enjoyed their jobs and took a pride in their roles. They had a comprehensive knowledge of people they were caring for and could tell us what people did for a living, their hobbies and interests, what they liked to eat, their preferred time to get up, their family and their day to day lives.

One person had a fear of water and the lift. They said, "I don't like water, the carer puts a flannel over my eyes, she holds my hand all the way through when I'm having a shower and will stop the water whenever I want. In the lift she holds my hand." The staff member commented, "We have overcome their fears by taking our time, step by step, explaining exactly what we are doing. A care professional commented, "Staff appear to know the residents well, their history and are very supportive." One staff member was aware of the reason why another person was feeling uncomfortable and sore. They said, "We are keeping an eye on them."

People were encouraged and empowered to take part in the running of the home if they wished. One person enjoyed helping staff with the serving of food at lunchtimes and another person clearly took a pride in wiping the dining tables after lunch had finished. They commented, "I like to help ... I enjoy doing the tables."

Staff had a happy, lively and friendly approach with people and took opportunities to chat with people during the day about the weather, television programmes, activities and their families. There was a relaxed atmosphere at the home, with people doing what they wanted. Staff checked on people's comfort throughout, with some staff being particularly skilled at connecting with certain people. One person said, "I said I'd never come here ... but I couldn't wish for anything better. The girls look after you, you're not just their job. If I want anything they will do it for me even in their time off." Another person said, "The carers are good, they listen if you've got any problems. They always say, 'If you've got something to say don't bottle it up'. They supported me through the death of my (family member), they came up and talked to me, gave me cuddles." A relative said, "We are delighted with how kind and caring all the staff are ... there is always a happy atmosphere ... staff are laughing and cheerful ... absolutely brilliant."

Visiting care professionals were complimentary of the care given and the attitude of the staff. Comments included, "Talking to residents they say the care is professional yet friendly. As a visitor to the home my attendance is met with cheerfulness and a welcome ... I feel Belmont has a proactive attitude to care" and "I can confirm that their approach to care is one that I can commend ... when visiting the home it gives you the feeling that effort has been made to ensure the residents are comfortable and cared for ... a positive feel ... there is both a homely and vibrant atmosphere". One emergency health care professional recently visited the service to take a person to hospital with an acute illness. They wrote to the registered manager, "May I take this opportunity of bringing to your attention how good they (staff) were ... they understood what we needed to do and why ... they assisted us whenever requested and their actions made a difference to the (person's) outcome."

A care professional explained how staff had "delivered person centred care in a sensitive way" for one person. Staff had worked with this person, who was very anxious, and built up a trusting relationship. Staff handled the situation sensitively, patiently and respectfully. The care professional went on to explain how "... attention had been paid to the smaller details from care plans which can make a big difference." They further commented, "The transformation in their presentation both physical and emotional over six weeks is amazing and it was really lovely to see them beaming broadly and being upbeat-something I had not seen in them before."

For people who did not wish to leave the home, the registered manager had set up a 'tuck shop'. This consisted of a trolley which staff took round to people. This contained items they could buy for their personal care, such as toothpaste and soap. They also contained food items such as chocolates, biscuits and crisps. This meant people could buy essential items or treats if they wished without having to leave the home.

The registered manager recognised the importance of people's wellbeing and the impact it had on their

lives. One person told us they had no surviving family members and shown signs of loneliness. They said, "The manager put me in touch with the befriending service run by the Church. I go down the town and meet with them once a week, we go for a cup of coffee."

Staff also recognised how important pets were in people's lives. There was a resident cat "Rolo" which many people stroked and acknowledged. However, one person had particularly bonded with the cat and petted, stroked and cared for it very fondly. Their eyes lit up when they saw the cat and they spoke to it in such a loving, caring and kind way. Staff had recognised this and gently took every opportunity to put the cat on the person's knee where it snuggled into the person's arms who nursed it for long periods. The enjoyment this person got out of cuddling this cat was obvious for everyone to see.

Staff helped people celebrate important events in their lives such as birthdays. The registered manager was very proud of the home and supported each of the residents. They regularly came in on their day off to spend time with people, visit relatives or support staff. They made themselves available and ensured they gave time to people to discuss things important to them. Three people said, "The lady that runs this is very good to us", "The manager comes around and says good morning to us at least twice a week" and "I am looked after very well by a good manager and good deputies ... I like it here."

The registered manager was on call 24 hours a day, seven days a week (except on annual leave). This was their choice to make themselves available for any emergencies. A care professional said, "(Registered manager) will often go beyond the call of duty by putting the residents first. I have known (registered manager) to come in on her day off to wish a resident happy birthday. One person had recently passed away at the home and they had no family or friends. The registered manager had gone to work early put together a wreath of flowers with staff. They then attended the funeral on the home's behalf. They commented, "I couldn't leave them with no one there ... we wanted to pay our respects."

Is the service responsive?

Our findings

At the last comprehensive inspection in March 2017, the responsive section was rated as good. At this inspection the rating remained good.

The service was responsive to people's needs because people's care and support was planned and delivered in a way the person wished. It was evident from speaking with the registered manager and staff people were at the heart of the service and that they mattered. Staff spoke with pride about the people they supported and wanted to make it a lovely home for people to live in. A care professional commented, "When visiting the home, I have always found the staff to be helpful and responsive to the resident's needs."

Before people came to live at Belmont Grange, the registered manager visited them and completed an assessment of their individual care and support needs. The Provider Information Return (PIR) explained the process, "All service users are visited by the manager and an assessment is conducted to assess their capabilities to ensure that the home is able to meet their individual needs." People and their families were included in this process and were asked their views on how the person would like to be supported.

Care plans were in place for each person. These gave guidance for staff to provide care and support in a consistent way. Staff knew people's choices, interests and preferences. Since the last inspection, the registered manager had received support from the local authority Quality Assurance and Improvement Team (QAIT) to improve care planning. Whilst improvements had been made to the care plans, the registered manager had identified through audits that they needed further work. The registered manager explained these improvements and was seeking guidance from the Care Homes Team to do this. Once in place, the care plans would then be more personalised and contain the information required.

People's care plans and risk assessments were reviewed monthly or more frequently if required. There was a keyworker system in place with a nominated care worker to specifically support people with their wellbeing needs.

We looked at how the provider complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. Staff ensured people wore their spectacles and hearing aids. For example, one person wore hearing aids. They became agitated, unsettled and restless if their hearing aids were not maintained regularly. This was clearly documented in the care plan and gave clear guidance to staff to check the hearing aids daily. Another example given was of one person who was registered blind with limited eyesight. They remained independent and liked to go to the shops or bank on their own. In order to support them, the person wore a Visually Impaired Person (VIP) badge to inform others of their disability and carried a mobile phone for safety reasons.

People had Treatment Escalation Plans (TEP) in place which recorded people's wishes regarding

resuscitation in the event of a collapse. The PIR confirmed 20 people had a care plan in place that set out their advanced care preferences. The service provided end of life care. However, there was no one receiving this at the time of our visit. The registered manager described how they delivered care in this scenario and worked in close partnership with the local GP's and community nurses to support the person appropriately in their last days. One visitor, whose friend had received end of life care at the service, said "What they did here was to care and love for my friend ... I cannot thank them enough for the care shown to them ... they made them relax and enabled them to end their life very happily."

People were supported to take part in social activities and interests. An activities coordinator was employed and worked 8.30am to 4pm Tuesday to Friday. Activities included indoor arts and crafts, games, quizzes, bingo, massage and pampering sessions, nail painting and clothes sales. Outside activities were also organised such as a music and singing sessions. The local church visited regularly and carried out services.

People's feedback on the activities was mixed. Three people told us they enjoyed going to any entertainments that were being held and joined in with arranged activities. However, one person said, "I'm not keen on going downstairs ... Alzheimer's." The activities worker said, "We play games, bingo and puzzles, but it's now more difficult because of the people with dementia, they are easily distracted."

People had enjoyed recent events such as the Royal wedding and the England football team. On our second day, a musician visited the home and people gathered in the lounge along with their relatives and staff. Everyone enjoyed the music they played; there was lots of finger tapping, smiling, singing and clapping to age related songs.

Records did not always show what individual activities people had experienced or undertaken. This made it difficult to see what had taken place and the impact on people's wellbeing. There was lack of meaningful activities for people living with dementia. We discussed this with the registered manager who put in place individual activity records in each person's care record. They had also sourced information on activity planning and relevant courses. One of the plans they had was to introduce 'memory boxes' for people with dementia. This would remind them of their previous life with sentimental, important and relevant memories of their past.

We recommend the service seeks current guidance and advice on suitable activities for people living with dementia.

The provider had a complaints procedure which made people aware of how they could make a complaint. The complaint procedure identified outside agencies people could contact if their complaint was not resolved to their satisfaction. However, this needed updating with the correct address and the fact that the Care Quality Commission no longer investigates individual complaints.

People and relatives said they would feel happy to raise a concern and knew how to. A relative said, "If I have any worries, I approach the staff ... they respond straight away."

Is the service well-led?

Our findings

At the last comprehensive inspection in March 2017, the well-led section was rated as requires improvement. This was because:

- There was a lack of systems in place to monitor and improve the quality of the service

We issued a requirement with regard to Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good Governance. At this inspection we found improvements had been made. The provider had met their legal requirement and improved on the quality monitoring of the service. The rating had improved to good.

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). They were registered in May 2016. They were supported by senior care workers. Since they were registered as manager, they had continued to establish a strong, open and visible culture within the service. They led by example and staff responded by providing quality care.

People, relatives and care professionals were positive about the management of the service and the improvements made both with the care delivery, staff and the fabric of the building. Care professionals said, "I feel that the environment and indeed the reputation of the home is now so much improved since (registered manager) has become the registered manager", "There is a huge improvement in the atmosphere of the home" and "With the change of environment, management and staff has developed an altogether improved style of service that is customer centred, creative, hygienic yet homely."

People benefitted from staff who felt valued, included and supported in their roles by the registered manager. Regular staff meetings took place where staff were asked for their opinions and input. One staff member said, "We have team meetings and discuss the outcome of events, training matters, concerns or issues". There was open and transparent communication between all the staff team. Without exception, all staff spoken with commented on the "good staff team" and how they worked well together. We observed this 'team working' during our inspection when staff helped each other out on several occasions by asking other team members to assist or help them with care practice. Staff were enthusiastic, motivated and proud of their jobs. Comments included: "This is a lovely environment to work in, staff are friendly and I feel supported ... we work well as a team and support each other", "I enjoy coming to work, helping everyone ... it's nice to work with good staff and we work well together ... we all help out" and "This is a great job ... all the team are supported by the manager ... any problems we are listened to ... I feel valued."

The registered manager and senior staff forged strong community links with local social care professionals and approached them for advice and guidance when needed. They also forged links with registered managers of other services to share good practice, learning and discuss challenges.

All care professionals who responded to us highlighted the continued improvement in the service and how the registered manager continued to enhance people's lives and wellbeing. Comments included: "I regularly

support (registered manager) in a coaching capacity, providing information; signposting and support as and when required. (Registered manager) has also established a close network with other registered managers within the Ilfracombe locality and is a regular participant at local study days and meetings"; "... feel that the atmosphere in the home is one that gives a positive feel when you visit, there is both a homely and vibrant atmosphere having known the home previously I feel that the environment and indeed the reputation of the home is now so much improved since (registered manager) has become the registered manager"; "Belmont Grange is a home which I have always been very grateful to have in our community", and "In my opinion, the manager has continually strived to make improvements ... responsive to requests for assessment and has worked in close partnership with the Community Health and Social Care Team."

The service used quality assurance systems to review and monitor the service. These included audits such as those for medicines, care records, fire safety, environment, health and safety and staff recruitment. The registered manager acted on any issues identified, such as the need to improve care planning records.

The provider had an up to date statement of purpose in place which reflected the care and support given. The registered manager wanted Belmont Grange to be a "home from home". Residents meetings were held and feedback taken and acted upon. One of the changes made because of one meeting was to introduce wine, sherry or lager for people to have with their Sunday lunch.

Surveys were sent out regularly to gain people and their relative's formal experiences of the service. These were used to improve the service. Comments contained within recent surveys returned included, "This is a wonderful place where residents are well cared for and always a pleasure to visit" and "Always made to feel welcome on my visits and the staff are always very helpful."

Following the last inspection in March 2017, the service had received guidance and support from the local authority Quality Assurance Improvement Team (QAIT) and the Care Homes Team in relation to improved record keeping. One care professional commented, "Improvements have been observed in the environment and documentation seems to have improved too."

The registered manager was meeting their legal obligations such as submitting statutory notifications when certain events, such as death or injury to a person occurred. They notified CQC as required and provided additional information promptly when requested.

The service was visited by the Food Standards Agency (FSA) in January 2018 when they were awarded four stars, with the highest rating being five. This was because some of the record keeping had not been completed. The service has planned to have a brand-new kitchen installed next month. When this is completed, the FSA officer had asked the registered manager to let them know and they will revisit; the registered manager was confident they would score five at this next visit.