

# Caring Homes Healthcare Group Limited

## Belmont House Nursing Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out this unannounced comprehensive inspection on 7 March 2017. At our last inspection on 29 September and 4 October 2016 we found seven breaches of regulations and rated the service as 'Inadequate' and the service was placed in 'special measures'. Special measures provide a framework for services rated as inadequate to make the necessary improvements within a determined timescale. If they do not make the necessary improvements, the CQC can take further action against the provider, including cancelling its registration.

The breaches of regulations we found at the inspection on the 29 September and 4 October 2016 were in relation to person centred care, dignity and respect, need for consent, safe care and treatment, good governance, staffing and fit and proper persons employed. This was because the provider did not have effective systems to assess, review and manage risks to ensure the safety of people and they did not have suitable arrangements to protect people against the risks that can arise from the unsafe management of medicines. We also found that staff's recruitment processes were not carried out safely, staff did not receive appropriate training and support and the provider had not followed processes to ensure that any restrictions on people's liberty were kept to a minimum. In addition, people were not supported by caring staff, who respected their privacy and dignity and the provider had not ensured that people always receive care from staff of a gender of their choosing. Our findings also showed that care plans had not been updated to take into account people's changing needs and the provider did not have adequate quality assurance systems and we found care records including food charts; fluid balance charts and turning charts were not completed properly to monitor people's health.

Following our inspection in September 2016 and as part of our decision making process for urgent enforcement action against the provider, we wrote to them requesting a plan outlining what actions they had taken since our inspection and what further action they planned to take in order to meet the breaches of regulations summarised above. We received an action plan within the timescale requested which provided some assurance that the provider had addressed or was in the process of addressing our most urgent concerns and that they would make all the necessary improvements by the end of December 2016.

We undertook this comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belmont House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Belmont House Nursing Home provides accommodation, personal and nursing care for up to 60 older people. There were 23 people using the service when we visited. The home is divided into three units, one on each of the three floors of the home. The ground floor is for people with nursing needs and the first floor accommodates people with dementia. The third floor was not being used at the time of our inspection.

The home had a registered manager but they were no longer in post at the time of the inspection and had not yet deregistered. There was a peripatetic manager in place on the day of the inspection. A registered

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

At this inspection we found that whilst there had been some improvements in the quality of the service, there were still some areas that needed to be further improved. For example some staff were still not sure how to operate the movement sensors and sensory mats in people's bedrooms. These devices alert staff when a person gets out of bed or from their chair and who may be at risk of falling, so they could support the person. We found that staff did not always remember to turn these devices back on when they were leaving a person's room

Pull cords to the alarm system in bathrooms and toilets had been shortened so they hung about a foot above the floor, which meant they might not be accessible to a person should they fall on the floor.

Personal emergency evacuation plans (PEEP) in people's care plans were up to date but we found that PEEP's kept in a 'Fire Box' near to the main entrance and used should the home need to be evacuated were not up to date. The inaccuracy of information about people may cause confusion and delays should the building need to be evacuated in an emergency.

The provider and staff were not following their own fire safety policy to help ensure that people were reassured and kept safe when the fire alarm was activated.

There were at times insufficient staff to ensure people received the care and treatment they needed in a safe and timely manner. At our last inspection in September/October 2016 we were told the number of care workers would increase to four at night, we found this increase in staff had not happened. Prior to our inspection CQC received numerous complaints, many of the complaints included concerns about the lack of staff, especially at night and at weekends. At this inspection where there were 23 people living in the home, the payroll submission for two weeks in February 2017 showed that on some occasions there were insufficient staff to adequately support and care for people and to keep the home clean.

The provider's governance and quality assurance systems and processes were not always effective to identify and address the concerns we had found during our inspection. Audits of the premises were not conducted on a regular basis. A monthly risk assessment of the environment to help in the prevention of falls was last conducted on 2 November 2016. Although no audits were being conducted of people's food charts, fluid balance charts and turning charts, the ones we looked at were up to date and completed correctly, except where the fluid balance charts were not always totalled at the end of the day.

Appropriate equipment for testing blood sugar levels for people with diabetes were now available. Suction equipment to help clear a person's airway in an emergency were also set up and ready to use. Staff understood how to use them which could help to ensure suitable assistance was given to a person who became unwell. The administration of medicines was safe and the National Institute for Health and Care Excellence [NICE] guidelines were being followed. Records showed the nurses had received medicines management training including a competency test.

The provider had taken the necessary steps before staff were employed. This included making sure a completed application form was received, requesting employment, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Staff were knowledgeable of the different types of abuse and how to report any concerns to the management team. We saw that the service had contracts in place for the maintenance of equipment used in the home to ensure these were safe to use.

Not all the staff we spoke with were receiving regular one to one supervision with their manager. Staff we spoke with felt they had good access to training. Of the 44 staff, 12 were not fully up to date with all the training considered mandatory by the provider.

The provider had taken steps to ensure that any restrictions on people's liberty were kept to a minimum. We saw that people's capacity to consent to their care had been assessed and where appropriate an application to the local authority had been made for authorisations to deprive a person of their liberty.

People's preferences and likes and dislikes in relation to food was recorded in their care plans. We saw that alternative meals were available for people if they changed their mind on what they wanted to eat. People were supported to maintain good health and have appropriate access to healthcare services.

The provider had made improvements to ensure people's comfort, privacy and dignity was met. People were asked if they would like net curtains at their bedroom windows and the bedding on people's beds was of a better quality and additional bed coverings were available to help promote people's comfort and warmth. We saw that when bedroom doors were closed and personal care being given a privacy notice was hung on the door handle to advise other staff not to enter the room while personal care was being given.

Records showed that people who requested personal care from staff of the same gender was now being met. We looked at the current staff rotas and saw an appropriate mix of staff was available during the day and at night.

We observed staff delivering care in a calm and relaxed manner. They knocked on people's doors and asked permission before going in. People were well presented, men were freshly shaven and women had their make up on. They were dressed appropriately for the weather.

The care plans we looked at showed involvement from the relatives and people. Each person was allocated a named nurse and a key worker and these staff endeavoured to build a relationship with the person and their relatives. Records showed that care plans were reviewed monthly; however, there was no record of regular involvement of the relatives and the people at these reviews.

The home had started a scheme for one person to be 'Resident of the day'. However we found this new scheme could not always be put into practice on the day because of the lack of staff. The care plans we looked at included people's preferred activities and hobbies. Records showed people being involved in both group and individual activities but feedback we received, showed that the provision of activities was not always meeting people's needs and expectations.. Monthly residents meetings and the bi-monthly relative's meetings were held.

The provider had arrangements in place to listen to people's concerns and complaints. People and relatives told us they knew who to make a complaint to and said they felt happy to speak up when necessary.

The provider had started an employee of the month scheme. The current employee of the month said they were very pleased to be recognised for their hard work and the scheme made them feel valued. There were regular staff meetings. Staff felt able to express their views and opinions at these meetings.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

However, we also found three breaches of the regulations. These were in relation to safe care and treatment, good governance and staffing. You can see what action we have asked the provider to take at the back of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. The provider had not identified some risks within the home environment so these could be appropriately mitigated

There were insufficient numbers of skilled staff deployed to ensure that people had their needs met. The recruitment practices were safe and ensured staff were suitable for their roles.

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take help protect people from the risk of abuse. The provider had systems in place to protect people against risks associated with the management of medicines.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. People were not supported by staff who received appropriate one to one support. Overall, staff were suitably trained for their roles.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

There were arrangements to support people with their nutritional and healthcare needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People were supported by caring staff, who respected their privacy and dignity. Staff ensured people's privacy was maintained when they supported them with personal care.

The provider had considered people's privacy and comfort when equipping their bedrooms.

People preferences to how they receive care and about the gender of staff to provide personal care to them was respected.

**Good** ●

People presented well and appeared well cared for with a good standard of personal care. □

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

The service was not always responsive.

Care plans had been updated to take into account people's changing needs. There was adequate care planning around pain management, but the reviews did not involve people and relatives.

The provider had a programme of activities but these were not sufficient for the number of people using the service.

The provider had a complaints policy and a procedure to respond to people's concerns and complaints. Complaints received had been acknowledged but evidence of the outcome of these complaints could not be found.

**Requires Improvement** ●

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

The service was not as well led as it could be. The provider did not carry checks and audits according to their own policies and procedures to monitor the quality of the service. Where these were carried out these were not very effective as the provider had not identified some areas for improvement that we found during our inspection.

The provider maintained adequate records to show that people were being cared for appropriately.

**Requires Improvement** ●

# Belmont House 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.

This unannounced inspection took place on 7 March 2017. This inspection was carried out to follow on from our inspection on 29 September and 4 October 2016 when we rated the service 'Inadequate' and placed the service in 'Special Measures.' This is because according to our processes, we carry out a returned comprehensive inspection within six months of the publication of the report when we have rated a service inadequate and placed it in special measures. The inspection was also arranged to check that the provider had made the improvements they had told us they would make in relation to all the breaches of regulations we identified and were meeting the requirements of the regulations.

This inspection was carried out by two inspectors, a specialist advisor to CQC who was a registered nurse and an expert by experience who has experience of the care of older people and related services.

We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths. Prior to the inspection we spoke with representatives of the Sutton local authority safeguarding adults' team and the Sutton Clinical Commissioning Group (CCG).

During the inspection we gathered information by speaking with 14 people living at Belmont House, five relatives, the peripatetic manager (also known as the manager in this report), the area manager and regional operations director, the clinical lead, the activities co-ordinator and 11 members of staff.

We observed care and support in communal areas in an informal manner and we also used the Short



Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us." We looked at four care records and four staff records and reviewed records relating to the management of the service.

# Is the service safe?

## Our findings

On 29 September and 4 October 2016 we inspected the service and identified a breach of the regulation in relation to safe care and treatment. We found that the provider had not carried out appropriate risk assessments and had not ensured risks had been identified and mitigated. For example they had not identified that suction machines were not prepared and ready to be used in an emergency if these were needed to clear people's airways. Staff were also not using the appropriate equipment to test people's blood sugar levels raising the risk of cross infection. We also found that people's falls risk assessment had not been fully reviewed and updated when their condition changed and staff had not implemented the provider's own falls prevention strategy. In addition staff were not sure how the sensor mats and movement sensors worked when connected to the call bell system. These devices were used for people at risks of falls to alert staff that the people might have got up from their bed or from a sitting position and were therefore at increased risk of falls, so staff could take appropriate action. Pull cords to the alarm system in bathrooms and toilets were tied up and out of reach should someone fall on the floor and personal emergency evacuation plans (PEEP) were not kept up to date. We also had concerns that the provider did not have suitable arrangements to protect people against the risks that can arise from the unsafe management of medicines.

Following the inspection the provider wrote to us and told us they would make the necessary improvements and address all the above concerns by December 2016 by ensuring staff received training in the management of medicines and were assessed as competent to do so. They said they would improve and monitor their recruitment processes and for named nurses and key workers to be involved in reviewing people's care plans, monthly or more often if changes are identified. They also said they would review and monitor the staff rotas to reflect the skill mix and qualifications of staff and staffing to be in line with people's dependency needs..

At this inspection, we found that whilst the provider had taken action to meet the legal requirements of this regulation, there were still areas that needed to be improved. In regards to the management of falls we noted that people's falls risk assessments had been reviewed and updated to help mitigate the risk of falls. Staff had also received additional training on falls prevention, the use of movement sensors and sensor mats, and a falls management handbook to help them understand the importance of falls prevention practices.

However we found that staff did not always remember to turn the movement sensors and sensor mat back on or checked these were on when they were leaving a person's room. A recent incident occurred when a person fell in their room and was injured and it was found that the movement sensor had not been turned on when the last member of staff had left the room. Staff were therefore not alerted when the service user might have tried to get up from a sitting position and were unable to give assistance to the person in a timely manner. We spoke with the manager about this and they said they would speak with staff and add this to the check list of things to remember when staff were assisting a person in their room.

We saw that the majority of pull cords to the alarm system in bathrooms and toilets were untied and

available should someone fall on the floor. But we did see that several pull cords had been shortened so they hung about a foot (about 30cm) above the floor (Building Regulations guidance for disabled toilets/bathroom say this should be 10cm from the floor), which may mean they were not accessible to a person on the floor. We spoke to the manager about this and they said this was done as an infection control measure. The manager said they would ensure cords were correctly hung on the floor.

Personal emergency evacuation plans (PEEP) in people's care plans were up to date but we found that PEEP's kept in a 'Fire Box' near to the main entrance and to be used should the home need to be evacuated, were not up to date. We found two people who were current residents did not have PEEPs. Also the name of a person in a room on the second floor had moved to a room on the ground floor. A copy of people's medicine administration records [MAR] were also kept in this box and we found MAR's for four people who were no longer residents. This inaccuracy in information about people may cause confusion and delays should the building need to be evacuated in an emergency.

Records showed that at the time of the inspection, the fire alarm was tested weekly and arrangements to conduct regular fire drills were in place. Emergency evacuation sledges and fire extinguishers were available in the stairwell. The maintenance person had developed an 'Emergency Book' which showed in diagrams and actual photographs the cut off points for the gas, electric and water. It also gave staff instruction on how to turn the fire alarm off.

We saw in the minutes of the residents meeting dated 6 January 2017 that residents had asked for a fire drill to be held, because the fire alarm had gone off at 5am in the morning and staff appeared to be unaware of how to turn the alarm off and they did not reassure people the alarm was a false alarm. In the meeting people had said they were very frightened and scared by the alarm and staff did not come to check on them. The maintenance person explained to us that when the alarm goes off all the doors in the home automatically shut, as they are fire doors. Once it is established it is a false alarm staff should open the doors again and check that people are ok. The people at the meeting said this had not happened on this occasion. We tried to find evidence that staff and management had learnt from this incident but we could not. It was not mentioned in the minutes of the staff meeting on the 20 January 2017, the heads of department meeting on the 11 January or the registered nurses meeting on the 10 January.

During a fire drill in February 2017 staff once again failed to check on people immediately after the drill to reassure them it was only a fire drill and to reopen their bedroom doors if that was requested. Consequently one person fell while trying to stand up, their movement sensor to alert staff to their fall was not turned on at the time and this meant the person was not found immediately after their fall.

We looked at the fire policy for Belmont House which stated clearly the actions staff should take on hearing the fire alarm. The policy also contained a notice that should be displayed in relevant areas of the home, so staff were reminded of the action to take. We could only find one notice and that was in an unused nurse's station on the first floor. We spoke with the manager about this and they said the notices would go up immediately. The concerns identified in the above paragraphs shows that the provider has not made all the improvements they said they would make and were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection CQC received information of concerns from five different people, submitted on line, nine telephone calls and three whistleblowing allegations, many of the concerns were similar and included concerns about the lack of staff, especially at night and at weekends. At our previous inspection in September/October 2017 when the home had 19 residents, there were three trained nurses and four care workers on duty during the day and a registered nurse and three care workers at night. We were told by the

previous manager the number of care workers would increase to four at night to compensate for the layout of the home, (this being on two floors). We found this increase in staff had not happened.

At this inspection where there were 23 residents we looked at the payroll submission for two weeks in February 2017 and saw there was one or two trained nurses and between four and eight care workers during the day and one trained nurse and between two and three care workers at night. On two nights there were two care workers and two trained nurses were on duty and another night only one trained nurse and two care workers. On one night there were no trained nurses on duty and only three care workers. Therefore a trained nurse was not available for part of the night to support people should they have needed care and treatment from a nurse. Although day time staff figures appear adequate for the number of residents, the night time staffing levels had not increased as we had been informed despite more people using the service.

We did observe that call bells were answered within a short time, less than 10 minutes, but one person said it varied. One person said, "If you ring the bell you get attention eventually," and "Bell response times depend on the time of day." On the day of the inspection people's requests for assistance were heard and staff responded promptly. For example we heard a person in their bedroom calling for assistance. Within two minutes two staff came in to support the person. Staff did say at times there were lots of call bells at the same time and they had to prioritise people's needs. This meant some people had to wait, but those that needed urgent support, for example to go to the toilet, was provided with this promptly.

We also heard and observed people having to wait for assistance from staff. One person in the lounge said "I'm waiting to go to my room, then outside for fresh air and back again. Sometimes you have to wait a long time for staff, they're very short staffed. This can be a problem if you need the toilet. They are looking after me as well as they can do with the lack of staff." A staff member who overheard the conversation said "I see this every day, people being kept waiting in this way." We also observed two people waiting for staff to help them get up and dressed at 10.30am in the morning, which one person said was not their choice to get up late.

On the day of our visit there was only one domestic assistant on duty as the domestic supervisor was on annual leave and cover had not been provided. Of the 28 days in February only on 13 days were two domestic staff on duty. Part of the duty of the domestic staff is to provide a deep clean of the resident of the day's room, but we found no recorded evidence that this was being done.

On speaking with management about this they confirmed they are in the process of recruiting more domestic/housekeeping staff. However, the management team were not aware that there was only one domestic assistant on duty on the day of our inspection and that annual leave was not being covered. The concerns identified in the above paragraphs were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate equipment for testing blood sugar levels for people with diabetes were available. Information on the signs to look for should a person be unwell due to their diabetes such as hypoglycaemia [low level of glucose in the blood] or hyperglycaemia [high blood sugar (glucose) level] both of which can be life threatening were now available to staff. Appropriate suction equipment to help clear a person's airway in an emergency were now available. These had the correct catheters and were set up and ready to use. Staff understood how to use them. This equipment, information and staff knowledge could help to ensure people were cared for and treated in a safe way.

We looked at four MAR charts and these were completed correctly with no gaps. People told us that they generally received their medicines on time with just a couple of comments about medicines arriving 'a bit

late'. One person on a time specific medicine was receiving this as recommended by the National Institute for Health and Care Excellence [NICE] guidelines. Appropriate records were kept and staff had information of the action they should take to keep the person safe.

People with topical applications had topical charts with body maps in place to indicate where the cream should be applied. The records also had the name of the topical applications, the frequency they should be applied and the name of the person. Information from the prescription was transcribed on the topical charts.

The nurse administering medicines wore a red tabard with the 'DO NOT DISTURB' logo. This was to ensure that they were not distracted during medicines time and to mitigate the risk of errors occurring. Records showed the nurses had received medicines training including a competency test.

We found the provider had taken steps to mitigate the risks to people's health and safety as they moved around the premises. The electrical cupboard and sluice rooms on the ground floor were locked but the sluice room on the first floor was unlocked. We saw that in the minutes of the staff meeting in January 2017 the previous manager had reiterated the importance of keeping the sluice room doors locked. We did find the COSHH cupboard [control of substances hazardous to health] were locked and domestic staff we spoke with were aware of the importance of keeping cleaning products and chemicals locked away. We did see an area off the garden where bins including clinical waste was stored was not locked and could cause a hazard to people if they went into this area. The manager said they would ensure this area was kept locked at all time. Overall, despite the lack of domestic staff on duty during our inspection the environment we viewed was clean and free from odours.

Also at the inspection in September/October 2016 we identified a breach of the regulation in relation to the provider not having taken the necessary steps before staff were employed.

Following the inspection the provider wrote to us and told us they would make the necessary improvements and address all the above concerns by December 2016 by ensuring they conducted a full audit of existing personal files to ensure compliance with criminal record checks and obtain references. Robust recruitment processes were to be in place with effective interviews for future applicants.

At this inspection, we found the provider had made improvements to meet the legal requirements of this regulation. Care staff told us 'lots of staff had left' and with better recruitment practices in place, they now had more experienced staff on duty. We looked at four staff files and saw the necessary steps had been carried out before staff were employed. This included completed application forms, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Staff were knowledgeable of the different types of abuse and how to report any concerns to the management team. They gave examples of where they had raised concerns in a previous role to demonstrate they knew the processes to follow. Staff felt comfortable raising concerns up the management team. A number of safeguarding referrals about the service had been made and the management of the home were working in collaboration with all agencies involved to appropriately investigate and respond to any allegations of abuse and negligence that had been made against the home.

We saw that the service had contracts in place for the maintenance of equipment used in the home, including the fire extinguishers and emergency lighting, gas appliance maintenance and water testing for temperature and water borne diseases.

## Is the service effective?

### Our findings

On 29 September and 4 October 2016 we inspected the service and identified a breach of the regulation in relation to the provider not supporting staff through one to one supervision and appropriate training.

Following the inspection the provider wrote to us and told us they would make the necessary improvements and would address all the above concerns by December 2016 by ensuring there was a robust training programme to include the care certificate and a supervision and appraisal system in place and that staff would receive a minimum of six supervisions per year.

At this inspection, we found the provider had made improvements to meet the legal requirements of this regulation but there was still more to do. Staff we spoke with gave a mixed response about access to supervision. One staff member said, "I had supervision a couple of days ago but that was only for the second time since I started." Another staff member who started two months ago told us they had not had any supervision yet, but knows that other staff have had supervision. One staff member said "I understand that I will have supervision every three months." A new member of staff said they had not received supervision yet and another staff member said, "I've never been supported by my manager. My line manager doesn't get involved."

One staff member that had regular supervision said it gave them the "opportunity to discuss what's going well and what's not going so well". They also mentioned supervision gave them the opportunity to talk about career progression and the management team encouraged them to learn new skills. Supervision records we looked at showed that some staff were still not receiving regular supervision. A rota for 2017 supervision had been drawn up but not all staff had a date allocated to them yet. We spoke with the manager about this and they said staff would be allocated dates for their 2017 supervision meetings.

Staff said they felt the induction processes had improved and they were now able to fully undertake the induction 'buddy' role. This meant they had more time to provide comprehensive inductions, support new staff with the care certificate and provide on the job training. One staff member said, "I want to make sure new staff are doing it right." Care staff were complimentary about the nurses and their knowledge and skills. Two care workers said, "They're the best registered nurses I've worked with" and "I have been working here for a few months now. When I started I had an induction and training in manual handling, fire procedures, food hygiene, mental capacity act and safeguarding. The nurses are very good and I can always rely on them. We also have guidelines by the nurses and other professionals such as the speech and language therapists, occupational therapist and the dietician. The care plans also give details on how to do things."

Another staff member told us "New staff and temporary staff never work on their own. We work in pairs and new and temporary staff are paired with those who know the people to ensure that the people get the care that is prescribed for them. On top of that we have a very detailed hand over session between shifts and the nurse support us by checking that we are alright when we are delivering care and at the end of the shift."

Staff we spoke with felt they had good access to training. They were aware of the provider's training

requirements and staff told us they were up to date with the training considered mandatory by the provider. Staff felt they had no unmet training needs. One staff member said, "The training is intense." The staff training matrix showed the staff on duty on the day of our inspection, including domestic and catering staff had completed most of their mandatory training. Where we saw staff were still in the process of completing their training, the manager explained this was due to them completing their online training but were yet to return their records which reviewed their learning and competency. Of the 44 staff 12 were not up to date with all their mandatory training but were in the process of completing the on line training. The clinical lead was a train the trainer for moving and handling and falls prevention and so this training was delivered in house.

At the inspection in September/October 2016 we also identified a breach of the regulation in relation to the provider not ensuring that any restrictions on people's liberty were kept to a minimum and not considering people's capacity to make decisions in imposing restrictions on people's liberty.

Following the inspection the provider wrote to us and told us they would make the necessary improvements and address all the above concerns by December 2016 by ensuring that treatment and care reflected each individual's capabilities to make their decisions, staff would receive training on mental capacity and deprivation of liberty.

At this inspection, we found the provider had made improvements to meet the legal requirements of this regulation. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had arrangements in place to assess people's capacity in regards to making specific decisions. We saw that people's capacity to consent to their care had been assessed and where appropriate an application to the local authority had been made for authorisations to deprive a person of their liberty.

Where sensor mats or movement sensors were used in people's bedrooms, to alert staff when a person fell or was moving unassisted we saw an appropriate application under DoLS had been made to the local authority to do this. The key pad number to use to open the home's doors or lift were available to those people who had capacity, to open the doors or go in the lift if they wanted to. The doors to the enclosed garden and patio areas were no longer locked and alarmed. During our visit we saw that people and their families were accessing the garden and patio areas freely. This meant that people who were able to could move around the home freely.

People commented about the food, "The quality is there," "Food is excellent. Most of the time I go down to the dining room for lunch and have supper in my room," "The food is exceptionally nice" and "The food is adequate for my needs; my appetite has decreased but they have adjusted my diet to my needs by serving smaller portions and cutting up the food if need be." We also received a few negative comments "The food seems to vary" and "They keep running out of things such as white bread for toast, chips, cream, butter and marmalade and they put the wrong things together, such as gammon with gravy and chips with gravy." People's preferences and likes and dislikes in relation to food was recorded in their care plans. We saw that alternative meals were available for people if they changed their mind on what they wanted to eat.

The chef had clear information about people's likes and dislikes, their allergies and any special dietary

requirements they had including if they needed a soft diet, or a fortified diet if there were concerns they were losing weight, or if they were diabetic.

We joined three people for lunch in the dining room and found the food to be well presented, hot and flavoursome. The people we sat with said "Mealtimes were a good experience." The dining room was welcoming and each table was set with cutlery, condiments and a table cloth. People could also choose where they ate their meals. The chef told us there were set meal times but people were able to request meals at different times if the set time did not fit into their routine. For example, if they needed to go out early or preferred to lie in and have a late breakfast.

There were a variety of drinks available to everybody including visitors. During the day we saw staff going around and offering people hot and cold drinks with cakes or biscuits. People had drinks available in their rooms. One staff member told us "Staff go around to check that there are drinks in the room at all time."

The Malnutrition Universal Screening Tool (MUST) tool was used to monitor people who were at risk of malnutrition. People's weight was also monitored every month. One record showed that the staff had responded appropriately to a person's weight loss by referring the person to the dietician, weighing them weekly and keeping their GP informed of their progress. People on fluid balance charts had their daily targeted intake calculated, but we found these were not consistently totalled at the end of 24 hours. However records showed that people were receiving adequate fluid.

People were supported to maintain good health and have appropriate access to healthcare services. One person told us about a condition they had and the treatment they were receiving from a therapist who visits the home and that they were now 'improving.' A relative said "My family member certainly looks a lot better since they came here." They went on to explain how they had previously been in their own home.

Since our last visit the home had changed the GP practice it was attached to and a GP visited the home weekly to review people's health needs. We saw that the GP was accompanied on his rounds by the clinical lead nurse and all consultations took place in private.

A relative told us about a nutritionist who had visited their family member and advised staff on the best types and consistency of food for them. Care plans showed involvement of a dietician and the speech and language therapist (SALT) in ensuring people's nutritional needs were met. People with swallowing difficulties were referred to the SALT team and their input was detailed in people's care plans. SALT also provided guidelines for staff including guidelines on the prevention of choking and how to manage it should it occur.



## Is the service caring?

### Our findings

On 29 September and 4 October 2016 we inspected the service and identified a breach of the regulation in relation to the provider not having effective arrangements to always promote people's comfort, privacy and dignity. This was because there were inadequate window coverings and bedding was of a poor quality in people's rooms. We also found that staff did not close doors when helping people with personal care and that people's request to only receive care from staff of the same gender was not being met.

Following the inspection the provider wrote to us and told us they would make the necessary improvements and address all the above concerns by December 2016 by ensuring staff received training on respecting people's dignity and this would be discussed in meetings, supervisions and hand overs with all staff and that people were to be treated as individuals.

At this inspection, we found the provider had made improvements to meet the legal requirements of this regulation. We saw that some bedrooms had net curtains and others did not. Staff told us and records showed that people were asked if they would like net curtains at their bedroom windows to help promote privacy and dignity. The choice was a personal one and staff respected people's wishes. We saw that the bedding on people's beds was of a better quality and additional bed coverings were available to help promote people's comfort and warmth.

We saw that when bedroom doors were closed and personal care being given a privacy notice was hung on the door handle to advise other staff not to enter the room while personal care was being given. Where people chose to have their door open we saw they were adequately dressed to protect their dignity.

We observed staff took one person from the lounge to their own room so that they could reposition the person in their wheelchair after they had slipped down. Staff did this because they needed to use a hoist to help the person and to promote their privacy and dignity. Care staff described how they protected people's privacy and dignity, including ensuring people were covered as much as possible whilst personal care was delivered and giving people time and space when using the bathroom, whilst remaining nearby to ensure their safety.

Records showed that people who requested personal care from staff of the same gender was now being met. We had received complaints in January 2017 that this was not happening, especially at night. At the time we had looked at staff rotas and had seen that on several nights there were only male staff on duty and so people who required the assistance of female staff would not have their request met. We spoke with the provider about this at the time and they assured us an appropriate mix of staff was available on all shifts. We looked at the current staff rotas and saw an appropriate mix of staff was available during the day and at night.

People at the home said that the staff were 'kind, caring, friendly and treated them with respect.' People told us "I like the staff here especially the permanent ones because they care and are very gentle with me. It is a nice place and I like it," "They've got some lovely girls [staff] we like it so much," "I came here to get care and

I am getting good care" and "On the whole the staff are good. They're very helpful. You press the button and they come in five minutes. We get a choice of whether a male or female person [staff] helps us and that choice is respected. The carers will put a hand on your shoulder and say 'Hello' it's very comforting. We can have a laugh and a joke with them." Two relatives commented "It's early days for us but everyone seems very helpful and it looks nice" and "I've got no problems with them at all. A senior staff member came to the hospital to assess [my relative]. Everybody has been really kind, helpful and professional."

We also observed one carer who clearly knew two people extremely well and was able to help us communicate with them. With their help one person was able to tell us she liked the staff and was satisfied with the way she was being looked after. The same carer helped us to speak successfully with another person and reminded us to call the person by their preferred name.

We observed staff delivering care in a very calm and relaxed manner. They knocked on people's doors and asked permission before going in. People were well presented, men were freshly shaven and women had their make up on. People had their hair brushed and clean nails. They were dressed appropriately for the weather.

There were reminiscence cabinets by each person's bedroom. These were used to display items important to the person, including wedding photos, as well as to celebrate people's achievements, including displaying sports trophies and medals.

An information board was available near the main lounge giving people and relatives key information. Including identifying the uniforms different staff groups wore, giving an update on the management changes, requesting suggestions from people for questions to ask when recruiting new staff and displaying minutes of the last residents meeting.

## Is the service responsive?

### Our findings

On 29 September and 4 October 2016 we inspected the service and identified a breach of the regulation in relation to the provider not ensuring that people's care plans always reflected their assessment of needs. As a result people were at risk of inappropriate and unsafe care and treatment. Care plans were not always personalised and had not been kept up to date to reflect people's changing needs. Advance care plans for people had not always been fully completed .

Following the inspection the provider wrote to us and told us they would make the necessary improvements and address all the above concerns by December 2016 by ensuring the care plans were person centred, relevant to the individual and that the person would be involved in the care planning and ongoing reviews. That there would be systems in place to ensure the care plan reflected people's wishes in all areas of their support and care.

At this inspection, we looked at four care plans and found the provider had made improvements to meet the legal requirements of this regulation. The care plans we looked at showed that pre-admission information has been gathered prior to the person being admitted to identify their needs. This information was gathered from the person, their relatives and other professionals. Information showed details about their preferences and their activities of daily living so staff could make a decision as to whether the needs of the person could be met in the home.

The care plans showed the involvement from the relatives and people when these were drawn up. They showed attention to details and had signatures from the person and their relatives. One relative had written the preferred daily routine of her family member and the staff ensured that it was being implemented. People had their preferences of whether they would like to be attended by male and female recorded. A staff member told me that these preferences were respected.

Each person was allocated a named nurse and a key worker and these staff endeavour to be present when the person first arrived at the home in order to build a relationship with the person and their relatives and also to ensure that they had a point of contact. Records showed that care plans were reviewed by the named nurse every month. However, there was no record of the regular involvement of the relatives and the people at these reviews . The management team had already identified this as an area requiring improvement and had invited relatives to attend care plan reviews.

The home had a scheme where one person was the 'Resident of the day'. One staff member told us "On that day we try to make it a special day for the person. We inform them that they are the resident of the day. They get a visit by the chef who prepares the food of their choice, staff meet any special request they may have, like having their hair done and their room gets a spring clean and they are taken out". However on speaking with other staff we found this new scheme could not always be put into practice on the day because of the lack of staff.

The care plans we looked at included people's preferred activities and hobbies. Records showed people

being involved in both group and individual activities. For example we observed a person engaged in reading and listening to music. One person had her favourite music by her side. She told us "I am happy listening to my music and watching my favourite programmes on the TV. I can also see my relatives when I want in the privacy of my room".

We also observed people engaged in decorating Easter bonnets and playing games. The day of our visit was sunny and warmer than it had been and we observed staff taking people out in the garden. One person told me "My relatives take me out and I also have opportunities for staff to take me in the garden." Another person told us about the bulbs they had planted in the raised flower bed and how they were 'keeping an eye on them' and hoping they would grow soon. Two other people said "They are very good at celebrating birthdays" and "We sing carols and do musicals." The person's relative explained that people sing along to their favourite shows such as The Sound of Music. One person told us about representatives from 'Sutton Vision' who visit every two weeks to read the newspaper to them and have a chat." Sutton Vision is a registered charity, who supports local people who are blind or partially sighted.

Despite the positive comments we heard, two people commented "I have not been outside the home since I came here" and "They have films to watch but we don't do a lot of stuff." A relative told us "My family member likes a game of dominoes or a jigsaw and to sing, but there are no activities upstairs so they have to come downstairs all the time which makes them confused." Another relative said "[My family member] has only been on one outing; they have no transport and tell us, 'We do our best with what we've got.'

We saw a copy of the 'Belmont Bugle' magazine. This was being produced by a relative and was packed with relevant items on health conditions, hydration, staffing, puzzles and colouring and was produced in large prints.

The provider had arrangements in place to listen to people's concerns and complaints. People and relatives told us they knew who to make a complaint to and said they felt happy to speak up when necessary. However they did not always feel confident that the previous manager would deal with any concerns promptly. We saw in the residents meeting minutes on 6 Jan 2017 that a person's relative had called from Australia on Christmas Day and was told by staff that their relative did not live at the home, this was incorrect. When we reviewed the complaints folder we could not find that this had been investigated, but the minutes of the residents meeting did note an apology from the previous manager.

Other complaints we saw in the complaints folder did not show a clear timeline of how the complaint had progressed and whether the complainant had been satisfied with the response. This meant that there was no audit trail to show that people's complaints were being addressed appropriately. We brought this to the attention of the management team to look into.

## Is the service well-led?

### Our findings

On 29 September and 4 October 2016 we inspected the service and identified a breach of the regulation in relation to the provider not ensuring that quality assurance systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided. The provider also did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.

Following the inspection the provider wrote to us and told us they would make the necessary improvements and address all the above concerns by December 2016. They said they would fully implement their quality assurance management system, the home manager would complete audits as stipulated by their processes and action plans completed on Clinical Management Trending [CMT, the in house data base system] would be monitored weekly for compliance. They also said they would improve all aspects of records keeping and ensure all records including care plans, risk assessments, monitoring charts and progress notes were maintained, reviewed and kept up to date.

At this inspection, we found the provider had not fully made the improvements they had said they would in their action plan to meet the legal requirements of this regulation. This was because the provider's governance and quality assurance systems and processes were still not very effective to identify and address the concerns we had found during our inspection.

At the time of the inspection the files we were shown by the manager showed that in January 2017, the only audits carried out were for the cleaning of the premises, the checking of the call bell system and a weekly audit of the MAR charts and the medicines storage conducted by the clinical lead. An audit of the administration of medicines was carried out by the supplying pharmacy in January 2017. Action plans had been developed to address areas that had been identified as requiring improvements. We were also shown tick lists of the weekly manager's checks for night cleaning of the home, fluid, food and turning charts, the safety of the sluice rooms and wheelchairs and the fridges and freezers to be carried out in 2017. The last completed managers' checks we were shown was dated 16 December 2016.

We also saw the monthly risk assessment of the environment to help in the prevention of falls which covered the safety of the bathrooms, floor coverings, handrails, non-slip mats and ensuring all areas were free of trip hazards was last conducted on 2 November 2016. An infection control audit was conducted in December 2016 with the next audit dated as due in six months, although management told us this should be three monthly. The manager and the inspector were unable to find any other evidence that further audits had been carried out in January or February 2017.

As part of the factual accuracy process the provider sent more evidence in the form of the 'Elderly Care Monthly Regional Manager Visit Report' for January and February 2017, accompanied by two action plan reports for the same months. The provider told us these were saved on CMT [a data base system]. This system was not shown to the inspector at the time of the inspection.

In line with CQC's factual accuracy process we have reviewed these fully and note your audit systems were still ineffective because they had not identified and address areas that we found during our inspection which needed to be improved. These included some pull cords being tied up in bathrooms/toilets, fluid balance charts not always totalled at the end of the day, that PEEPS kept in a 'Fire Box' near to the main entrance and to be used should the home need to be evacuated were not up to date, a sluice room door was unlocked, an area off the garden where bins including clinical waste was stored was not locked and staff were not receiving regular supervision.

The lack of effective audits and monitoring meant that the provider had also not been able to identify and address areas that we found during our inspection which needed to be improved. These included staff not fully understanding the fire drill procedures, sensory equipment used to alert staff to a person falling not being turned on. In addition feedback to the commission from people's relatives and whistleblowers consistently referred to a shortage of staff, which the provider was attempting to address but which nevertheless remained a difficult area to rectify. The above shows there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.'

We noted that there were improved quality assurance processes in some areas. For example we did find that people's care records were now completed in a more timely and comprehensive manner and were being reviewed appropriately to reflect people's changing needs. Food charts, fluid balance charts and turning charts were up to date and completed correctly, except where the fluid balance charts were not always totalled at the end of the day.

When the home opened in July 2016 there was a registered manager in place. They left in September 2016 and a manager from another home within the Caring Homes Healthcare Group was appointed to manage the home and had registered with CQC. This manager left at the beginning of February 2017 and at the time of the inspection a peripatetic manager was managing the home. They were supported by the area and regional managers from the Caring Homes Healthcare Group.

Staff had mixed feelings about the management and culture in the home. Some staff expressed their opinions that there was limited teamwork at the home. They felt staff had the attitude of 'It's not my job' and therefore did not support and help each other out. Other comments we heard from staff were "There's not a can do attitude in this place," "Everyone cuts corners." "Staff just come for the money and then they are gone" and "Some [staff] just work and then they go home. Whilst we're breaking our backs others are not."

We also heard from staff who felt there was good teamwork. Comments included "We all work as a team," "I'm always doing things for the residents. They are everything. I work for them" and "I love caring. It's all about the residents," "This is a beautiful place and it has started to take shape. I hope we can keep the staff we have and get more of the same," and "The clinical lead is very supportive, but I wish the last manager had stayed because she had done a lot of hard work and has left her mark behind." One nurse told us, "I have been very impressed by the quality of the care plans because they are individual and give specific information about how things should be done, the last manager started it, and it is being continued by the clinical lead."

To improve staff culture and to recognise their contribution to the way the service was provided the provider had started an employee of the month scheme. Staff were nominated by their peers, residents and relatives. We spoke with the staff member who was the current employee of the month (the laundry supervisor) and she was very pleased to be recognised for her hard work and the scheme made her feel valued.

There were regular staff meetings. Staff felt able to express their views and opinions at these meetings. Most

of the staff we spoke with felt able to have open and honest conversations with the peripatetic manager and the senior management team.

The senior managers said the current managerial support systems would remain in place to ensure when a new manager was appointed they would be appropriately supported. This process would include a full handover from the peripatetic manager; another of the provider's registered managers acting as a buddy and regular monitoring and input from the area manager and regional operations director. The senior managers said the on call arrangements had been strengthened to ensure staff were adequately supported out of hours, with further support available from the provider's home managers who lived in the local area.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that care and treatment was always provided in a safe way for service users in that appropriate arrangements were not in place to identify and manage risks to people.</p> <p>Regulation 12 (1)(2)(a)(b)(d)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not ensure that systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided.</p> <p>Regulation 17 (1)(2)(a)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet service users care and treatment needs.</p> <p>Regulation 18 (1)(a)</p>



