

Sequoia CH Group Ltd

# Belle Green Court

## Inspection report

Belle Green Lane  
Cudworth  
Barnsley  
South Yorkshire  
S72 8LU

Tel: 01226718178

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### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Belle Green Court is a care home that provides accommodation for older people who require personal care, some of whom are living with dementia. The home can accommodate up to 40 people in one adapted building, over two floors. At the time of this inspection there were 30 people living at the service.

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

There were not enough staff deployed to meet people's care and support needs in a timely way. People's care records were missing important information. Risks assessments had not been updated to reflect significant changes in people's care and support needs. The systems in place to ensure people received their medicines as prescribed were not effective.

Staff were not provided with regular ongoing support to make sure they had the right skills and knowledge to support people. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Where there were systems and processes in place to monitor and improve the quality of the service provided these were ineffective as they had not picked up on the issues identified at this inspection. The manager and nominated individual had failed to take enough action in response to previous inspections and this had led to ongoing breaches and shortfalls. Only a small percentage of policies and procedures had been reviewed and updated by the manager. There were limited opportunities for people to give feedback on the service or make suggestions for improvement.

People told us they enjoyed the food served at Belle Green Court. People's dietary needs were met. We saw some kind and caring interactions between people and staff, where time allowed this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 December 2020) and there were multiple breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

### Why we inspected

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

We received information of concern which suggested some of the breaches identified at our last inspection may not have been resolved. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last inspection, by selecting the 'all reports' link for Belle Green Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing, good governance and the need for consent. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Belle Green Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team was made up of two inspectors.

#### Service and service type

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

The home is required to have a manager registered with CQC. If a manager is registered with CQC, this means both the manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection, the manager had been in post for approximately nine months and was not registered with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioners and safeguarding teams, and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who lived at Belle Green Court and two relatives about their experience of the care provided. The manager was not working on the day of the inspection, however we met with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 6 members of staff and four visiting health and social care professionals.

We spent time observing the care and support provided to people to help us understand the experience of people who could not talk with us. We looked around the building to check environmental safety and cleanliness. We looked at written records, which included 3 people's care records and seven staff files. A variety of records relating to the management of the service were also reviewed.

#### After the inspection

We continued to seek clarification from the nominated individual to validate evidence found. This included reviewing policies and procedures, and medicines records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

At our last inspection we found sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet people's care and support needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- There were not enough staff deployed to keep people safe. We saw dependency tools were completed for each person; however, they did not always accurately reflect the person's level of need. For example, the dependency assessment score for one person had remained consistent yet their care records indicated there had been recent and significant increases in the level of care and support they needed.
- Staffing levels did not meet the needs of people living at Belle Green Court. For example, there were ten people requiring support from two members of staff with personal care. Seven people required support from a member of staff to eat. On the morning of the day of the inspection there were two care workers upstairs and one care worker being shadowed by a new member of staff downstairs. There was also one senior care worker covering both floors.
- Most staff told us they felt there weren't enough staff employed. Comments included, "You [care staff] haven't got time to have five minutes with people. You can't care for people. We're just going from task to task" and "We [care staff] even have to do laundry four days per week in between caring because the laundry assistant is only on three days per week."
- We were not confident the rotas accurately reflected the numbers or names of staff who were working. For example, the rota for the day of this inspection indicated only one member of care staff would be working the night shift. When we questioned this, we were told the rota was incorrect and there would be two members of staff working that night.
- The nominated individual told us there would be an additional member of care staff employed at busier times of the day. The rota indicated this extra member of care staff would be starting later in the week. The additional times they would be working did not include the busy lunch time period.

People were at risk of harm as we found sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet people's care and support needs. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment files did not always contain all the necessary information to ensure people employed were of good character. For example, there was no risk assessment covering the gaps in one new recruit's employment history. We spoke with the nominated individual about this who confirmed satisfactory explanations had been given. They agreed risk assessments would be recorded on staff recruitment files in future.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the systems in place did not adequately assess and mitigate risks posed to people using the service. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People's care records did now contain risk assessments. However, these had not been updated to reflect significant changes in need. For example, we saw one person was unable to mobilise without the use of a wheelchair as they could no longer weight bear. Their risk assessment stated they could mobilise independently with the use of a walking frame.
- People's care records were missing important information. For example, we saw one person was on a specialist diet, however their care record did not contain details about increased risk in terms of choking.

People were at risk of harm as the systems in place did not adequately assess and mitigate risks posed to people using the service. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people in the event of a fire had been addressed. There were regular checks of firefighting equipment. Staff took part in fire drills. Some people's personal emergency evacuation plans needed updating and/or completing
- Staff knew how to protect people from the risk of abuse. Staff we spoke with confirmed they had received training in safeguarding adults from abuse. The manager had a system in place to record safeguarding concerns raised with the local authority, action taken and the outcome.
- Accidents and incidents were recorded and investigated. The type and frequency of incidents were analysed to see if there were any lessons to be learnt.

Using medicines safely

- Systems were not in place to ensure people received their medicines as prescribed. For example, the amount of medicine recorded in the controlled drug book and corresponding medicines administration record (MAR) for one person did not tally. This meant we could not be sure whether this was a recording error, or the person did not receive this medicine on multiple occasions. We have referred this concern to the local authority safeguarding team for further investigation.
- Care staff were not always given guidance on how to safely administer people's medicines. For example, people's MARs did not always contain guidance as to when a person may need their 'as required' (PRN) medicines. There was not always guidance for care staff on where to apply topical medicines, such as creams and lotions.
- Medicines audits were not comprehensive. Medicines audits were only a stock check of a sample of medicines each month. Controlled drugs were not included in these audits. The audits did not include

checking MARs for any gaps, poor recording or PRN protocols.

- Three senior care staff had their competency checked in administering medicines. We were not provided with a competency check for the manager, who also took responsibility for medicines management.

We found systems were not in place to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we recommended the provider consider current guidance on the safe storage and disposal of medicines. The provider had made improvements.

- Medicines were stored securely and within safe temperature ranges.

#### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. All staff were wearing masks throughout the home, however some staff's masks repeatedly slipped below their noses and some staff were observed pulling their masks down to speak with people.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The provider has put a policy in place since the last inspection which contains links to current good practice guidance, however this was not accessible to staff at the time of this inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as required improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we found the care and treatment of service users was not always provided with the consent of the relevant person. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- Care records did not accurately reflect people's mental health needs. For example, the daily notes for one person indicated they were getting additional support at night due to their deteriorating mental health. The mental capacity assessment on this person's care record had not been completed.
- The manager now kept a tracker of every person who was subject to a DoLS authorisation and when it was due for review. However, it was not clear on the person's care record whether they had one and therefore whether there were any conditions attached for staff to meet.
- Risk assessments had been completed when a person was subject to restrictive interventions, such as bed rails. However, when a person lacked capacity to consent to these interventions there was no accompanying best interest assessment.

- Where consent to care documents were in place it was often not clear who had signed the document and when, what relationship they had with the person or whether they had authority to sign on the person's behalf.

We found evidence care and treatment of service users was not always provided with the consent of the relevant person. This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- There was no evidence new staff had completed a comprehensive induction. Staff told us they did shadow a more experienced member of staff before working on their own. There was no evidence of an induction proforma on staff files. At our last inspection we were told this was going to be introduced and completed with new members of staff.
- Staff currently completed only online training. The nominated individual told us they were working the local authority to access face to face training for practical subjects, such as safe moving and handling techniques. The manager had produced an updated training matrix to be completed as staff finished their mandatory training this year.
- Staff did not receive regular supervision to support them in their roles. The manager had produced a staff supervision matrix. However, staff told us the planned supervisions listed as taking place did not always happen. A member of staff told us, "I was down to have it [supervision] on the 27th of May, but [name of manager] wasn't in, so it didn't happen. The nominated individual was unable to provide us with any recent supervision or appraisal records.
- Most staff told us they did not received enough support to carry out their jobs effectively. A member of staff told us, "Some [staff] have had appraisals but some haven't because they've been too short staffed to leave the floor. There's no regular opportunity to sit and talk with [name of manager]."

People were at risk of harm because staff did not receive appropriate support, training, supervision and appraisal to enable them to carry out the duties they are employed to perform. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we recommended the provider consider current guidance on specialist diets to ensure staff are familiar with food preparation for people requiring these types of diets. The provider had made improvements.

- An individual meal preferences sheet was now completed for each person which recorded their likes and dislikes and any special requirements, such as modified texture diets. These sheets were kept in the kitchen and were also accessible to care staff on the food trollies. Staff told us they found these helpful, particularly for new residents.

- People told us they enjoyed the food served at Belle Green Court. Comments included, "I enjoy the lunch, can have always have a sandwich as an alternative" and "I was very pleasantly surprised at the standard of food. The cook is really good."
- Overall, the lunch time service was a pleasant experience. We observed part of this service in both dining rooms. People were given a choice of what to eat and enjoyed the food they were served. Staff encouraged people to eat and drink, where appropriate to do so.
- Some people required support to eat their meals and there were not enough staff deployed to do this in a timely or dignified way. Staff supported several people at a time, repeatedly having to move back and forth from person to person.

#### Adapting service, design, decoration to meet people's needs

- The home and garden were accessible to people with mobility difficulties. The premises were purpose built with wide corridors. There was a lift between floors.
- The home was suitable to meet the needs of people living with dementia. There was signage to communal areas to aid orientation. There was some appropriate wall art to aid reminiscence. The premises would benefit from further improvements in this area. For example, the menu whiteboard in the corridor had not been updated since May.

#### Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care records contained contact details for the health and social care professionals involved in their care and treatment.
- Different communication records were in place for each person. These were to be completed by staff following a visit from professionals or relatives. However, we found these were not always updated after each visit. People's daily notes recorded visits that were not always reflected in the corresponding communication record.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found governance systems and processes had not been fully established and operated effectively and the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The manager and nominated individual had not taken enough action to resolve the issues raised from our last inspection. At this inspection they have remained in breach of the same four regulations.
- The manager and nominated individual had not established effective quality assurance processes. They had implemented some audits since our last inspection, including a provider audit. However, these had not identified the issues we found during this inspection. For example, on the nutritional audit it was ticked 'yes' there was food compliments/complaints book in place. There wasn't. A recruitment file audit ticked 'yes' there was a full employment history for this member of staff. There wasn't.
- There were no record of any audits taking place in May or June 2021. There was not always an associated action plan in place when earlier audits had identified improvements were needed.
- The nominated individual had purchased a comprehensive set of policies and procedures covering all aspects of service delivery. However, only a small percentage had been reviewed by the manager to ensure they were reflective of procedures at Belle Green Court. The rest had not been updated and were therefore not available to staff.
- People's care records had not been updated to accurately reflect their current care and support needs.

People were at risk of harm as governance systems and processes had not been fully established and operated effectively and the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Maintenance checks of the premises were undertaken with satisfactory outcomes.

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

At our last inspection we found the provider had failed to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Three staff meetings had taken place since our last inspection, However, two of these were held in response to whistleblowing concerns raised with CQC rather than regular planned meetings with an agenda staff could contribute to.
- The activity co-ordinator had held two meetings with people living at Belle Green court so far this year. The provider had not implemented any other proactive ways of gaining feedback from people or their relatives,
- Two responses to an external professionals' questionnaires were seen. One was signed but not dated and the other was dated May 2021. There was no analysis of the responses.
- No staff questionnaires had been completed since our last inspection. The results from the staff satisfaction questionnaire in September 2020 had still not been analysed and therefore no action plan had been produced.

The provider had failed to assess, monitor and improve the quality and safety of the services provided. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The week before our inspection the manager had applied to register with CQC. Their application was immediately rejected due to the name of the provider being incorrect. To date another application has not been received.
- Staff were concerned they were unable to undertake their jobs as effectively as they wanted. This had resulted in a negative culture, comments from staff included, "It's [Belle Green Court] is not well managed at all. Staff would not be under as much pressure if it was well managed" and "[Name of manager] doesn't have enough time to speak to staff; not that they don't want to or that they don't want to get things right. They don't have time."
- Relatives were also concerned about the culture at the home and the negative impact it had on their loved ones. A relative told us, "It [provider of Belle Green Court] changed hands a few years ago and I think it's on a slippery slope. Staff morale seems to be very low and all the girls [staff] that had been there since my [relative] moved in have now left. It's having a big effect on the residents as these staff were like extended families to them."

Working in partnership with others

- The manager and the nominated individual continued to work in partnership with Barnsley Metropolitan Borough Council, Clinical Commissioning Group and social services to try and improve the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Care and treatment of service users was not always provided with the consent of the relevant person.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 systems in place did not adequately assess and mitigate risks posed to people using the service.</p> <p>Systems were not in place to ensure the proper and safe management of medicines.</p>

### The enforcement action we took:

Warning notice to be served.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems and processes had not been fully established and operated effectively.</p> <p>The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the services provided.</p>

### The enforcement action we took:

Warning notice to be served.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet people's care and support needs.</p> <p>The provider had failed to ensure all staff had received appropriate support, training,</p>

professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

**The enforcement action we took:**

Warning notice to be served.