

Sequoia CH Group Ltd

Belle Green Court

Inspection report

Belle Green Lane
Cudworth
Barnsley
South Yorkshire
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Tel: 01226718178

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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 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 24 people using 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. Staff had not received enough supervision or training to support them to undertake their jobs effectively. People's care records did not accurately reflect their needs. Risks to people had not been fully assessed and there was not always guidance for staff on how best to manage these risks.

People were not supported to have maximum choice and control of their lives and staff did not always 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.

There were no effective systems in place to monitor and improve the quality of the services provided. People living at Belle Green Court had not been asked for their views on the service or given the opportunity to make suggestions for improvement. Staff feedback had not been analysed, so staff were unaware if their comments had resulted in any positive changes.

We have made recommendations regarding safe storage and disposal of medicines, improving infection prevention and control, and ensuring staff are familiar with food preparation for people requiring specialist diets.

People told us they enjoyed the food served at Belle Green Court. We saw staff were kind and caring in their interactions with people, where time allowed this. They clearly knew people well. The manager had been in post since September 2020 and staff told us they were approachable and supportive. The manager had plans in place to improve the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 October 2019). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

We received concerns in relation to people's care records not accurately reflecting their needs and not containing adequate assessments of risks. Medicines errors had also been reported to us. 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. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same; requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belle Green Court on our website at 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 staffing, safe care and treatment, need for consent and good governance.

We have found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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 and a specialist advisor. The specialist advisor was a nurse with experience of working with older people, including those living with dementia.

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, a new manager had recently started working at the service, however they had not yet applied to register with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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.

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

During the inspection

We spoke with two people who lived at Belle Green Court about their experience of the care provided. We met with the manager and provider. We spoke with seven members of staff.

We 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 around the building to check environmental safety and cleanliness. We looked at written records, which included seven people's care records and four 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 provider to validate evidence found. This included reviewing training data.

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 with the previous provider this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- No new staff had been employed since the last inspection. The manager had audited existing recruitment files to check people employed were of good character. Two of the audits we looked at had identified further actions were required. For example, a file was missing evidence for proof of address. There was no evidence these actions had been followed up.
- There were not enough staff employed to keep people safe. The manager and provider did not use a staffing dependency tool. Staffing levels were worked out on occupancy levels only and did not take into account people's different levels of needs. The manager told us they would be introducing a dependency tool.
- Staff told us staffing levels were not enough for them to undertake their jobs effectively. Comments from staff included, "Showering residents is bad because how can we [care staff] leave the floor when there's only three members of [care] staff [on shift, covering across two floors]. It's so dangerous, staff are leaving because of this [low staffing levels]" and "If we [care staff] are cleaning and doing laundry then we can't spend time with the residents, we are also left to do the pots in the kitchen in the afternoon."
- We saw there were not enough staff deployed to meet people's care and support needs in a timely way. Throughout the day we observed periods of time when there were several people sat in the lounge and no care staff present as they were busy supporting other people in their rooms.

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.

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

- People's care records did not contain adequate risk assessments. They were not accurate, complete or up to date. For example, one care record stated the person was at high risk of falls, however there was no information for staff on how reduce the risk. Another stated a person walked with the aid of a Zimmer frame, however we saw they required a hoist for safe mobilising.
- Risks to people in the event of a fire had not been fully addressed. There were regular checks of firefighting equipment. However, people's personal evacuation plans had only just been printed off, so staff were not yet aware of them. A simulated evacuation had not taken place. Staff told us they knew people well enough to know what to do, "No [there have not been any] simulated evacuations, but all the girls [staff] know the fire procedures, they'd know what to do."

- Incidents and accidents had not been analysed since March 2020. This meant there was no management oversight and opportunities may have been missed to learn from these events and reduce the risk of further incidents taking place.
- The provider was responsible for managing small amounts of money for people living at Belle Green Court. Financial records were kept for each person however, there were no receipts to confirm what the person's money had been spent on.

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.

- Staff knew how to protect people from abuse. Safeguarding concerns were recorded, and the manager had taken action when required.

Using medicines safely

- Medicines were not always stored safely. For example, the fridge and clinical room temperature recording sheet contained many gaps and had last been completed on 30th October 2020. A member of staff told us this was because they were, "Waiting for new sheets to record on."
- Medicines were not always disposed of in a timely way. We found several medical supplies were out of date. For example, we saw an oxygen cylinder with an expiry date in 2016. Three first aid boxes contained out of date products.

We recommend the provider consider current guidance on the safe storage and disposal of medicines.

- Senior care staff took responsibility for managing people's medicines. Their competency in this area had not been checked for nearly a year. The manager told us they were due to begin checking medicines competencies.
- We saw the senior care worker dispensed people's medicines correctly and safely. We saw they stayed with the person as necessary and encouraged them to take their medicines.

Preventing and controlling infection

- The provider's infection prevention and control (IPC) policy was not up to date. The provider had not undertaken any IPC audits since taking over the service in February 2020. The registered manager told us these would be introduced.
- We were not always assured staff were using PPE effectively and safely, or meeting shielding and social distancing rules. For example, we saw two members of staff regularly removed their mask to talk with a person who was hard of hearing. Social distancing was not maintained. The manager told us they were arranging more IPC training for all staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 have also signposted the provider to resources to develop their approach.

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 with the previous provider this key question was rated as requires improvement. At this inspection this key question has 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.

- People's care records did not contain clear and up to date information about their needs or choices. It was not clear when people did not have the capacity to make decisions.
- There was not always a record of signed consent or best interest meetings taking place when significant decisions needed to be made. For example, where there was a need for potentially restrictive interventions, such as bed rails.
- Apart from one person, the provider and manager were not aware of who was subject to a DoLS and therefore whether any conditions were attached. There was no overview kept of this information to track renewal dates.
- Care staff understood the need to give people choices, however we didn't always see this in practice. For example, people were not given a choice of main meal or dessert at lunchtime, although they appeared satisfied with what they were served.

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.

Staff support: induction, training, skills and experience

- No new staff had been recruited since the provider had taken over the service. However, the manager told us she had an induction proforma to complete with new members of staff in the future.
- The previous provider's 'Training and Development' policy stated staff should have supervision with their line manager six times a year. This frequency had not been met. The manager started in post in September 2020 and told us they had not yet had chance to arrange supervision meetings with all members of staff. Staff confirmed this, "I haven't had a supervision for a while, [names of previous managers] did that and they've been gone over two months now."
- The staff training matrix contained significant gaps where staff had not had any training or it was significantly out of date. The manager told us they had started to address this. Staff had been given workbooks to complete and return to the manager. Letters had been sent to staff telling them what training they needed to do and by when. A member of staff told us, "Just about to start it [training], we've got some booklets. [Name of manager] has said these need to be completed. I've done fire, quick meds one. [Name of manager] has set it all out for us."

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.

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

- People told us they enjoyed the food served at Belle Green Court. Comments from people included, "They do first class meals here, very good cooks" and "Not bad food in here, we do well in here, we get well looked after."
- We saw lunchtime was a relaxed and pleasant experience. The food looked and smelt appetizing to us. Tables were laid out nicely with clean tablecloths, condiments, and paper napkins.
- Staff encouraged and supported people to eat and drink as required. We saw good examples of staff supporting people to eat with dignity and respect.
- People were offered cloth tabard style aprons and adapted crockery, such as plate guards where needed. However, not all staff were clear on who was on a special diet. Nor was this clear in people's care records. For example, one person's care plan stated they were able to eat and drink independently and had a normal textured diet and normal fluids. However, during the lunch service we saw this person required support to eat and their food was pureed.

We recommend the provider consider current guidance on specialist diets to ensure staff are familiar with food preparation for people requiring these types of diets.

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

- The service met the needs of people living with dementia. Communal areas were signposted and there were some pictures on the walls to aid reminiscence, however the service would benefit from further development to better meet these needs, such as tactile displays.
- The premises and gardens were accessible for people with mobility difficulties.

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

- People's care records contained details of the professionals involved in their care. We saw records of professional visits taking place.

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 with the previous provider this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. 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

- We found the warning notices, recommendations and requirements from the last inspection with the previous provider had not been acted on. Although the previous rating was not awarded to the current provider, they had full knowledge of the history and had taken responsibility for maintaining and improving the service, including addressing any issues from the last inspection.
- The manager had undertaken audits of care records and recruitment files. They had set up new files for a wide range of regular audits, such as infection prevention and control and mattress checks, from September 2020. However, nothing had been completed to date. The manager told us they had not had time to complete them.
- The audit of care records showed they were not of an acceptable standard. This was also identified at the last inspection. However, only two care records had been revised to date.
- The provider had not undertaken any audits of their own since taking over the service. This would have been another opportunity to identify and resolve any issues.
- The provider had purchased a set of policies and procedures suitable for care homes from a private company. However, these needed reviewing and updating to reflect local guidance. At the time of this inspection staff could only access the previous provider's policies and procedures. These were incomplete and out of date.

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

- 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

- The manager told us they planned to undertake regular meetings with staff, people and their relatives. We were told they had held one meeting with staff to date. There were no minutes of this meeting. However, staff confirmed they had attended a recent team meeting.
- Since arriving at the service the manager had sent out two staff surveys. The first was a staff satisfaction

survey in September 2020. There were five responses on file all of which stated they had poor support from managers. The most recent was regarding the Covid-19 Pandemic 'How are you doing?' staff survey. There were 15 responses on file, seven of which stated they did not always feel supported in their current role. The manager told us they had not had time yet to analyse the results and produce an action plan.

- The provider has not undertaken any resident satisfaction audits.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- It was clear from our conversations with staff and our observations of staff interactions that they knew people well and were committed to providing high quality care, time permitting.
- Staff told us they thought the manager was approachable and had already made some positive changes, such as improving the tea time experience by providing more choice. Comments included, "[Name of manager] is approachable and she's lovely. You can go to her" and "[Name of manager] is approachable and [whatever you say] it is confidential."

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 manager understood their role in terms of regulatory requirements. They were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

Working in partnership with others

- The manager told us they were working in partnership with Barnsley Metropolitan Borough Council and Clinical Commissioning Group to 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 11 (1) The care and treatment of service users was not always provided with the consent of the relevant person.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (2a) The systems in place did not adequately assess and mitigate risks posed to people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) Governance systems and processes had not been fully established and operated effectively. 17 (2a) The provider had failed to assess, monitor and improve the quality and safety of the services provided. 17 (2c) The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing 18 (1) Sufficient numbers of suitably qualified,

competent, skilled and experienced persons were not deployed in order to meet people's care and support needs.

18 (2a) 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.