Belmar Care Homes Limited

The Belmar 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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The Belmar Nursing Home is registered to provide care for up to 44 people with a mental health condition, dementia or substance misuse. The home is situated in a residential area of Lytham St Annes close to local shops and public transport. The home provides a number of lounges plus a conservatory. There are gardens to the front, side and rear of the home, plus space for parking. The lead adult social care inspector for the service undertook an unannounced inspection at the service on 20 January 2016. A specialist professional advisor with a background in adult mental health also took part in the inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The company that operated the home described Belmar Nursing Home as providing rehabilitation services. Although we found some written evidence and personal testimony from service users that the home was involved in rehabilitation, we found this to be very limited. Staff at the home were not able to clearly demonstrate how the worked with individuals on interventions to help them to recover from their mental health problems, or maintain their mental health, and to (re)gain their skills and confidence to live successfully in the community. We recommend that the service provider revisit the admission criteria for the home, in order to ensure that the service is clear about who they want to target their resources at, thus ensuring that people receive more specialised care and support linked to recovery and rehabilitation, as stated in their advertising literature.

Care was provided to people on an individual basis, however, the registered person did not always fully complete risk assessments based on the needs of individuals living at the home. Where risks are identified, then risks assessments must always be robustly completed so as to ensure people's health and welfare are protected and promoted. The registered person had not ensured that individualised assessments reflected people's needs and preferences, and that in designing services, these needs and preferences were taken into account. Opportunities had not always been created to ensure that both short term and long term goals, based on these needs and preferences, were created and acted upon.

Staff levels were seen to meet the day to day needs of people living at the home; however, some of the personnel records relating to staff were incomplete. The registered person did not operate robust recruitment procedures, including the undertaking of any relevant employment checks. This must include checking on the professional status of qualified staff such as nurses, in order that they have assurances that individuals are fit to practice.

Although there were systems in place to ensure staff received training and support, we recommend that the service provider undertake more frequent supervision and analyse the training needs of the staff team and link them to the assessed needs of people living at the home. Tis would assist in determining if any

specialised training is required, and ensure that the assessed needs of people could be more effectively met. The building is a large and spacious one, with a range of facilities, however, we recommend that an environmental assessment is undertaken in the home, to identify which areas of the home require renewal or refurbishment as some of the carpets in people's rooms appeared to be in need of replacing. The registered person had not ensured that there were appropriate systems in place to ensure that people's capacity to undertake individual tasks was clearly assessed. When assessments are undertaken, then they must be properly considered and acted upon.

We noted that there were the relationships between the staff and people living at the home were positive. Staff responded to people's needs, and involved them their care. However, we recommend that information relating to advocacy services is provided to people living at the home so they have the opportunity to access these services independently if required. Also, we recommend that when people are involved in the care planning process, then they are provided with the opportunity to sign their care plan to show that they are in agreement with its contents.

The culture of the home was positive, with staff clearly able to make a difference in people's lives. Some of the systems operated within the home were not as robust as they should have been, and although the service was advertised as undertaking work in the field of rehabilitation and mental health, the evidence supporting this was unsatisfactory. The registered person did not always operate an effective governance system in order to ensure that robust processes were in place to assess and monitor the services provided. Having this in place would assist staff to identify areas of service delivery that require improvement, mitigate risks and ensure that records are accurate, complete and contemporaneous.

We found a number of breaches of the Health and Social Care Act (regulated Activities) Regulations 2014 in relation to notifications, person centred care, good governance, need for consent, safe care and treatment and staffing. You can see what action we asked the provider to take at the end 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?

Requires Improvement

The service was not always safe.

The service had procedures in place for dealing with allegations of abuse.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns.

All the people we spoke with felt their medicines were managed safely and told us they always received them on time and when they needed them.

Employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people; however, the records relating to these checks were not always complete and robust.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had access to on-going training to meet the individual needs of the people they supported. However, this could be improved with the addition of specialist training and supported linked to people's assessed needs, especially with reference to medium to long term planning.

Although the service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and depriving people's liberty, these were not always put into practice with particular reference to the self-administering of medication.

The menu offered people a choice of meals and their nutritional requirements were met.

Is the service caring?

Requires Improvement

The service was not always caring.

Although there systems in place to ensure people were involved in their own care planning and support, the addition of printed

advocacy information and contact details would enhance this. Also, people should always be provided with the opportunity to sign their care plan to show that they are in agreement with its contents.

People were treated in a kind, caring and respectful way.

The training records showed that staff had received awareness training on the subject of end of life care. If people were found to be in need of end of life care, there were systems in place to support this.

Is the service responsive?

Requires Improvement

The service was not always response.

Although there were systems in place to ensure people's needs were assessed, and their care plan for, improvements to the care planning model used at the home, would potentially ensure that better outcomes for people were achieved especially in the area of recovery in mental health, and rehabilitation.

Activities linked to medium and long terms need to be improved, and linked to people's assessed needs.

People were able to express their choice in relation to meals and how they spent their time, but the activities and opportunities to people were limited.

People knew how to access the complaints process, and know who to talk to if they wanted to raise a concern.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems operated within the home relating to how information was processed, how systems were audited and how records were properly maintained needed improvement.

Having a clear vision regarding the type of service being operated would enhance service provision, and give staff a clear focus.

People who lived at the home were fully aware of the lines of accountability at the home.

Staff spoken with felt well supported by the management team and were very complimentary about the way in which the home

was being run by the manager.

The Belmar 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.

The lead adult social care inspector for the service undertook an unannounced inspection at the service on 20 January 2016. A specialist professional advisor with a background in adult mental health also took part in the inspection. We spoke with a range of people about the service; this included six people who lived at the home, and four members of staff. We contacted the local mental health outreach team to gain their views on the service. We spent time looking at records, which included four people's care records, four staff files, training records and records relating to the management of the home which included audits for the service. Prior to the inspection we reviewed information sent to us from the home such as notifications and safeguarding referrals.

Requires Improvement

Is the service safe?

Our findings

We spoke with three people living at the home regarding safety. One person said that they felt very safe at the home saying, "I like it here, it's the best place I have lived at. I feel ok here, and if I have a problem or issue, I know I can talk to the staff." Another person said, "Some people in the home are very loud and shout a lot. I just keep my head down. They don't bother me and I don't feel threatened or afraid of them." Another person said, "Living here is like living with a big family. There is always going to be people who complain, but I don't feel unsafe being here." Staff at the home said that they believed people lived in a safe environment. One member of staff said, "Although there are times when people's frustrations bubble over, we understand people very well, and support them to deal with their issues. People do have minor disagreements, but ultimately they are protected whilst living here and if issues of safety do arise, we report it to the authorities and support people accordingly." For example, one person often invaded other people's personal space and this had led to a number of incidents at the service. Staff had spoken with the person as to why this behaviour may upset others and how they could avoid conflicts with people at the service and in the community. Reports were also provided to the person's care coordinator regarding these incidents.

Individual assessments and care plans were undertaken to identify the risks to people and others. These assessments were undertaken in combination with information obtained from people's care coordinators. However, we found these risk assessments to be lacking in detail. We reviewed two people's risk assessments, and although risks linked to behaviours had been highlighted, there was no evidence to show how these risks linked to other risk factors such an individual's clinical need or personality. There was no reference to triggers or early warning signs, and no evidence of crisis or contingency plans which could be followed when working with an individual. We did find that information was provided to staff verbally about people's behaviour that may be a risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person must ensure that services are provided in a safe manner, and that risk assessments are always robustly completed.

We looked at the recruitment records for three staff members. We found recruitment practices were not safe and that relevant checks had not been properly completed before staff had worked unsupervised at the home. We found that appropriate employment references had not been obtained by the service before staff had started work, but we did find evidence to show that references had been requested. We found that when staff had declared on their application form, that they had formal qualifications such as a nursing diploma, we found that the service had not seen the original certificates relating to these qualifications or taken copies. Also, there was no system in place for the service to verify that qualified nurses were still on the Nursing and Midwifery Council (NMC) register, and fit to practice. These discrepancies were pointed out to the Registered Manager, who immediately took action to rectify the problems. Senior staff were given the task to check the NMC register, and the administrator proceeded to make contact with employee's referees.

Although prompt action was taken to deal with the issues we identified, this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person must operate robust recruitment procedures, including undertaking any employment relevant checks. This must include checking on the professional status of qualified staff such as nurses, in order that they have

assurances that individuals are fit to practice.

Information held within the records showed that staff at the home had received training in safeguarding adults during their induction, with, further safeguarding training being provided throughout their employment. The service had a set of safeguarding procedures that clearly set out what staff should do if they either suspected or witnessed abuse. The staff we spoke with knew how to recognise different types of abuse, and they were found to be familiar with the procedures they should follow if they had safeguarding concerns. Each safeguarding incident was analysed to look at the level of risk and review what action had been taken. This level of analysis enabled the registered manager to check that all appropriate action had been taken and use any learning to ensure future incidents were reduced, eliminated or handled more effectively. The care files kept in people's homes contained information on what constituted abuse and who could be contacted if the person did not want to raise concerns via the service. Staff were aware of the whistleblowing policy and procedures, and felt comfortable to use them if they felt it was necessary.

Staff undertook observations every hour to identify where people were and what they were doing. This was in place to ensure that all people at the home were kept safe. Also, some of the people at the home were smokers, and as a result had been identified as potentially at risk of starting a fire accidentally due to smoking. Staff reminded people that there was a dedicate smoking area in the garden, however, some people still continued to smoke in their rooms and were at risk of not properly extinguishing their cigarettes. Staff also undertook these observations so they were aware of who was in the building at one time, as people did not always inform staff if they were going out.

Staff were available 24 hours a day. Staff were available to escort people to appointments, if people requested it. Shifts were organised so that there was time for handover of information between staff to enable continuity in care and support provided. An on call service was available so staff could obtain further advice and support from a member of the management team when required.

People received their medicines safely and as prescribed. We found that one person at the home, who was hoping to move to their own flat, had been assessed the day before our visit, and had started to look after and self-administer their own medicines. This person was being closely supported by the staff team, and the records showed that staff would periodically prompt the person in order to determine if they had taken the right medicine at the right time. A clear protocol was found to be in place.

People we spoke with were aware of what medicines they were required to take and told us staff supported them to ensure they received their medicines. All medicines administered were recorded on a medicine administration record (MAR). We checked the MAR for three people and these were completed correctly. If people received homely remedies the amount given was recorded and the reason why. Medicine reviews were undertaken if there were concerns about a person's medicines or their side effects. Staff ensured people had information about any side effects of their medicines, and staff monitored people to identify any side effects so they could be supported appropriately. However, we noted in one case the protocols as to when a PRN medicine (to be taken when needed), had not been completed. This meant that staff administering the medicine did not have any guidelines as to what the medicine should be given for and when. We noted that the medicine belonged to a person who had only recently been readmitted to the home following a stay in hospital, and the Registered Manager put measures in place to ensure the protocol was completed.

Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan (PEEP)

needs to be drawn up for each individual living at the home. Information held within the care records showed that PEEP's had been completed. We found environmental safety measures had been put in place such as window restrictors and fire safety equipment. Equipment had regular safety checks and there was a quality monitoring system in place. Records held within the home showed that the fire alarm system had been tested and that staff had taken part in regular fire drills.

We found written records to show what the arrangements were to provide safe and effective care in the event of a failure in major utilities, or other types of emergency. Equipment had regular safety checks and there was a quality monitoring system in place. Records held within the home showed that the fire alarm system had been tested and that staff had taken part in regular fire drills. Staff and service users were familiar with the fire drill, and staff knew how to access information such as contact telephones in the event of a crisis such as a utility failure or breakdown of the lift.

Infection control measures were found to be in place. Staff understood the need to ensure proper hygiene measures were followed, and the home had appropriate equipment and cleaning procedures in place. A member of the nursing staff took the lead role in tackling infection control, and we found evidence to show that audits and training took place. We did not see any evidence to suggest there were any concerns with this aspect of the service provided.

Requires Improvement

Is the service effective?

Our findings

Staff at the home said that they felt well supported by both each other, and the Registered Manager. One member of staff said, "We sometimes get behind with training and supervision, but that's because the day job takes over. Training is in place, but I sometimes think that we need a bit more targeted training on specific issues, instead of general subjects such as health and safety or movement and handling." Another staff member said, "Communication is good here. We have regular handovers and information about people's well-being, appointments or changes in care is passed on so that we can make sure we support people correctly."

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). We checked whether the service was working within the principles of the MCA.

We looked at the records to see what arrangements the service provider had in place for obtaining, and acting in accordance with, the consent of people who used the service in relation to the care and treatment provided for them. This helped us to see how the service provided managed risk through these consent procedures, and allowed us to see if the records were being kept up to date. We found that staff had knowledge of MCA and DoLS; however, it was clear that they needed some additional training to ensure they felt confident in this area. We found that two people were subject to a DoLS, and when we looked at the care these people received, we found that it was in accordance with the DoLS and their individualised care plans. The registered manager told us they were aware of this need and they were actively looking for training in this area. We were concerned to find that the service did not have a system in place to determine if a person was capable to administer their own medicines. The registered manager confirmed that people's capacity to self-medicate was not routinely assessed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person must ensure that there are appropriate systems in place to ensure that people's capacity to undertake individual tasks is clearly assessed, and that that assessment is properly acted upon.

We looked at the staff training records to see if they were up to date, and to see if staff received appropriate training in order to undertake their work. We found that training was provided by the home's administrator who held an appropriate training qualification. The administrator was involved in providing mandatory training by way of facilitating discussions with the staff, enabling them to watch appropriate training DVD's and sourcing external training. The staff records showed that the service provided mandatory training such as health and safety, fire safety, infection control and manual handling. We noted that when taking into account the assessed needs of the people living in the home and regulated activity undertaken at the home, the service did not provide, or had not sourced any specialist training in areas such as mental health, control

and restraint, alcohol misuse, dementia, epilepsy, acquired brain injury or diabetes.

We asked some of the staff if violent or aggressive incidents took place between people living at the home. They told us that incidents such as these did take place from time to time, and that these were dealt with by talking to people during the incident, and asking them to move away to other parts of the building in order to calm down and deal with their aggression. The staff told us that the home did not use restraint, and two staff members described the home as having a "hands off policy". When asked to explain this further, the staff explained that when violent or aggressive incidents took place, the staff did not touch people and used de-escalation techniques. We gave the staff a scenario that involved a staff member being involved in a violent incident with a service user, and asked what they would do. The staff conceded that the two people would be physically separated. We asked if the staff had received training in how to safely physically separate people involved in violent and aggressive incidents, and they said they had not.

Staff files we looked at showed that people received supervision sessions but that this was irregular. The registered manager acknowledged that scheduling these sessions was sometimes problematic due to time pressures on the staff team, and as a result there were gaps in the supervision timetable. When speaking with staff they told us that staff meetings and handover sessions at the beginning and end of each shift took place to ensure they were aware of how people had been and had the information they needed to provide care and support. Supervision notes confirmed that people had the opportunity to discuss their work performance and training needs.

The building was found to be a large, sprawling one, with long tight corridors, and over 35 bedrooms on three floors. We undertook a tour of the home, and had discussions with the staff and people living at the home to make sure that people were protected against any environmental risks associated with the building. We looked in a number of bedrooms and found evidence that people smoked in their rooms. A number of bedroom carpets were found to have burn marks on them where people had stubbed out their cigarettes. The carpets had not been replaced. We recommend that an environmental assessment is undertaken in the home, to identify which areas of the home require renewal or refurbishment.

We talked with people who used the service about the quality and variety of food provided. The responses we received were mainly very positive. One person told us, "It's good (the food). It's always hot and you get asked what you like." People were approached by the staff to discuss the menu and their preferences and to get them to make their choices. We observed the staff taking a lot of time talking to people individually in a warm and caring manner and supporting those who struggled to make choices by describing the meals in detail. Alternative meals were offered to those people who did not like the menu for that day.

We recommend that the service provider undertake more frequent supervision and analyse the training needs of the staff team and link them to the assessed needs of people living at the home, in order to determine if any specialised training is required. This would be ensure that the assessed needs could be more effectively met.

Requires Improvement

Is the service caring?

Our findings

We talked to two people living at the home about the staff and their approach. Both were complimentary with one saying, "The staff are great here. If you need help then they give it to you straightaway. They are good listeners." Another said, "The staff have really helped me since I moved in. I felt like I've made progress and it's all down to the way the staff are. I can talk to people and they understand me."

On the day of our inspection, we saw that staff interacted with people without exception in a cheerful and pleasant way. It was clear from talking with staff and observing interactions, that they knew all the people who lived at the home well. Staff addressed people by the names they preferred. All care staff responded to individual people in a way that showed they knew them well and were concerned for their welfare. We also saw that people who were being cared for on the first and second floor were constantly monitored by staff. People looked happy and were evidently comfortable in the presence of staff members.

Staff we spoke to showed good awareness of confidentiality, privacy and dignity. One member of staff told us, "If I want to ask someone if they need personal care and individual support and they are seated in the lounge with others, I do it discreetly so that others don't know what we are talking about". We saw this take place in practice. Care plans were kept securely in the home. We saw that people, who were able to, were involved in developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. We saw within people's care plans that referrals were made to other professionals in order to promote people's health and wellbeing. Examples included referrals to social workers and the mental health team. However, we noted that some referrals that had been made some time ago had not been responded to by external agencies. The registered manager explained these referrals were followed up by the staff, however, we did not always find a record of this. People we spoke with confirmed they had been involved with the care planning process. We did note that despite their involvement, they had not signed their care plans to show that they were in agreement with its contents.

We checked to see how the service respected the right of people to have an advocate to assist them in understanding their options and enable them to make an informed decision. We found that the service did not provide information leaflets on advocacy services to people, but one staff member explained that if people wanted to contact an advocacy service they would be supported to do this. They added that if they wanted to do this privately this would not be an issue, and that the staff were trained to understand people's desire to use advocates and to respect their involvement in people's lives.

The training records showed that staff had received awareness training on the subject of end of life care. Staff explained that if someone living at the home was found to be in this situation then the service would do all they could to support the person. This would be done in partnership with external agencies such as district nurses and GPs. We noted that during the care planning process, end of life care was not always discussed and planned for, and the registered manager explained that this was something the home was hoping to development with further training and discussion with the individuals living at the home.

We recommend that when people are involved in the care planning process, then they are provided with the

opportunity to sign their care plan to show that they are in agreement with its contents.

We recommended that information on advocacy services should be made available to people in the home, and contact details of services should be displayed on the home's notice board. This would provide people with the opportunity to access these services independently if required.

Requires Improvement

Is the service responsive?

Our findings

The registered manager explained that the work undertaken at the home is focussed in individuals and their care needs. Staff confirmed this with one saying, " We try and find out what people want to do with their day, and look to plan activities that meet those needs." Another staff member said, " The activities on offer here are limited. We encourage people to talk about their problems, organise events or trips out and make sure people are well fed. The activities co-ordinator usually takes people out to shopping or visit cafes."

We looked at the care files to see if the records were being kept up to date and effectively maintained. We found up to date documentary evidence that showed the service provider and staff had engaged in processes linked to the reduction of risks to make sure people did not receive unsafe or inappropriate care. We found documentary evidence to show that people had their care needs assessed both externally by healthcare professionals prior to moving to the home, and by staff at the home. However, we found that the care needs assessments undertaken by external health care professionals such as community nurses, had not always been translated to life at Belmar Nursing Home.

The company that operated the home described Belmar Nursing Home as providing rehabilitation services. On its website it stated, "An Activities Coordinator is employed who arranges the programme of activities for each day. This programme will include activities designed to help with Rehabilitation such as cooking, shopping and budgeting and diversion activities including Art, Crafts quizzes and board games." Although we found some written evidence and personal testimony from service users that the home was involved in rehabilitation, we found this to be very limited. Staff at the home were not able to clearly demonstrate how the worked with individuals on interventions to help them to recover from their mental health problems, or maintain their mental health, and to (re)gain their skills and confidence to live successfully in the community. Although some assessments showed that people had support and care needs in the area of recovery to positive mental health, and rehabilitation to independent living, the care plans did not always detail this, and the home did not have systems in place to always support people in this way. Staff were aware of the need to support people in this way, but the records showed that staff were more involved in supporting the majority of the people living in the home, in day to day living tasks, rather than supporting them to plan and set goals for the future. However, we did note that two people were being supported to look to the future and were looking to potentially move out of the home into a more independent setting. The home had an activities co-ordinator who supported people to engage in tasks such as shopping and social activities such as visits to pubs and cafes. We asked the registered manager if the activities co-ordinator was involved in supporting people in skill development and rehabilitation. He explained that they were not, and that their role was to support people to undertake activities such as attending healthcare appointments and personal interests such as shopping.

We asked some of the staff if violent or aggressive incidents took place between people living at the home. They told us that incidents such as these did take place from time to time, and that these were dealt with by talking to people during the incident, and asking them to move away to other parts of the building in order to calm down and deal with their aggression. The staff told us that the home did not use restraint, and two staff members described the home as having a "hands off policy". When asked to explain this further, the

staff explained that when violent or aggressive incidents took place, the staff did not touch people and used de-escalation techniques. We gave the staff a scenario that involved a staff member being involved in a violent incident with a service user, and asked what they would do. The staff conceded that the two people would be physically separated. We asked if the staff had received training in how to safely physically separate people involved in violent and aggressive incidents, and they said they had not.

Copies of reports from meetings people had with the healthcare professionals involved in the treatment of their mental health were kept in people's care records. These
enabled staff to be informed of any changes in people's support needs and to identify progress the person had made since being at the service. However, we noted that some of these records had not always been completed despite meetings taking place. Staff at the home said that record keeping was a subject that they took seriously, however, there were times when due to the pressure of their work, some records were not always completed in a timely manner. The registered manager explained that he was aware of this issue, and it was something he raised with staff individually and during supervision. We found records relating to this.

All these issues were found to be breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person must ensure that individualised assessments reflect people's needs and preferences, and that when designing services, these needs and preferences are taken into account. Opportunities must be created to ensure that both short term and long term goals based on these needs and preferences are created and acted upon.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. We reviewed the complaints received in the last year. We saw that all complaints had been investigated and the complainant was responded to with the outcome of the investigation.

Requires Improvement

Is the service well-led?

Our findings

People who lived at the home were fully aware of the lines of accountability at the home. Staff told us they had a supportive management team, and they were able to raise any concerns they had. One staff member told us, "They had plenty of opportunities to raise any concerns." Staff also felt able to admit if they had made a mistake and that this would be addressed and learnt from to stop it from reoccurring. Staff felt the management team included them in discussions about the service and they felt involved in service progression and development. Staff felt they were encouraged by their manager to take on extra responsibilities, as and when they felt they were ready to.

We had a long and detailed discussion with the registered manager, and some of the staff, about the ethos and culture of the home. They were clear that their primary aim was to support people in effective ways so that they could both live meaningful lives with a view to learning new skills and potentially moving on to either a place of their own, or placements that were more suited to their needs and preferences. The registered manager had only been at the home for nine months, and his thoughts were that for a long time, people at the home had come to see The Belmar as their long stay home, and had not been encouraged to consider other types of accommodation such as supported living or a place of their own. He acknowledged that to "move people on" required a lot of work, and that the rehabilitation model of care, linked to skills development and independent living was not embedded in the home. He added that the admission criteria for the home was all encompassing, meaning that people with diverse and complex needs could be admitted to the home.

Although staff at the home felt that they could meet people's day to day needs, their ability to concentrate on recovery and rehabilitation was somewhat diminished, as their work concentrated purely on tasks linked to day to day care and support, rather than medium to long goals. One staff member acknowledged that for some people, this type of care was necessary due to on-going mental health issues, but added that for others, promoting independent living skills with a view to moving on would be of great benefit. The registered manager explained that work to adopt a more "goal driven" ethos was on-going through staff training, supervision and staff meetings, and added that a revision of the home's admission criteria may be needed, in order to ensure that a more specialised service could be offered. We have made a recommendation regarding this.

We found evidence to show that staff meetings were held from time to time, but the registered manager acknowledged that he would like these meetings to be frequent so that more detailed discussions could take place between the staff team. The meetings were used to reinforce with staff the importance of accurate recording of daily activities and care, the importance of confidentiality, and the involvement of people in activities.

We asked the staff to tell us about, and give us documentary evidence to help demonstrate that the home had systems in place for gathering, recording and evaluating information about the quality and safety of the care and treatment provided by the home. The registered manager explained that he was involved in auditing various aspects of the service provided. We saw evidence of these audits, and the system had

flagged up issues such as minor errors with the medication records and a lack of detail in some care plans and risks assessments. Although the audit records did not record who was responsible for correcting or dealing with the issues that had been identified, staff confirmed that actions had been taken to rectify the identified problems. We saw documentary evidence to support this. When taking into account the issues we identified during our visit; unsatisfactory recording keeping, assessment and care planning processes, recruitment processes and management oversight, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person must operate an effective governance system in order to ensure that robust processes are in place to assess and monitor the services provided. Having this in place will assist staff to identify areas of service delivery that require improvement, mitigate risks and ensure that records are accurate, complete and contemporaneous.

The service adhered to the requirements of their registration with the Care Quality Commission (CQC). Although statutory notifications and safeguarding referrals were sent in response to certain circumstances; when incidents such as disagreements between service users, which led to minor physical assaults, then these were not always reported. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009. The registered person must ensure that all notifications required by law should be made in a timely and effective manner.

Staff told us that staff meetings were now held more frequently since the new Registered Manager had started work at the home. During these meeting staff were given the opportunity to raise issues about the work they undertook. Staff felt that issues they raised were addressed by the management of the home. People living at the home said that residents meetings were held from time to time, and that they were given the opportunity to discuss issues such as the quality of meals and types of activities on offer at the home. One person told us the staff asked for their opinions and they were asked to complete a satisfaction survey. We viewed the findings of the most recent satisfaction survey, and found that people felt they were treated like equals and that staff listened to them if they had any concerns or wanted to talk. The registered manager explained that the return rate of surveys from stakeholders such as relatives and healthcare professionals was very low, and in order to obtain people's views, he and staff were to start asking people their views when they spoke to them at care reviews or care planning meetings.

The registered manager explained that partnership working was positive: links had been made with the local mental health team and GPs, but added that when referrals were made then there was always a time delay in responses, however, if there was an emergency or urgent problem, then external services were always very responsive. He added that links had been made with the local Police Community Support Officers, and that they were invited in the home from time to time to discuss issues with people living at the home. We saw documentary evidence to support this.

We recommend that the service provider revisit the admission criteria for the home, in order to ensure that the service is clear about who they want to target their resources at, thus ensuring that people receive more specialised care and support linked to recovery and rehabilitation, as stated in their advertising literature.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not ensured that there was a robust system in place to ensure that all notifications required by law were sent to CQC in a timely manner. A clear system must be in place to ensure that all staff are made aware of when notifications need to be made.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person had not ensured that individualised assessments reflected people's needs and preferences, and that in designing services, these needs and preferences were taken into account. Opportunities had not always been created to ensure that both short term and long term goals, based on these needs and preferences, were created and acted upon.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person had not ensured that there were appropriate systems in place to ensure that people's capacity to undertake individual tasks was clearly assessed. When assessments are undertaken, then they must be properly considered and acted upon.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always fully complete risk assessments based on the needs of individuals living at the home. Where risks are identified, then risks assessments must always be robustly completed so as to ensure people's health and welfare are protected and promoted.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always operate an effective governance system in order to ensure that robust processes were in place to assess and monitor the services provided. Having this in place would assist staff to identify areas of service delivery that require improvement, mitigate risks and ensure that records are accurate, complete and contemporaneous.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not operate robust recruitment procedures, including the undertaking of any relevant employment checks. This must include checking on the professional status of qualified staff such as nurses, in order that they have assurances that individuals are fit to practice.