Harbour Healthcare 1 Ltd

Belle Vue Care Home

Inspection report

8 Belle Vue Road
Paignton
Devon
TQ4 6ER

Tel: 01803522112
Website: www.harbourhealthcare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Belle Vue Care Home (Belle Vue hereafter) is a residential care home providing personal and nursing care to up to 52 people. The service provides support to people with a range of needs, including people living with dementia. At the time of our inspection there were 49 people using the service. Belle Vue is situated in a residential area not far from Paignton sea front. Accommodation is situated over two floors of the building, with the top floor providing accommodation designed for people living with dementia. People had access to a variety of communal spaces including a safe outdoor space.

People's experience of using this service and what we found
Risks were assessed and regularly reviewed, and people's care plans contained detailed and personalised information to support staff to manage people's risks safely. People at risk of pressure damage were monitored closely. People's relatives told us risks were well managed and they were routinely updated with any changes. Routine maintenance checks ensured the environment and equipment were safely maintained. People received their medicines safely. Systems were in place to record, monitor and review accidents and incidents and managers and senior staff routinely discussed areas of risk; action was taken to mitigate risks escalating.

People's relatives told us they felt confident their relative was safe at Belle Vue. One relative said, "I am completely confident they are being truly looked after." Staff knew how to recognise signs of abuse or neglect, understood how to report them, and had completed safeguarding training. There were enough staff to meet people's needs and recruitment processes ensured staff were recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this.

People's care plans contained detailed and person-centred information. This meant staff had all the information they needed to support people in accordance with both their health needs and their personal preferences. One person told us, "It's paradise. I have bacon and eggs every day." A relative told us, "Their care plan is personalised, and they know their needs." And a staff member said, "We take a very person centred approach at Belle Vue." People were supported to remain active and maintain important relationships. People's relatives told us activity provision was good. One relative said, "There are very good activity staff, they do a lot of activities, it is a very good programme." Another relative told us, "There are activities and stimulation, [relative] is involved, it has kept them going to be honest, it has enriched their quality of life."

People's relatives told us they were comfortable raising concerns. One relative said, "We had an issue with their clothes one day, it was dealt with straight away." Another relative told us, "They responded well. I've mentioned things a few times and they responded really well and apologised."

Systems were in place to monitor quality performance, risks and regulatory requirements. Governance systems included monthly governance reports which identified when internal auditing had identified areas for improvement. The regional manager monitored governance, made independent checks and conducted routine support visits. The registered manager felt well supported. Staff gave positive feedback about managers. One staff member said, "I have worked in care for 11 years and I have never come across a manager as kind-hearted and hardworking. They're simply amazing."

The culture of the home was person-centred, and people were supported to achieve good outcomes. People told us they felt well supported by staff and managers. One person said, "I can't praise the place enough." Another person told us, "The management are second to none, if I'm not happy about something here, I can go and say something, I'm not scared to say." People's relatives felt people were experiencing positive outcomes and told us they were invited to be involved in their relatives' care, where appropriate.

Staff told us there was an open, inclusive culture at Belle Vue. One staff member said, "Even in my first few conversations with managers I was made to feel welcome and like I could speak freely." Another staff member said, "I love working here, the atmosphere is happy and it's a great place to work." A third staff member told us, "The culture is very transparent, and the aim is clear, we provide the best person centred care and we all work together as a family to ensure this." Belle Vue supported continuous learning and sought opportunities to improve care and the outcomes people experienced.

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

Rating at last inspection
The last rating for this service was good (13 June 2019).

Why we inspected
We received concerns in relation to pressure area care, weight loss and record keeping. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belle Vue Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe	**Good**
Is the service responsive? The service was responsive	**Good**
Is the service well-led? The service was well led	**Good**

Belle Vue Care Home

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 Health and Social Care Act 2008.

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 was conducted by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Belle Vue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Belle Vue is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We met with people who lived at the home. We spoke with 5 people who could tell us about their experience and views about the home. Some people were unable to fully express their views to us as they were living with dementia. We therefore spent time observing care in the main communal area and the interactions between people and staff. We spoke with 4 people's relatives.

We spoke with 3 members of staff. We also spoke with the registered manager, the deputy manager and the regional manager.

We reviewed a range of records. This included 4 people's care records and a sample of medication records. We looked at a variety of records relating to the management of the service, including maintenance records, staff recruitment, incident records, quality assurance processes and various policies and procedures. Following our site visit we received feedback from 13 members of staff, 10 people's relatives and 3 health professionals.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we recommend the provider reviews care records and risk assessments to ensure they contain the necessary detail to ensure risks are managed and mitigated. The provider had made improvements.

- Risks were assessed and regularly reviewed.
- Care plans contained detailed and personalised information to support staff to manage people's risks safely.
- People's care plans contained good, specific information about their medical equipment and how staff should support them.
- There were care plans in place for specific medical conditions, for example diabetes. This meant staff had good information about what the condition meant for individual people, and how they should support them to manage it.
- People at risk of pressure damage were monitored closely and staff communicated any changes to skin integrity daily. People's care plans detailed how pressure relieving equipment should be used, for example what setting mattresses should be set at. Staff worked with tissue viability specialists where appropriate and followed their advice.
- People's relatives told us risks were well managed and they were routinely updated with any changes. One relative said, "Communication is good, they tell me right away if they are unwell, have any seizures or if any element of the disease is getting worse." Another relative said, "They have all the correct equipment, staff are well trained. [Relative] is hoisted and they are perfectly safe the way they do it."
- We saw people at risk of choking being assisted to eat safely, in line with their care plan. Systems were in place to ensure people received food and drink at the appropriate texture/thickness.
- Routine maintenance checks ensured the environment and equipment were safely maintained.
- Staff told us they felt risks were well managed. One said, "Risk assessments are thorough, and the building feels safe to work in. There are weekly fire alarm tests and some surprise fire drills."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were operated effectively to protect people from the risk of abuse.
- People's relatives told us they felt confident their relative was safe at Belle Vue. One relative told said, "The nurses are pretty good, I've no fear of [name] being neglected in anyway." Another relative said, "I am completely confident they are being truly looked after."
- Staff knew how to recognise signs of abuse or neglect and understood how to report them. All of the staff

we received feedback from told us they felt comfortable raising concerns.
●Staff had completed safeguarding training. One staff member said, "I've completed a lot of training about safeguarding." Another staff member said, "We were given training on whistleblowing. If I witnessed anything I would immediately tell the nurse, and document it."
●An external health professional gave positive feedback about a recent safeguarding concern. They said, "Belle Vue had conducted the necessary checks and demonstrated the appropriate use of the safeguarding process."

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

●We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
●Systems were in place to monitor DoLS applications and any conditions attached to granted authorisations.

Staffing and recruitment
●There were enough staff to meet people's needs.
●People's relatives told us there were usually enough staff on duty. One relative said, "They seem to have enough staff, sometimes we have to wait for staff to help, but not often and not for long." Another relative said, "They have a really good and steady team of staff."
●A dependency tool was used to influence staffing levels. One staff member said, "We've got loads of staff."
●We saw staff supporting people in an unhurried, relaxed manner. Staff spent time talking and socialising with people.
●Recruitment processes were operated effectively to ensure staff were recruited safely. References were obtained from previous employers and Disclosure and Barring Service (DBS) checks were obtained before new staff started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
●People received their medicines safely.
●Clear protocols were in place for 'as required' (PRN) medicines. This meant people received medicines when they needed them.
●People received time specific medicines at the right time.
●Medicines care plans were in place which gave staff information about what medicines people were prescribed and what the desired effect of the medicine was. This helped staff monitor outcomes.
●Medicines were stored and disposed of safely. People's medicines storage boxes were clearly marked with their photograph and name to minimise the risk of errors. The temperature of the medicines' storage area was controlled and monitored.
●GP authorisation to administer medicines covertly was in place where required and used only when necessary. One nurse told us, "I still find it better to be honest with [name], it seems better."

●The electronic administration system enabled nurses and managers to routinely audit stock.

Learning lessons when things go wrong
●Systems were in place to record, monitor and review accidents and incidents.
●Managers and senior staff routinely discussed areas of risk, and action was taken to mitigate risks escalating.
●Managers worked with other health professionals to analyse and mitigate risk and sought solutions to reoccurring risks. For example, one person fell very frequently, often harming themselves. Changes were made to the environment and specialist head gear provided to minimise the risk of injury as far as possible.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● 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 that the provider's infection prevention and control policy was up to date.

Visiting in care homes
●There were no visiting restrictions in place.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider reviewed care plans to ensure they were person centred and fully reflected people's needs and wishes. The provider had made improvements.

- People's care plans contained detailed and person-centred information. This meant staff had all the information they needed to support people in accordance with both their health needs and their personal preferences.
- Care plans included information about places and people that were important to them, how they liked to spend their day, and interests and hobbies. One relative told us, "Their care plan is personalised, and they know their needs."
- Information about things that were important to people and their comfort were included in care plans. For example, if they liked the light on or off, or if certain items bought them comfort.
- A staff member told us, "We take a very person centred approach at Belle Vue."
- Routine audits included checking people's care plans were person centred and care was provided in line with them.
- One person told us, "It's paradise. I have bacon and eggs every day."
- We saw people being offered choices throughout the day, such as where they spent their time and what to eat.
- One staff member said, "I think people get good care here, we're one of the good homes."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to remain active and maintain relationships that were important to them.
- Some people's relatives were supported as partners in care, spending large amounts of time at Belle Vue. One relative told us, "They make you feel part of the family."
- People were supported to maintain important relationships on an individual basis. For example, one person was supported to visit their relative in another residential care home. Another person was supported to visit their relative in a nearby town.
- Activities were planned around people's individual needs and abilities. For example, staff were developing a 'happiness programme' which focussed on positive experiences for people who were cared for in bed and were unable to join more traditional activities or socialise.
- During our site visit we saw people engaging in a variety of activities. One member of staff used an iPad to

engage people in a quiz, while another quietly read with one person.
●People's relatives told us activity provision was good. One relative said, "There are very good activity staff and they do a lot of activities, it is a very good programme." Another relative told us, "There are activities and stimulation, [relative] is involved, it has kept them going to be honest, it has enriched their quality of life."
●People were supported to enjoy outings in the local area and further afield. This included weekly outings which people's relatives were welcome to join.
●The environment was designed with people's needs in mind and had sufficient space for people to walk around freely. There were multiple communal spaces and a safe enclosed outside space for people to use. This meant people could occupy themselves throughout the day, moving location and easily finding items of interest such as books, wall art, and interactive boards.
●Much of the service had been designed for the needs of people living with dementia. There was an interactive game table for people to use, a lounge area designed as a train carriage with a moving 'window', small comfortable 'traditional' style lounge areas and corridors with themed décor. This meant people living with dementia were encouraged to interact and engage with staff, people, and the environment.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

●People were supported to communicate in line with the Accessible Information Standard.
●Each person's care plan contained an accessible information standard assessment. This detailed their individual communication requirements.
●One person was supported to use technology to communicate, including specialist computer equipment.

Improving care quality in response to complaints or concerns
●Complaints were recorded, monitored an analysed to identify where any improvements could be made.
●People's relatives told us they were comfortable raising concerns. One relative said, "We had an issue with their clothes one day, it was dealt with straight away." Another relative told us, "They responded well. I've mentioned things a few times and they responded really well and apologised."
●A third relative said, "In the past they have listened to me, it was a discussion and we sorted things out."

End of life care and support
●People's care plans contained information about how staff should support them at the end of their life. This included relevant medical history, any wishes expressed and who staff should communicate with about their care and well-being.
●People's relatives told us that had discussed end of life care with staff and health professionals. One relative said, "Everything is in place and I have made decisions with the GP."

Good

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor quality performance, risks and regulatory requirements. Managers and staff understood their role and responsibilities.
- Governance systems included monthly governance reports which identified where internal auditing had identified areas for improvement. The regional manager monitored governance, made independent checks and conducted routine support visits.
- The provider arranged periodic 'mock inspections' which provided the registered manager with an objective benchmark for the quality of the service.
- Governance systems fed into a service improvement plan which included both areas identified for improvement and routine/planned works and developments.
- The registered manager felt well supported. They said, "There's so many people above us to ask for advice." They attended companywide meetings and conferences and had an online support network with other registered managers in the group.
- Staff gave positive feedback about managers. One staff member said, "I have worked in care for 11 years and I have never come across a manager as kind-hearted and hardworking. They're simply amazing."
- Notifications were being made to CQC in line with regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the home was person-centred, and people were supported to achieve good outcomes.
- People told us they felt well supported by staff and managers. One person said, "I can't praise the place enough." Another person told us, "The management are second to none, if I'm not happy about something here, I can go and say something, I'm not scared to say."
- People's relatives felt people were experiencing positive outcomes. One relative said, "Their health has improved and had improved immediately as they are being looked after here. Their experience of moving across here was very good."
- People's relatives told us they were invited to be involved in their relative's care, where appropriate. One relative told us, "We go to the meetings, they ask if we want them to do anything differently."
- Staff told us they involved people in decisions about their care. One staff member said, "You ask the person as it's important to involve them in the decisions they can make, so having conversations with them and

discussing their likes and dislikes is important."

●Staff told us there was an open, inclusive culture at Belle Vue. One staff member said, "Even in my first few conversations with managers I was made to feel welcome and like I could speak freely." Another staff member said, "I love working here, the atmosphere is happy and it's a great place to work." A third staff member told us, "The culture is very transparent, and the aim is clear, we provide the best person centred care and we all work together as a family to ensure this."

●Regular staff meetings were held for all departments and peoples' relatives were asked for feedback. For example, periodic quality assurance surveys were used to gather feedback and there was a suggestion box in reception.

●Staff were recognised for making a difference. For example, a company wide 'moments that matter' reward scheme celebrated good practice.

Continuous learning and improving care

●Belle Vue supported continuous learning and sought opportunities to improve care and the outcomes people experienced.

●For example, the service was in the process of rolling out the use of a 'pain check' app. This was designed to use camera technology to analyse people's facial expressions to identify pain. The intention was that this would be particularly useful where people were unable to describe their pain, meaning staff would be able to identify and act on pain more quickly.

●Technology was being used to help manage risk. For example, acoustic monitoring, which included a noise activated alarm, was in place for some people who were unable to use a call bell.

●Staff took part in a hydration monitoring project, to increase the amount of fluid people drank. The project focused in improving health outcomes through hydration, such as through a reduction of falls.

●Staff told us they had access to training and development resources. One staff member said, "I have an account on [training provider], I can choose when to do it and can enrol myself on any course I like." Another staff member said, "Harbour Healthcare has an excellent training schedule. There is definitely an air of wanting to improve staff knowledge and aiding people in improving their career paths."

Working in partnership with others

●Staff worked effectively with external health professionals.

●One health professional who had recently visited Belle Vue told us, "[Staff member] was very open and engaged, genuinely interested. They have complex clients, are well organised, the staff are pleasant and doing their best."

●One person's relatives told us how pleased they were progress their family member had made, which they attributed to staff working well with, and following the advice of health professionals. They said, "They were hoisted when they arrived, now they're standing and walking; they were being fed and now they're eating alone."

●Staff had worked closely with a variety of professionals to support one person to take non prescribed medicines safely. Detailed records were kept demonstrating the partnership working and ensured health professionals advice was easily available to staff.

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

●There had been no incidents reportable under the duty of candour at the time of our inspection.

●The registered manager understood their responsibility to be open and honest when things go wrong, and was supported by the provider's polices.