

Bellhouse Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bell House Care Home Limited is a care home providing personal care to 14 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

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

Overall improvements were seen at this inspection. We found some areas where further improvements were needed.

Staff were not always wearing face masks correctly. The premises were clean and tidy.

Repositioning checks were not fully documented, although people's skin integrity was not a concern at this inspection. We have made a recommendation around the provider adding repositioning checks to ensure their records are fully completed.

Improvements were still needed to the living environment. The provider had a rolling programme of refurbishment due to start in January 2022.

Risks to people had been identified and acted on. Improvements had been made in managing risks to people, the safe management of medicines, staffing levels and systems of oversight.

People and relatives agreed the home provided a safe environment where people were protected from harm. Safeguarding records supported this.

The manager responded to all types of feedback and where improvements were needed, they took action in response.

A regular system of audits was used to identify actions which we could see were followed up. We saw oversight from the nominated individual.

There was a positive culture in the home. Meetings for people and staff were taking place. Satisfaction surveys had been sent out and acted on by the manager.

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 inadequate (published 19 June 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 17 February 2021. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 changed from inadequate to 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 Bell House Care Home Limited on our website at www.cqc.org.uk.

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.

This service has been in Special Measures since 19 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bell House Care Home Limited

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 included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by one inspector. Following the on-site element of the inspection, an Expert-by-Experience contacted relatives and representatives for their feedback. 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

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

The service did not have a manager registered with the Care Quality Commission. The home manager was in the process of applying to become registered. We refer to the home manager as 'the manager' throughout this inspection report.

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, including the provider's action plan. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with three members of staff, including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement: 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

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably qualified staff to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were sufficient numbers of staff to meet people's care needs.
- We looked at a recruitment risk assessment for one member of staff and noted some key information was not completed. We asked the manager to follow this up.
- Two people gave us mixed feedback about staffing levels. One person thought there weren't enough staff on a night-time in order to react when people were moving with purpose. We have asked the provider to review this.
- A dependency tool was regularly reviewed to ensure there were sufficient numbers of staff to care for people. Sufficient staff were present in the home and call bells were responded to without excessive delays.
- Training records showed high completion rates.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure steps to safeguard people from harm had been taken. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People and relatives agreed the home was a safe living environment.
- One person told us, "Staff are kind and knowledgeable" and a relative said, "I find they are looking after [person] well."
- Other feedback we received from relatives stated they were satisfied their family members were safe living in this home. The November 2021 resident meeting minutes also demonstrated people felt safe.
- A safeguarding audit was regularly completed and showed a summary of incidents and a checklist to

ensure appropriate action had been taken. This was an effective tool.

Using medicines safely

At our last inspection the provider had failed to ensure topical medication records were in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were largely managed safely.
- A GP had authorised the crushing of one person's medicines, although there was no detail which medicines this applied to. We asked the manager to follow this up to ensure medicines were being given safely and appropriate authorisation had been obtained.
- Good infection control standards were observed by the member of staff who administered medicines. They gave people choice around how they preferred to take their medicines and demonstrated a caring approach. Stocks of medicines we looked at matched recorded balances.
- Body maps and cream charts showed people had these applied as directed.
- Staff received training and had their medication competency checked within the last 12 months. A sufficiently detailed medication audit was regularly completed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to produce sufficiently detailed risk assessments, review emergency evacuation plans and the premises were poorly maintained. This was a breach of regulation 12 and regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12 and 15.

- Risks to people had been assessed, monitored and reviewed.
- Personal emergency evacuation plans were regularly updated. We alerted the manager to some missing information in four people's evacuation plans. The manager immediately updated these records.
- We looked at the risk of weight loss for one person and found staff had been in contact with relevant professionals. This person had been placed on a fortified diet and their weight was recorded every week.
- The provider had up-to-date maintenance certificates and carried out regular checks to maintain the necessary health and safety standards, including fire safety.

Preventing and controlling infection

- Some improvements were needed in respect of staff use of PPE.
- We observed some staff were not using their face mask correctly. Two members of staff pulled down their mask to speak up with a person who had difficulty with their hearing. We shared these observations with the manager and nominated individual and they agreed to review practice.
- The standards of cleanliness were adequate and steps were being taken to carefully manage visits to the home.
- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We found the service had effective measures in place to make sure this requirement was being met.

The provider was following government guidance for visiting arrangements to the home. A dedicated space had been set up in the home for visits to take place where people and their relatives could have privacy.

Learning lessons when things go wrong

- Following our last inspection, the provider had taken steps to improve the service people received.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider did not have sufficient management arrangements in place to ensure effective quality monitoring of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems to demonstrate oversight were mostly effective.
- Following our inspection, the manager acknowledged they had omitted to apply for a Deprivation of Liberty Safeguard for one person. Subsequently, they sent this to the local authority and set up a system to reduce the risk of this happening again.
- We found nightly repositioning checks were not routinely completed. We discussed this with the manager and nominated individual and they agreed to review this.
- A regular system of audits covering areas such as care plans, pressure wounds and dining experience was used to identify actions which we could see were followed up.
- The manager carried out a night time spot check to help ensure the service met the required standard at all times.

We recommend the provider ensures their systems used to demonstrate oversight, such as spot checks, include checking repositioning records.

Continuous learning and improving care

- Improvements had been made to the service, although further improvements were needed.
- We saw some redecoration was needed in the home. One relative told us, "The home is clean and tidy, but needs redecoration in some areas." We saw the provider had a rolling refurbishment programme and planned to begin a programme of redecoration from January 2022.

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

- There was a positive culture in the home and a sense of teamwork.
- One person told us, "It's absolutely brilliant. Staff are kind and knowledgeable." A relative told us, "Yes, the place is well led."
- There was a calm atmosphere in the home. The staff team worked together to meet people's needs.
- We observed the manager ask a person if they wanted the GP calling in response to them expressing health concerns. One person was living with dementia. We saw they were carefully handed their doll which had therapeutic benefits for them. This demonstrated staff understood the importance of this for the person.

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

- People and relatives were encouraged to feedback and this prompted action to be taken.
- A relative told us, "I think they (staff) are trained to look after my [relative], I have no qualms, they keep me informed. Another relative said, "I have access to look at [name's] care plan. I was invited to go through the care plan with a member of staff."
- In July 2021, people and relatives completed a satisfaction survey. This showed positive feedback about the home. The manager ensured that the only negative comment was followed up to this person's satisfaction. Feedback from the June 2021 staff satisfaction survey was also seen to be positive.
- Staff received ongoing supervision support. Staff meetings took place in July and November 2021. A resident meeting record from November 2021 included an action around a person's safety. This demonstrated the manager responded to all types of feedback.

Working in partnership with others

- The service was able to demonstrate how it worked in partnership with other agencies and professionals to meet people's care needs.
- We saw examples of local authority involvement, referrals to dieticians and staff working with GPs. A local faith leader visited the home and dropped off Christmas gifts. This helped to demonstrate how people were supported to remain part of their community and maintain their religious beliefs.

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

- We saw evidence of accidents and incidents which were analysed, including looking for themes and whether action taken was appropriate.
- Notifications which providers are legally required to submit to us when there is a reportable event had been made.