

## Belmont Villa Care Home Limited

# Belmont Villa Care Home

### Inspection report

Belmont Villa, 58-62 Weymouth Road, Frome, BA11  
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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

### Overall summary

This unannounced inspection took place on 11 November 2014.

The last inspection of Belmont Villa Care Home was carried out on 13 November 2013. No concerns were raised at that inspection.

Belmont Villa Care Home is registered to provide accommodation and personal care with nursing for up to 31 older people.

There is 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.

People were cared for by kind and respectful staff however there were some improvements needed in how some staff interacted with people. We also found some improvements were needed in the keeping of accurate records and the quality monitoring arrangements of the service.

People continued to make decisions about their day to day lives. People were able to make choices about what time they got up, when they went to bed and how they

# Summary of findings

spent their day. People told us “It is up to me how I spend my day. Staff accept it is my decision” and “Staff always ask me what I want to do if I want to stay in my room that is not a problem.” However, Records did not show where people or their representatives had been involved in making decisions and giving consent about their care.

There was a welcoming environment and one where having good relationships between relatives and people living in the home were seen as important. People had the opportunity to access the local community and maintain their interests with varied activities being provided by the home. People also had access to community health services and had their health needs met in an effective way.

People told us they felt safe living at Belmont Villa Care Home. One person told us “staff treat me very well, I have no complaints”. A relative said “My relative is definitely safe here, I can relax knowing this.” Staff had a good understanding of how to protect people from abuse. They were confident of raising any concerns about possible abuse and how the manager would “certainly do something about it”.

There were adequate staffing arrangements and people told us they received care when it was needed and how

staff were always available to assist them. People told us they were confident their care was provided by trained and competent staff. Staff received the training and support they needed to fulfil their role and responsibilities.

There was an open and supportive management who were available and made sure people felt able to voice any concerns or unhappiness about the care they received. There were also opportunities for people to give their views about the quality of the service. People were informed and consulted about any changes which directly affected their daily lives.

People told us they enjoyed the food provided by the home and how their likes, dislikes and any specific dietary needs were catered for. One person told us “You cannot fault the food here and there is always a choice, I always enjoy my meals.” There were good arrangements to make sure people’s nutritional needs were met and any concerns were referred to other professionals for support and guidance.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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. People felt safe living in the home and were confident staff had the necessary skills to provide safe care.

Staff demonstrated a good understanding of their responsibility to protect people from abuse and poor care.

There were adequate staffing levels in the home to provide the necessary care and attention to people.

Good



### Is the service effective?

The service was not fully effective. Records did not always evidence consent or the involvement of people where decisions had been without the agreement of the person, known as best interest decisions.

People were confident they would be cared for by skilled and trained nursing and care staff.

Staff received adequate training and support through one to one supervision, staff meeting and daily handovers to meet the care needs of people.

People received homely and nutritious meals suited to their personal likes.

There was access to a range of community health services so people's health and welfare could be protected and needs met effectively.

Requires Improvement



### Is the service caring?

The service was caring but improvements were needed in how some staff interacted and supported people.

People had their privacy respected and staff made sure people were able to talk about the care they needed.

There was a welcoming environment where people's relationships with family and friends were recognised as an important part of people's lives.

Requires Improvement



### Is the service responsive?

The service was responsive. People received care and support which was tailored to their individual needs and wishes.

People knew how to make a complaint and were confident any concerns raised would be fully investigated.

People's health care needs were supported and reviewed.

Good



### Is the service well-led?

The service was not always well led.

Requires Improvement



# Summary of findings

There were no formal systems for the monitoring and reviewing of the quality of the service to identify where improvements were needed.

The manager acted to address concerns and take any necessary action to improve arrangements for maintaining the safety and wellbeing of people.

There was an open and approachable environment where people and staff were able to voice their views and be valued.

# Belmont Villa Care 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.

This inspection took place on 11 November and was unannounced. The inspection team included one inspector and an expert by experience. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service. Before the inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service.

During the inspection we spoke with seven people who used the service, three relatives and five staff. We spent time with the registered manager discussing their views about how they managed the service and the quality of the care provided. We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, and records of accidents and policies and procedures. We also observed staff interacting and supporting people and saw how people were supported to have meals.

We contacted seven social care and health care professionals asking them about their experience of the service and their views on the quality of the care provided by the home. Comments we received have been included in this report.

# Is the service safe?

## Our findings

People told us they felt safe living in the home. One person told us “It could not be better, no complaints, staff treat me well and I feel comfortable.”. A relative said “My relative is definitely safe, I can relax knowing this. There is always someone going in to check and see them.”

Staff were able to tell us how to recognise when people may have been abused such as “change in behaviour or mood”, “being very quiet not their usual self.” They also said how there may be visual signs such as scratch marks or bruising. They confirmed they had undertaken safeguarding of vulnerable adults training. Staff told us they would report any concerns to the registered manager and “she would definitely do something about it.” A staff member told us they had raised a concern and the registered manager “had dealt with it straight away”. Staff were aware of their right to report any concerns outside of the service and how this was covered by the providers whistle blowing policy. This policy gave information to staff about how to share concerns with appropriate agencies outside the home in a confidential manner.

People told us they thought there were sufficient staff on duty. During our inspection we noted staff responded promptly to call bells. We observed staff telling people they would need to wait a while because they were helping someone else. We saw they returned shortly after to assist the person. One member of staff reassured an individual by saying “Don’t worry, I am not far away and I will be back soon.” One person told us “The staff are very good and always give me the help when I need it, if I have to wait it is not for very long.”

The nursing staff undertook the administering of medicines. Stocks were checked when they arrived in the home which provided an audit trail of medicines in the home. Administering records had been completed as required with additional staff signature for controlled drugs. Controlled drugs are those drugs which require additional protection because of risk of misuse or harm. These were stored in a locked separate cupboard within an existing cupboard for addition security. We checked the stock of controlled drugs against records and they were correct.

We observed a staff member giving an individual their medicines. They told the person what the tablets were for and stayed to make sure the individual took the medicines. One person told us “I always get my medicines at the right time and if I am in pain they will give me my pain killers.”

Risks to people were minimised because the home operated a safe recruitment procedure. Staff told us that as part of their recruitment previous employment and criminal record checks had been undertaken. This was to ensure potential employees were suitable to work with vulnerable adults.

There were risk assessments in place specifically about people’s health care such as maintaining skin integrity, monitoring and meeting nutritional needs. In response to these risk assessments records showed where people received care such as regular repositioning, prompting and monitoring of fluids to help in alleviated risks to people’s health. Where staff supporting people with their mobility risk assessments had been completed and falls prevention risk assessment.

# Is the service effective?

## Our findings

Staff understood the Mental Capacity Act (2005) (the MCA) specifically about how it was “about making decisions where people have not got the capacity to make decisions themselves”. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. It also sets out how where individuals lack capacity to make specific decision “best interest” decisions can be made. A best interest decision is made involving people who know the person well and other professionals, where relevant. One staff member told us about how a best interest decision had been made for one individual living in the home. This was where the individual required personal care in their best interest to protect their health and welfare. This showed how the service was aware of and had implemented the appropriate good practice in ensuring people received the necessary care to protect their health and welfare.

Although we could see best interest decisions were made, when appropriate, the records did not always show who had been involved and the discussions that led to the final decisions. This meant the records did not always show decisions had been made according to the MCA codes of practice to ensure people’s rights were protected. For example, there were some people who had been assessed as requiring bed rails for their safety but there was no record the individual, or others had been involved in making this decision.

This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and hospital. DoLS provides a process (authorisation) by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware of the impact of recent changes about deprivation of liberty safeguards. They were in the process of identifying people who may require an authorisation for the deprivation of their liberty.

People told us they felt well cared for and had confidence in the ability of staff. One person told us “I trust the staff they know what they are doing; they certainly know what care I need.” Another person said “Staff are very good they know I like to do what I can for myself and they help me with what I cannot do.” Staff told us they felt “well informed” about people’s care needs. One staff member told us “We have regular meetings to talk about people and always know when something has happened or people are not well.”

Staff told us they had received training in a number of areas including infection control, moving

and handling and health and safety. One told us “We get the training to do our work well it has helped me with the skills I need.” Another said “I feel confident about what to do.” Staff told us they received one to one supervision quarterly and had regular staff meetings. One staff member told us “I can always go to the manager if I have a question about anything”.

People had access to community health services such as dentist and chiropodist. People told us they could see their GP “when we wanted”. One person told us “I was not well the other day and they asked if I wanted to see my doctor but I said no. I know if I was ill they would look after me”. People’s weight was monitored regularly and where there had been concerns some people had been seen by a dietician or speech and language specialist. Some people had recently received a flu injection.

People told us they enjoyed the meals and how there was always a choice available. One person told us “They know I don’t like chicken so they always give me something different”. Another person told us “The food here is very good I enjoy my food”. We saw meetings had been held where the chef had attended and people had the opportunity to give their views about the meals and make suggestions about the menu.

We observed lunch in the dining area of the home. The food was well presented and people received ample portions. There was a relaxed and unhurried atmosphere and people were clearly enjoying the meal as a social occasion. At lunchtime we observed care staff supporting people with their meals. One person had adapted cutlery to enable them to eat their meal independently. Staff gave drinks to people and some were prepared to a certain

## Is the service effective?

consistency because there were people who were prescribed a thickening agent because of swallowing difficulties. Staff were aware of individual needs regarding the required consistency of drinks.

As part of care planning people had a nutritional assessment to assess how to support them have a

balanced diet. Some people had been referred to a dietician. One person was receiving food supplements and high calorie snacks because of identified concerns about their weight loss. A record of this person's care review commented how their weight had increased.



# Is the service caring?

## Our findings

Although people told us they were well cared for and treated with respect and dignity we did not find this was always the case. They said personal care was carried out in a caring and sensitive way. However we found some improvements were needed in how some staff interacted with people. We observed people being moved from the lounge using a commode rather than a wheelchair. A staff member told us this was because there was not room in the toilet for a wheelchair. On another occasion a member of the care staff asked, in a loud voice, if a person wanted to go to the toilet. On a third occasion we observed a member of the care staff standing up whilst assisting someone having their meal. Other staff were sitting and talking with people whilst helping people with their meals. This is an appropriate way to support people to eat their meal.

On other occasions we saw staff interacted with people in a patient and sensitive way spending time with one individual who had an hearing impairment. They made sure this person understood what was happening and what they were being asked to do. On another occasion a staff member was seen sitting with an individual and re-assuring them.

One person told us “The staff are so kind in everything they do”. Another person said “The girls are wonderful, they are ideal for me, they make sure I am alright and I don’t get edgy. I won’t have a word said against them.” A healthcare

professional told us “I do find Belmont Villas a caring environment; they listen to families and carers and provide individualised care. Staff turnover is low which encourages good rapport between carers and clients.”

A relative told us they were “more than made to feel welcomed. They make me feel we are still a couple”. They also said how their relative was “always treated in a caring and respectful way”. Another relative said how they found staff to be very nice to their relative, always smiling and joking which their relative loved. They said “Even if they are short of staff they will still have time for a chat and to make a fuss of them and also very patient with them”. Relatives told us they could visit “whenever we like”.

People told us they were asked about the care they needed. One person said “They always ask me if the care is what I need and if I need any more help with anything”. Another person said “Staff asked me what help I need and always make sure I am getting the care I need. It is good, I can ask them when I need help and that is never a problem.”

A relative told us about how staff “always have time to spend with my relative because they know they like to be in their room”. They respect it is their decision.” People told us staff respected their privacy. One person told us they were able to spend time in their room whenever they wished “it is up to me where I am, in my room or in the lounge”. Staff told us they always check with people where they want to be. One told us “It is their choice it is their home. If people choose to be in their rooms it is up to them.”

# Is the service responsive?

## Our findings

There were arrangements in place to ensure people's individual needs were met. One relative told us how they had met with staff to talk about how they could make sure they were able to communicate and be understood by their relative. Another person who had a hearing impairment had been referred by the provider to be assessed by a specialist social worker. They were in the process of completing a care plan which would specifically address how staff could communicate with this individual.

There were a number of people who required nursing care. Care plans for these individuals reflected the complexity of their needs specifically where the individual was being cared for in bed. Where people had had wounds or were at risk of damage to their skin, treatment and wound care plans had been put in place. We saw people were re-positioned regularly and for some there were hourly checks and arrangements to encourage people to have the necessary fluids to maintain their health and wellbeing. Records confirmed where people had been re-positioned or had been offered fluids.

People and/or their representatives were able to discuss and review how their care needs were being met. Care plans were regularly reviewed to ensure they accurately reflected people's current care needs. Staff told us they informed the senior about any changes they felt were needed in supporting or assisting people with their care needs. One told us they raised a concern with the nurse about how an individual was struggling with their mobility. The nurse had looked at how care staff could best support the individual when being mobilised or transferred.

A healthcare professional told us "The team monitor their clients closely; the carers are receptive to any change in condition reporting to the nurse in a timely manner. Health professionals are contacted appropriately."

There was information available to staff about people's personal histories, lifestyle and important relationships. Care plans and records gave people's preferences and choices about their daily routines, likes and dislikes. This helped staff provide personalised care to people.

A healthcare professional told us "All care plans are individually written, they are specific to the person containing information about likes and dislikes. Families and carers are fully involved in all aspects of care planning".

People told us there were a range of activities available. People told us they enjoyed the activities though one said they did not really participate in them "they are not for me really". This included one to one activities provided by a dedicated member of staff. There was a regular church service. On the day of our visit a sing-a-long had been arranged. There were plans for a Christmas shopping trip and pub lunch. People were accompanied by staff on going into the town. Two people had recently gone on holiday accompanied by staff. There was a keyworker system in place. This was where a named staff member supported an individual with any personal shopping they might need or "just spent time" with people. One staff member told us they wished there was more time to spend with people "just having a chat".

People told us they were aware they could make a complaint if they were unhappy about the care they received. One told us "I have never needed to make a complaint, I know I could. I go to the manager and she will sort anything out for me". Another person told us "The manager is always around, coming to see us". A third person said "I have never had reason to complain. I can talk to staff about anything." We saw one complaint had been made since our last inspection. The complaint had been addressed and action taken to improve the matter which led to the complaint.

There were regular meetings where people could raise any concerns or suggestions for improvements. People told us "They are very good we get to talk about things we would like" and "I go to the meeting then I can say what I think about things". Minutes showed how people had been kept informed about changes in the care home. At the last meeting people had been asked their views about making a toilet, which was rarely used, into a visitor's toilet. People had discussed menus and made suggestions for future meals. At one meeting it had been discussed about staff doing ironing in the lounge and whether people had any objections to this happening. One person had asked if they could do ironing as well and this was being looked at as a possibility. A relative told us they had also attended these meetings and said "It is good to know what is going on." People and relatives were asked through regular questionnaire for their views of the quality of the service. Results showed overwhelming positive views about the care people received.

# Is the service well-led?

## Our findings

People had told us how the registered manager was “always about” and “someone you can talk with”. One person told us “She is there if you need her”. This was reiterated by some relatives we spoke with “she is very good I can always go to her if I have a concern and she will act on it”. One relative said “It is just like one big family here, we all know each other and the care is excellent. The manager always has a listening ear and is always available if I need to chat.” One written compliment said how “the staff are very attentive and a very good team” and another said “an excellent service”.

There were no formal arrangements for the monitoring and auditing the quality of care for all people living in the home. We have found areas for improvement in relation to staff practice and record keeping.

Whilst the registered manager undertook regular checks of care plans, medicine records and stock there were no formal systems in place to review practice and staff performance in these and other areas such as infection control. There was however a quarterly audit of people’s care plans who were partly funded by the national health service.

The registered manager described how they aimed to be “an open, family home, approachable and always available”. They told us they felt it was important to be “a presence in the home and leading by example”. They said they wanted to be approachable for people and staff. “You tell us what is wrong or needs improvement and we will try and put it right”.

Staff described the registered manager as “approachable and someone you can go to”, and “she is there if you want her” and “She is always out on the floor seeing what is going on. She knows the people”. They told us there was good communication in the home, with regular staff meetings. The manager told us how they spent “considerable time with residents and staff” and they said this was how they were able to “listen and observe practice” Questionnaires had been sent to people asking for their views about the quality of care. The results showed people were “happy” with the care and there was positive feedback from people about the care they received.

We had received concerns about maintenance relating to the security of the home. The registered manager had responded in a timely way to the concerns and informed us of the action they had taken. We were satisfied the registered manager had taken reasonable steps to improve the matters raised with us. We also noted how there had been a burglary at the home when an individual had entered the home and had stolen items belonging to staff. The manager had reviewed the security of the home and security procedures. They had also taken action in relation to staff performance following this incident.

There was an audit of accidents, which were generally falls, in the home. This showed where people had had accidents and actions taken to alleviate risk of further falls. The home was planning to introduce a “Harm free monthly audit. Information will be collected from care plans giving information about pressure sores, urinary infections, fall and weight loss. The information will be collated and made available to staff to raise awareness.”

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	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records  The registered person did not ensure people were protected against the risks of unsafe or inappropriate care and treatment arising from lack of information by means of the maintenance of an accurate record which shall include information and documents in relation to the care and treatment provided to individuals.