

Vitality Care Homes Ltd

Belgrave Court Residential Care Home

Inspection report

12-16 Belgrave Road
Bridlington
North Humberside
YO15 3JR

Tel: 01262673072
Website: www.belgravecourt.co.uk

Date of inspection visit:
24 November 2022
29 November 2022

Date of publication:
22 December 2022

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

Belgrave Court Residential Care Home is a residential care home providing accommodation and personal care to up to 30 people, some of whom may be living with dementia. At the time of our inspection there were 19 people using the service.

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

The provider had actively worked to make improvements in the home to improve people's experiences of living at the home but further time was required to ensure the level of governance and oversight implemented could embed and become fully effective.

Systems and processes to assess, monitor and mitigate risk to people had been improved. Standards had been improved to ensure actions were taken in response to incidents and accidents, and these were used to learn lessons and improve safety.

Improvements had been made to the management of people's medicines. A more robust recruitment process was in place and there were sufficient numbers of trained staff to meet people's needs.

Staff received safeguarding training and knew what to do if they thought someone was at risk.

Plans were in place and there was ongoing refurbishment of the home.

The culture of the service was positive, and people and staff were complementary about the management team. Staff felt well supported to undertake their roles.

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 practice.

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 11 October 2022) and there were 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 some improvements had been made, breaches had been met in relation to safe care and treatment, staffing and fit and proper persons. Further work was needed in relation to good governance and the provider was found to be in continued breach of this regulation.

This service has been in Special Measures since 7 March 2022. 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.

Why we inspected

This focused inspection was carried out to follow up on action we told the provider to take at the last inspection. This report only covers our findings in relation to the key questions of 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 based on the findings of this inspection. We have found evidence that the provider needs to make further improvements. Please see the safe and well led sections of this full report.

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.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified a continued breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 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 ●

Belgrave Court Residential 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 Care Act 2014.

Inspection team

The inspection was completed by 2 inspectors 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

Belgrave Court Residential Care Home 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 had a manager registered with the Care Quality Commission.

Notice of inspection

The first day of inspection was unannounced. We informed the registered manager we would be returning for a second day.

What we did before 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. 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 6 people who used the service, and 5 people's relatives about their experience of the care provided. We spoke with the registered provider and 8 members of staff including the registered manager, administrator, kitchen and care staff.

We looked around the environment to review the facilities available for people and the cleanliness of the service.

We reviewed a range of records. This included 3 people's care records, and multiple medication records. We looked at 3 staff files in relation to recruitment, and a variety of records relating to the management of the service, including safeguarding, quality monitoring, and accident and incident monitoring.

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 inadequate. At this inspection the rating has changed 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.

Using medicines safely

At our last inspection there was a failure to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- Systems and practices for the management of medicines had improved.
- Although some improvement had been made in relation to the administration of time sensitive medicines, further work was required to ensure all prescribers instructions were followed.
- Documentation to support the management of medicines stock, and the administration of as and when required medicines had been reviewed and now contained sufficient detail to guide staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure that people were protected from the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- At the last inspection there was a lack of oversight and monitoring of accidents and injuries. At this inspection the provider had implemented a system to ensure accidents and incidents were recorded and analysed to identify any emerging themes or trends so appropriate action could be taken. The registered manager used the monitoring systems in place to learn lessons and improve the safety of the service.
- Staff knew the individual risks to people however some care plans contained some inconsistent information. The registered manager began to address this during the inspection.

Staffing and recruitment

At our last inspection the provider had not ensured recruitment procedures were established and operated

effectively. This was a breach of Regulation 19 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 19.

- A more robust recruitment procedure was in place however some records were not always completed sufficiently. We have reported on this within our well-led section.

At our last inspection the provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure people's care and treatment needs were met. This was a breach of Regulation 18 (staffing) 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 staff on duty to meet people's needs. People told us, "If you ring the bell you always know someone will come soon" and "There is always someone around."
- During the inspection the provider gave us assurance that all of the night duty staff had been trained and had their competence checked to administer medicines to people should this be required.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, I definitely feel safe here and you get treated nice. [Staff] always talk to us and know us well. It's nice to know there's always someone around if you need help. Another told us, "[I'm] very safe here, they do all they can to help you to keep safe."
- Staff had a good understanding of how to make sure people were protected from harm or abuse.

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

- People were supported to receive visitors in line with government guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. Any conditions related to DoLS authorisations were being met.

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 inadequate. At this inspection the rating has changed 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; Continuous learning and improving care

At our last inspection quality assurance systems were not effective or adequate to identify where areas of improvement were required and to ensure improvements were embedded at the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Not enough improvement had been made and the provider continued to be in breach of regulation 17.

- The provider had implemented further systems and processes to monitor the quality of the service. However, further time was required for these to embed and be effective as some issues found at this inspection had not been identified, such as concerns with medicines practices.
- The provider had not always kept up to date records as some peoples care plans and risk assessments were inaccurate and did not always reflect people's needs.
- Records were not always completed in line with the providers own policy. This included recruitment records not being fully completed as set out within their own policy.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider acted immediately and began to address any issues identified during the inspection and provide assurances.

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

- There was a positive atmosphere in the home when we visited. People were happy with care and support provided. They were engaged in activities that they enjoyed. When we asked people if there was anything they would like to change, one person us, "No, nothing I'd like to change. They're all nice to us, know our names, and treat us like real people."
- Staff told us the service had improved greatly. Comments included, "Staffing levels are really good, and staff morale is really good and so high all the time" and "We have a routine, we're organised now and communication is really good. We have regular staff meetings and proper handovers. It's made it a lot

better."

- Staff were clear about their role and responsibilities and felt supported by the registered manager and provider. One told us, "Management is really good [Name] is there no matter what time of day or night. [Registered provider] is always at end of phone, they come in and they know the people well." A relative told us, "Now, there's a feeling that staff really do care and staff are appreciated. They can talk to the management now and are listened to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were open and transparent during the inspection. They understood their responsibility in relation to the duty of candour and the need to report certain incidents to CQC and had systems in place to do so.

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

- People were involved in the service. Regular resident meetings took place and people were encouraged to share their views.
- People were engaged in the ongoing improvements that were planned for the refurbishment of the home.

Working in partnership with others

- The staff had good links with other professionals. Records showed that staff actively engaged with other professionals to ensure people received the support they required in a timely way.