London Residential Healthcare Limited

Belmont Castle Care Home

Inspection report

Portsdown Hill Road
Bedhampton
Havant
Hampshire
PO9 3JY

Tel: 02392475624
Website: www.lrh-homes.com

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 18 January 2017 and was unannounced. Belmont Castle provides accommodation and personal care for up to 40 older people, including people with dementia and physical disabilities, who do not require nursing care. There were 36 people living at the home when we visited.

There was a registered manager at the home. 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.

At the last inspection in November 2015, we asked the provider to take action to make improvements in relation to record keeping and ensure people's legal rights to make decisions were assured and the Mental Capacity Act 2005 was fully implemented. The registered manager sent us an action plan and at this inspection we found this action has been completed.

People, visitors and external health and social care professionals were positive about the service people received. People were positive about meals and the support they received to ensure they had a nutritious diet. People were supported and encouraged to be as independent as possible and their dignity was promoted. Staff followed legislation designed to protect people's rights and freedoms.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware of people's individual care needs and preferences. Reviews of care involving people were conducted regularly. People had access to healthcare services and were referred to doctors and specialists when needed. Medicines were managed safely and people received these as prescribed. At the end of their life people received appropriate care to have a comfortable, dignified and pain free death.

People felt safe and staff knew how to identify, prevent and report abuse. Legislation designed to protect people's legal rights was followed correctly. Staff offered people choices and respected their decisions. People were supported and encouraged to be as independent as possible and their dignity was promoted.

There were enough staff to meet people's needs. The recruitment process helped ensure staff were suitable for their role. Staff received appropriate training and were supported in their work. Staff worked well together, which created a relaxed and happy atmosphere that was reflected in people's care.

The home and gardens had been decorated and accessorised to provide a positive and suitable environment for people living with dementia. People were offered an extensive range of activities suited to their individual needs and interests providing both mental and physical stimulation.

People and relatives were able to complain or raise issues on a formal and informal basis with the registered manager and were confident these would be resolved. This contributed to an open culture within the home.

Visitors were welcomed and there were good working relationships with external professionals.

Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely.

The registered manager and provider were aware of key strengths and areas for development of the service. Quality assurance systems were in place using formal audits and through regular contact by the provider and registered manager with people, relatives and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse and staff knew how to identify, prevent and report abuse.

Medicines and risks to people were managed effectively. Staff understood how to keep people safe in an emergency.

Recruitment practices ensured that all pre-employment checks were completed before new staff commenced working in the home and there were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff followed legislation designed to protect people's rights and freedoms. People received the personal care they required and were supported to access healthcare services when needed.

People received a varied and nutritious diet and they were supported appropriately to eat. Staff knew how to meet people's needs; they were suitably trained and supported in their work.

The home had been decorated and accessorised to provide a positive and suitable environment for people living with dementia.

Is the service caring?

Good

The service was caring.

People were cared for with kindness and compassion. Staff knew people well, interacted positively and supported them to build friendships.

People and their relatives were positive about the way staff treated them. People were treated with respect. Dignity and independence were promoted and people were involved with planning how their care needs would be met.

At the end of their life people received appropriate care to have a comfortable, dignified and pain free death.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support. Staff demonstrated a good awareness of people's individual needs and responded effectively when their needs changed.

When untoward incidents or accidents occurred, procedures were in place to ensure people received all the care they required.

People were offered an extensive range of activities suited to their individual needs and interests. The environment was adapted to meet the specific needs of people living at Belmont Castle.

The provider sought and acted on feedback from people. There was a complaints policy in place and people knew how to raise concerns.

Is the service well-led?

Good

The service was well-led.

People and their relatives felt the home was well organised. Staff understood their roles, were motivated, worked well as a team and felt valued by the registered manager.

The service had an open and transparent culture.

A suitable quality assurance process was in place, including formal audits and informal monitoring of the service.

Belmont Castle 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 18 January 2017 and was unannounced. The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has experience of caring for an older person.

Before the inspection we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. The registered manager completed a Provider Information Return (PIR). This 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 spoke with four people living at the home and nine visitors. We spoke with the registered manager, six senior and junior care staff and ancillary staff including the activities staff, the chef, administration and housekeeping staff. We also spoke with two visiting health care professionals. We looked at care plans and associated records for five people, staff duty records, staffing records, records of accidents and incidents, policies and procedures and quality assurance records. We observed care, support and activities being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes, I do feel very safe here indeed". Another person said "Absolutely, I feel 100% safe in the home and with the staff". Whilst a third person said "I do feel very safe here. Nothing in this place worries me at all". A visitor told us "Yes [my relative] certainly does feel safe here. They used to be very scared and anxious when they were at home. They are not now! They do not flinch or shout anymore and are quite calm". Another visitor told us that when they were unable to visit they did not worry because they were confident their relative was safe and they would be contacted if there were any concerns. Without exception all the people and visitors we spoke with were sure they or their relative was safe at Belmont Castle.

The provider had appropriate policies in place to protect people from abuse. Staff said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us, "If I had concerns I would speak to my manager or senior. If it was about my manager I would go to head office or CQC." Another staff member said, "If I had concerns I would contact my manager who would make sure everything is done correctly". All staff were confident the registered manager would take the necessary action if they raised any concerns and knew how to contact the local safeguarding team if required. There were notices around Belmont Castle about the importance of staff awareness to signs of abuse and the process for reporting safeguarding matters. The registered manager was aware of the action they should take if they had any concerns or concerns were passed to them. They followed local safeguarding processes and had responded appropriately to allegations or concerns of abuse.

People were supported to receive their medicines safely. One visitor told us, "[name of relative] is on medicines and I do know that they watch her take them". Whilst a person said, "I'm on medicines which I get most of in the morning, They're usually on time". All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medicine administration records (MAR) documented that people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. Some people needed 'as required' (PRN) medicines for pain or anxiety. People had guidance in their care plans so staff could identify when they required (PRN) medicines. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Safe systems were in place for people who had been prescribed creams and these contained labels with opening and expiry dates. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The home were storing some medicines that required cold storage. A refrigerator was available and records showed medicine refrigerator temperatures were monitored. This meant that any fault with the refrigerator would be noticed in a timely manner and the safe storage of any items stored could be assured.

There were sufficient staff to meet people's care needs. One person told us, "I have used my call bell and they are usually very, very quick in responding". Two other people told us that although they had never used

their call bells they knew the staff were quick to respond to other people who did. A visitor said "I'm aware that call bells are answered quite quickly here, very little delay indeed". Another visitor told us "[name of relative] dementia is advancing so they need constant monitoring which they get from the staff here". During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. One staff member told us, "[I] Feel there are enough staff on duty."

Staffing levels took into account the people who were living at the home and the level of support they needed. The registered manager completed a monthly dependency assessment tool which identified the number of care staff hours required to ensure people's needs could be met. The registered manager told us that all staff, regardless of their role, undertook the same basic training and could therefore respond to people's needs. We saw administration staff responding when a person was attempting to move around the home and the response provided was supportive and appropriate. Absence and sickness were covered by permanent staff working additional hours which meant people were cared for by staff who knew them and understood their needs. A visitor told us, "I do know most of the staff by name and they make that effort back, they know me quite well".

The provider had safe recruitment procedures in place, which included seeking references, obtaining a full employment history and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found these checks had been completed before new staff started working with people.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed regularly. People were supported in accordance with their risk management plans. Risk assessments were in place for moving and handling, mobility, fluid and nutrition, skin integrity and falls. Moving and handling assessments clearly set out the way staff should support each person to move and correlated to other information in the person's care plan. Staff had been trained to support people to move safely and we observed support being provided in accordance with best practice guidance. People who were at risk of skin damage used special cushions and pressure relief mattresses to reduce the risk of damage to their skin. Pressure relief mattresses were set appropriately, and people were assisted to change position to reduce the risk of pressure injury. Where people were at risk of choking on their food, they had been referred to specialists for advice and were provided with suitable diets to reduce the risk.

Where there were specific individual risks action was taken to support the person. For example, one person was at risk of social isolation and spent most of their time in their room, staff were guided to encourage the person to come down and staff to spend one to one time in their room with them to reduce the risk of isolation. Where people had fallen, their risk assessments were reviewed and staff considered additional measures they could take to protect the person. This included special equipment to monitor people's movements and referring them to health professionals. People were also supported to continue some activities which carried a risk where this was their choice and would enhance their lives. For example, one person wished to continue to smoke cigarettes. A risk assessment had been completed and staff supported the person to go outside whenever the person wanted a cigarette. We saw staff ensured the person had their coat on and stayed with them whilst outside.

Environmental risks were assessed and managed appropriately. Records showed essential checks had been completed on the environment such as fire detection, gas, electricity and equipment such as hoists were regularly serviced and safe for use. Emergency procedures were in place. Staff knew what action to take if

the fire alarm sounded, completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. Staff told us they received fire training which was confirmed by records. One staff member told us, "I have fire training quite often. I have also completed fire marshal training". People had individualised evacuation plans in case of an emergency which identified the support and equipment they needed to leave the building in an emergency situation. Records showed fire detection and fighting equipment was regularly checked. Staff were also aware of how to respond to other emergencies and had access to relevant information and procedures for managing a variety of potential emergency situations such as severe weather, loss of power to the home or a missing person.

Good

Is the service effective?

Our findings

Following the previous inspection in November 2015 we found improvements were needed to ensure people's legal rights to make decisions were assured and the Mental Capacity Act 2005 was fully implemented. We made a compliance action and an action plan was received telling us how improvements would be made. At this inspection we found improvements had been made and systems were in place to ensure people's legal rights were ensured and the Mental Capacity Act 2005 was fully complied with.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people had been assessed as lacking capacity, best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant. A best interest decision had been made for two people to receive their essential medicines covertly [hidden within small amounts of food or drinks]. This was clearly documented with clear guidelines to make sure this was achieved safely, was in the person's best interest and had followed consultation with family members and the GP.

People told us they received the personal care they required in a way that met their preferences. One person told us, "They [care staff] do explain what they want to do and make sure I'm happy to go ahead yes. They do what I want, not what they want. They don't make me do anything that I don't want to do". Another person said, "They would let you have a lie in if you wanted to, although I tend not to do that, they would not force the issue". Whilst a visitor said "They [care staff] do explain and make sure that it's okay to proceed, they won't do it [provide care] just at their whim". Care staff told us how they offered choices and sought consent before providing care and were clear about the need to seek verbal consent before providing care or support. We heard care and other staff seeking verbal consent from people throughout our inspection. One care staff member said, "We ask them. If they said no, we don't do it but try later. We would document and review or try a different staff member."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty was being met. We found the provider was following the necessary requirements and DoLS applications had been made with the relevant local authority where necessary. There was a system in place to ensure that these were reapplied for when necessary and that any individual conditions relating to the DoLS were known and met. Staff were aware of the support people who were subject to DoLS needed to keep them safe and protect their rights.

People received the personal care they required. A visitor told us they were happy with the way their relative's personal care needs were met. They said "They brush his hair as he likes, to one side, they're

considerate". The relative also confirmed that health professionals were contacted when required. Another relative described how staff now provided additional support for a person saying "Unfortunately in the past few weeks her coordination has suffered somewhat I'm afraid so they assist her more now. She's not as mobile as she was so they do have to help her get around". Staff recorded the personal care they provided to people including if people had declined offered care such as a shower or bath. These records showed people were supported to meet their personal and other care needs. The registered manager stated they reviewed records of care to monitor that people were receiving the care they required.

People's general health was monitored and they were referred to doctors and other healthcare professionals when required. One relative told us "They [care staff] did arrange for the doctor to see her recently as he had an infection". Another visitor said "The staff would arrange for a doctor and, if they needed to do that, they would let me know straight away". A person told us "They [care staff] would arrange the doctor for me, or optician or podiatrist, I just have to ask". Nursing and care staff described how they supported people which reflected the information in people's care plans and risk assessments. People were seen regularly by doctors, opticians and chiropodists as required. Belmont Castle had equipment suited to the needs of people living there. We spoke with two visiting healthcare professionals who were complimentary about the home. They said they were consulted appropriately and in a timely way and felt people's health care needs were met.

People's nutrition and hydration needs were met by staff who had time to support them to eat, when necessary. One person told us "The food here is ever so good. It's excellent. You choose it on the day and, if you don't like it, they'll change it quite happily. If you didn't like anything that was on offer they would make something up for you, you just tell them what you want. Tea and coffee is always available in the mornings, afternoons and evenings and you get cake and biscuits with it, or if you want fruit. I'm never thirsty or hungry". A visitor said, "Before [my relative] came here they weren't eating but they do eat now and they do eat quite well. He always gets plenty of refreshments". Another visitor also told us how their relative was eating "Much better here". Everyone we spoke with praised to quality and variety of meals and availability of snacks. Records showed people were provided with food when they wanted it; for example, one person told us "There's always plenty of refreshment when I want it and that does include night time if I ask for it".

People were supported to have a meal of their choice. The chef walked around the home in the morning and spoke to people about what was on the menu that day. If they did not want what was on the menu the chef was happy to make something they would like. The chef was aware that some people could change their mind or forget what they ordered and this was taken into account when preparing the food. The chef told us, "Residents can request anything they like, I never ever say no. I also make fresh cakes every day for the afternoon tea." Staff told us they could provide people with food at any time this was requested or required. Staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People received varied and nutritious meals including a choice of fresh food and drinks. Plenty of fruit and snacks were available throughout the day including chocolate bars, biscuits, crisps and savoury snacks which we saw around the home as well as in people's rooms. The home promoted hydration by having a fridge with glass door where people could help themselves to fruit juice and water cartons at any time day or night.

People received the appropriate amount of support and encouragement to eat and drink. Two people were being fully supported to eat and this was done in a kind, unhurried way. The staff members providing the support were talking with the people, encouraging them and asking them if they were ready for more. Staff were attentive to people and noted when people required support. We heard staff members asking the people if they would like any assistance with their meals and one to one support was offered where

required. We saw one person preferred to feed themselves with 'finger foods'. This was detailed in the person's care plan and we saw at lunch time they were given meat and vegetables prepared in a suitable way for them to eat. The dining room had a very homely feel which was enhanced by staff sitting with people while eating their meals. One staff member told us, "Food is nice we sit down and eat breakfast, lunch and tea with residents. Residents like it if we sit down and have a chat with them." Another staff member said, "We sit with residents as we try to keep it like a family." It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food.

People were cared for by staff who had received appropriate training. A care staff member told us, "Training is good; it has become more in depth lately. The manager is very hot on training." Staff confirmed they were provided with a range of relevant training. They told us that all staff, including those not working directly in nursing or care, undertook training to help them understand the needs of people living at the home such as dementia awareness. They told us this helped them understand the needs of people. New care staff completed an induction which covered a range of training including the Care Certificate. This is awarded to care staff who complete a learning programme designed to enable them to provide safe and compassionate care for people. Most care staff had obtained a care qualification or training to an equivalent level. The registered manager monitored staff training and showed us how they identified when staff were due for refresher training which was then booked.

Staff were supported in their work through the use of one to one supervision and received an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I feel supported in my supervisions. I always feel I can go to them and tell them if I have any problems." We saw staff were able to approach either senior staff or the registered manager to discuss any concerns on an informal basis in addition to the formal supervision sessions.

The environment was appropriate for the care of people living at Belmont Castle. The home had been decorated and accessorised to provide a positive and suitable environment for people living with dementia. This followed the best practice guidance on providing environments which were both safe but also provided opportunities for people to explore and encouraged memories. Good lighting levels, bright colour schemes and pictures placed at appropriate heights were used to create an environment suitable for people living with dementia. The home was also suitable to meet the physical care needs of people with corridors, doorways and bedrooms large enough for the use of any specialist equipment required. Individual bedrooms had been personalised to meet the preferences of the person living there. People were able to bring in items of their own including furniture to make their rooms feel homely and familiar. The building was easy to navigate and good signage was used around the home. The home had two dining areas, a library and various lounges which provided sufficient areas for people to relax, with a choice of seating in quiet or busy areas, depending on their preferences.

People were able to access external spaces and fresh air if they wanted to do so. The garden contained a wooded area and a staff member told us, "A resident use to live in the new forest so enjoys spending time in the wooded area as it reminds them of home". Other parts of the garden provided a bus stop (with bench), beach area with painted beach huts, bird avery and a band stand. These all provided pleasant and varied places where people could stop, rest and enjoy being outside.

Good

Is the service caring?

Our findings

People were consistently positive about the way staff treated them saying that all the staff were kind, caring and affectionate. One person said, "Staff here are absolutely brilliant. They come over as being very affectionate and very loving with us". When asked if they thought the staff were caring another person said, "They [care staff] are loving and affectionate which I do like". Relatives also felt staff were caring. One said "I like it here because I know all the staff". Another visitor said "This place is a home. People bring in dogs and children". Another visitor said "The staff are friendly and I am always made to feel very welcome".

We observed staff over the course of our inspection and found staff were caring and kind. Staff spoke to people in a respectful but friendly manner and people responded in a similar way. Staff had a good awareness of people's needs and there was a great deal of warmth evident between staff and people. Staff responded to people in a caring way that also protected their dignity. For example, we observed staff supporting people with their meals in ways that were kind and patient. Staff did not rush people and they spoke with them about the food and how it was prepared. When staff were clearing plates at the end of the meal we saw that if there was food on the plate they asked the person if they had finished before the plate was removed. Staff were kind and compassionate; for example, we observed staff make sure people had a drink with them most of the day, and when their drinks needed refreshing or topped up, staff offered an alternative. Staff interacted in a friendly way and people seemed happy and were laughing with staff. People were supported in an unhurried way and staff kept them informed of what they were doing.

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. One staff member told us, "I love working here. I love the environment residents are able to sit where they want and there's lots to do here for them and families are able to join in as well." Other comments from staff included: "I enjoy working here as people have so much freedom and choice." As well as, "I enjoy working here. The atmosphere is nice and really caring and residents always seem happy."

People were relaxed and comfortable in the company of staff. All the interactions we observed between people and staff were positive and friendly. We saw staff kneeling down to people's eye level to communicate with them. Staff gave people time to process information and choices were offered. Although busy staff did not rush people when supporting them. We heard good-natured banter between people and staff showing they knew people well. One person was coughing and a staff member stopped what they were doing to get the person a drink which eased their cough making them more comfortable. We also saw staff closing curtains if direct sunlight was shining in the window and prompting additional fluids to make sure people were comfortable. A person was distressed which was quickly noted by administration staff who spoke kindly with the person to establish what was the problem. They then helped the person find a missing handbag and got the person a drink. They remained with the person until they were settled and calm.

People's dignity was protected during the provision of care. One person told us, "They [care staff] certainly

do respect my dignity when the occasion arises. If I were half dressed they'd apologise and then help me to get fully dressed which suits me". A relative said of care staff, "They do respect [relative's name] and they certainly look after his dignity". Another visitor described how staff maintained people's dignity saying "They escort the residents to the toilet, helping them in the least embarrassing way to preserve their dignity". From conversations with staff and observations of the interactions between them and people it was clear that staff understood the importance of promoting people's dignity. Staff told us that privacy and dignity was adhered to and we observed care was offered discretely in order to maintain personal dignity. One staff member told us, "I shut the curtains and make sure the doors are shut. If a family member is in the room ask them nicely to move. Tell them what I am doing and make sure they are happy with it." Another staff member said, "I always knock on doors every time I go into someone's room. Make sure doors are closed when providing personal care. Making sure I ask them if it's okay and talking to them." People's privacy was protected by ensuring all aspects of personal care was provided in their own rooms. Staff knocked on doors and waited for a response before entering people's rooms. Staff described how they promoted dignity and privacy, such as ensuring doors were closed and people were covered as far as possible during personal care. One care staff member said "We make sure people are covered and promote independence for them to do as much as they can".

People were supported without restricting their independence. One person was supported to continue to manage their own medicines. They had been provided with a secure place to store their medicines and staff had completed a formal assessment of their ability to manage their medicines independently. Another person told us, "I am on asthma medicine which is in a cartridge. They replace it as needed it's one of those inhaler things". A relative told us how staff considered their relatives need to be of value. They told us, "They've let him think that he has a job here, he sorts out the magazines. This keeps him happy". We were also told how other people helped feed the fish and birds and plant bulbs."

Care was individual and centred on each person. People received care and support from staff who knew and understood their history, likes, preferences and needs. When people moved to the home, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. One visitor said, "We are certainly involved in the way [name of relative] is looked after". A person told us, "My care plan was set up by my relatives. It's reviewed as we go along". Another person said, "Yes the staff certainly know my likes and dislikes".

Staff knew about people and what was important to them and were supported to maintain friendships and important relationships. Care records included details of their circle of support. This identified people who were important to the person. People and their families confirmed that the registered manager and staff supported their relatives to maintain their relationships. One staff member said, "We know everyone well, their life history. Their care plans have information which tells us about their jobs, preferences, family etc." Another staff member told us, "We've all got really nice friendships with the residents." They described how they formed caring relationships with people and said, "We chat to people, talk to them about their family". There were no restrictions on visiting and visitors and relatives were made welcome. Families were invited to celebrate Christmas with people and the registered manager told us 180 people, families or friends had enjoyed Christmas dinner at the home.

Where people had religious or cultural preferences these were known and met. Care plans contained information about people's religious needs and how these should be met. Each month a Christian minister visited the home and the registered manager was aware of how to contact other religious leaders if required.

At the end of their life people received appropriate care to have a comfortable, dignified and pain free death. Some care staff had attended training to enable them to better manager symptoms people may have at the

end of their life and the registered manager was aware of who they could contact for additional support if required. Belmont Castle was undertaking the gold Standard framework which is awarded to services which provide a high standard of care for people at the end of their lives. Information about people's preferences for their end of life care were included within care files. Two external health professionals told us they felt the home provided good care for people at the end of their lives. They told us they were contacted appropriately to provide additional support and treatments the care staff could not provide such as pain management. Records viewed showed people received appropriate care at the end of their lives.

Good

Is the service responsive?

Our findings

People experienced care that was personalised and care plans contained detailed daily routines specific to each person. One person told us, "I set up my care plan with them [care staff] and I have actually seen it". A visitor told us, "Other members of the family set up the care plan but we have actually recently seen it and reviewed it". Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans provided information about how people wished to receive care and support and were comprehensive and detailed, including physical health needs and people's mental health needs. For example, one person's care plan advised staff to provide snacks and finger food throughout the day, we saw this was made available and the snacks provided were changed during the day.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required when mobilising. This corresponded to information within the person's care plan. Staff told us they reviewed care plans with people monthly. Records of care confirmed that people received appropriate care and staff responded effectively when their needs changed. People or their relatives had signed care plans demonstrating they had been involved in identifying how their needs would be met.

People were involved in their care planning and care plans were reviewed monthly by the person's key worker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. One staff member told us, "I'm a keyworker which involves me reviewing a couple of care plans a month with people. If they had any concerns they would come to me and if they needed toiletries I would get then for them. Residents have pictures of us in their rooms so they are able to tell us who they are."

Handover meetings were held at the start of every shift and provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting. We saw that relevant individual information was provided to staff at the start of their shift. Staff responded appropriately when people's health needs changed. For example they had identified that a person may have a urine infection. This information was included in the pre shift handover. We heard a GP had prescribed some antibiotics for a person. The registered manager confirmed that systems were in place which would ensure these were promptly received at the home meaning there would not be a delay in the person commencing treatment.

When untoward incidents or accidents occurred, procedures were in place to ensure people received all the necessary care. Incidents and accidents were recorded. Forms showed that, where necessary, external medical advice was sought and action was taken to monitor the person for any signs of deterioration. Action was taken to reduce the risk of repeat incidents such as through the use of movement alert equipment for a person who was at risk of falling. The registered manager told us they were involved in a hydration initiative working with local health staff to see if this would reduce the risk of falls and some infections for people.

They were also involved with the local older person's team to consider actions that could be taken following any falls. Following an analysis of falls patterns the registered manager had introduced a dining assistant to work from 6pm to 10pm. They told us this had resulted in a reduction in falls. Should people require to be transferred to other care settings, such as hospital, the registered manager stated that a member of staff would always accompany the person if a relative was not available. Grab sheets containing essential information were seen in care plans. This meant the person was supported and individual information which would be helpful to others who may be required to provide care could be passed on.

The registered manager was responsive to changes in best practice guidance as to how people's needs should be met. For example, the NICE 'Quality standard for supporting people to live well with dementia' states that housing should be designed or adapted to help people living with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety. The registered manager was acting to ensure the home met this guidance. For example, room doors were all different colours and had the appearance of authentic front doors with knocker's and letter boxes etc. Those completed were exceptionally realistic and individual. People had been involved in the environmental changes and were asked what colour door they would like. This meant that the doors provided a sense of home and ownership whilst assisting people with memory problems with easy identification. Outside people's rooms there was a memory box of the person with details of a person's hobby, pastime or relevant object. This meant it could act as a prompt for conversation and engagement as it provided a quick conversation starter.

The environment also enriched people's lives by having separate seating areas which were provided at significant points around the corridors in the home where murals included garden scenes, old style kitchen and a Paris cafe. All had comfortable seating and were well lit and accessible. A washing line with pegs was also on display with a washing basket. We passed this area many times during the inspection and each time the washing was either on the line or folded in the basket which showed it was clearly used by people and well placed in the home. One staff member told us, "Laundry area gets used. Some people like pairing up socks as it brings back memories for them."

People were offered a range of activities suited to their individual needs and interests. One person said "I've actually been with them on a river tour and we had a jaunt out on the seas at one point". They were also positive about the in house activities as were visitors. One visitor said "[My relative] attends the activities, she loves them". Another visitor said "[name relative] sings and dances, he loves singing and he loves to dance around". The interests, hobbies and backgrounds of people were recorded in their care plans and known to staff. Two activities coordinators were employed. We saw they arranged group and individual activities to suit the needs and wishes of people living at Belmont Castle. They told us they were flexible in the activities they provided depending on people's abilities and interests. The activities coordinator was aware of people's preferences, for example they told us how one person did not like to join in activities but did enjoy listening to them. We saw people really enjoyed the activities and interactions from the activities staff member which were interactive and relevant for the people providing mental and physical stimulation.

People's views about the service they received at Belmont Castle were sought though formal meetings and surveys and informally by the registered manager. One person told us "I do go to the resident meetings and I have my say". Another person said "I Haven't been to any of the resident meetings but might do in the future. They [management] do ask me for feedback at times. We viewed the minutes of the recent monthly resident meetings. Topics such as the menu were discussed and people were informed about changes to the home and staffing, for example the plans for Christmas. The registered manager said they discussed the minutes with people who had been unable to attend and a copy was placed in the entrance hall. People were included in key decisions about the home. For example, the registered manager described how people

would have the opportunity to meet potential new staff in an informal setting. The registered manager said they would ask people what they had thought about the applicants and include this information when making recruitment decisions.

People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints if they were dissatisfied with the service they received. People and visitors said they would make any complaints to the registered manager or senior staff. One person said I've never needed to complain, hopefully I never will have to but, if I did, I would go straight to the top, to the manager. A visitor told us, "I've never needed to lodge a complaint but would see [name two seniors] if I needed to, possibly also the manager." No one we spoke with had ever had cause to formally complain. Information about how to formally complain was available for people or visitors on notice boards in the entrance hall. The registered manager told us they had placed envelopes addressed to the manager and writing paper in each bedroom to enable people to raise concerns or complaints. This would enable complaints to be made anonymously if preferred. There were systems in place to deal with complaints which included detailed information on the action people could take if they were not satisfied with the service being provided. The complaints file showed that where complaints had been received these had been investigated and the result of that investigation fed back to the person concerned.

Good

Is the service well-led?

Our findings

Following the previous inspection in November 2015 we found improvements were needed to ensure accurate records were maintained. We made a compliance action and an action plan was received telling us how improvements would be made. At this inspection we found improvements had been made and records relating to the care people received and the management of the service were accurate and well maintained.

People, relatives and staff all felt Belmont Castle was well-led. One person said, "I do know who the manager is and her support staff and I do know they would talk to me if I needed. I believe it's well managed here." Another person said, "Yes I know the manager, she is a delight. She always responds immediately if you have any queries. The staff are well led by management every day." A visitor said, "We do know the manager yes, she does move around and talk to the residents and also the relatives. I do believe this place is well managed". Staff said of the registered manager "She is lovely, you can go to her and she will sort anything out." Another staff member said the registered manager would "Help [care staff] if needed." Two visiting health professionals said they had no concerns about Belmont Castle or the way it was run. We also saw other health and social care professionals had made positive comments about the home in a comments book located in the front hall. Every person and visitor we spoke with stated they would recommend the home to others. One visitor said, "I have already recommended it".

People were cared for by staff who were well motivated and led by an established management team. The registered manager told us they undertook some care shifts, including night duties, which they felt helped them understand the pressures felt by staff and enabled them to directly monitor the quality of care provided. Staff understood their roles and worked well as a team. They praised the management who they described as "approachable" and said they were encouraged to raise any issues or concerns. We saw all staff worked as a team; for example, administration staff supported a person who had mislaid their handbag. The registered manager said they were proud of how staff worked as a team and always put the "Residents first and foremost".

Staff told us there were regular staff meetings. They said that if they were unable to attend the registered manager would ask if there was anything they wanted to say. One staff member told us, "Staff meetings are held quite regularly and we always get asked at the end for any ideas or of we have any concerns." There were also specific meetings for some staff groups such as seniors and heads of departments. The registered manager had introduced short daily meetings with key staff on duty and said these helped "To ensure everyone's views are known and any issues addressed in an efficient manner".

There was an open and transparent culture within the home. Visitors were welcomed, there were good working relationships with external professionals and the registered manager notified CQC of all significant events. Relatives told us the registered manager and other staff were "approachable" and "caring". Relatives felt able to raise issues and were confident these would be sorted out. The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. For example, care staff told us they could approach the local authority or CQC if they felt it was necessary. Staff felt able to make suggestions to the management team for the benefit of people.

One staff member told us, "I feel the manager operates an open office and could go to her anytime about anything." Where incidents such as falls had occurred the registered manager had followed the Duty of candour and provided a written explanation of the event to the person or their relatives.

The registered manager described the home's values as being "Person centred, respecting and valuing each person as an individual". One care staff member described the home's values and purpose as being to "Make the best possible quality of life [for people], to provide comfortable, person centred care". Another staff member said the home's values were "To treat people as human beings, how I would want to be treated". All staff members said they would be happy for a member of their own family to receive care at Belmont Castle.

Belmont Castle aimed to involve itself in the local community and most staff and people were from the local area. Work experience placements were provided for local schools and colleges. The registered manager told us they also invited local primary school children to visit the home to talk with people about 'toys from a bygone age'. This provided a positive valued activity for people and was enjoyed by the children. Some people were supported by local volunteers to attend a nearby church on a Sunday. The volunteers were then invited to stay for Sunday Lunch at no charge. Where possible the registered manager said they used local services such as hairdressers and offered day care services for local people.

Auditing of all aspects of the service, including care planning, medicines, infection control and staff training was conducted regularly and was effective. The formalised quality assurance system also included systems to monitor other indicators, such as accidents or incidents. We saw there were few accidents or incidents and when this occurred consideration was taken as to what action could be taken to reduce the risk of recurrence. For example, movement alert mats were used where people had fallen or were at risk of falling. The registered manager was aware of their responsibilities under the duty of candour requirements.

The registered manager told us they ensured the quality of the service provided by talking to people, relatives and staff. More formal quality assurance systems were also in place, including seeking the views of people about the service they received. Surveys had been sent to people, visitors and staff. The surveys could be completed anonymously and those already completed showed everyone was happy with the service provided at Belmont Castle. The provider had an area manager who visited the home at least monthly to undertake a monitoring visit. We saw these were comprehensive and covered all aspects of the home from the environment to meals and medicines management. The registered manager was provided with a report following these monitoring visits which would detail any actions required. These would be reviewed at the subsequent monitoring visit. The registered manager also conducted unannounced spot checks during the night to monitor whether staff were delivering care to an appropriate standard.

The registered manager told us they kept up to date with current best practice and was keen to develop the service for the benefit of people. For example, a staff member told us, "We have just started a new scheme with staff wearing pyjamas clothes between 10pm and 7 am. It's only been going a few days but it has been good and people know it's time for bed". When we identified minor areas which could be improved the registered manager was receptive to these and where necessary took immediate action. This showed they were willing to listen to others opinions and views about the service. The registered manager completed the Provider Information Return (PIR) to a high standard and demonstrated an understanding of legislation related to the running of the service. The provider had an extensive range of policies and procedures which had been adapted to the home and service provided. We saw these were available for staff in the office and were told policies were reviewed yearly or when changes were required. This ensured that staff had access to appropriate and up to date information about how the service should be run.