

Belmont House Care Home Ltd

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## Inspection report

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Date of inspection visit:  
27 June 2017

Date of publication:  
14 August 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We inspected this service on 27 June 2017. The inspection was unannounced. We last inspected the home on 5 July 2016 and found three breaches of the regulations. These related to the safe management of medicines, treating people with dignity and respect and the governance of the service.

Belmont House Care Home Limited is registered to provide residential care for up to nine people with mental health needs. At the time of the inspection there were nine people living at the service. The service had a registered manager. 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 told us they were happy with the service and we saw staff were kind and caring.

We could see from records that staff recruitment was safe. References were in place and Disclosure and Barring Service checks had taken place prior to people being employed. This meant staff were considered safe to work with vulnerable adults.

There were improvements in the way that medicines were managed since the last inspection, but the systems in use were not effective in reconciling all stocks with records.

Staff were able to tell us what they would do if they had any concerns about safeguarding adults from abuse, and there were policies and procedures in place.

Staff told us they were supported well and we saw evidence of staff supervision. Staff were undertaking refresher training at the time of the inspection.

Care plans were comprehensive and covered a broad range of needs and the majority of risk assessments provided advice to staff on how to manage risks identified.

At this inspection the service was clean throughout and food was sealed and labelled appropriately. There was a programme of decorating underway and a health and social care professional told us the lighting at the service had been improved recently.

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. We found the service was working within the principles of the MCA. At the last inspection we had noted the registered manager had not obtained consent to lock the front door from people at liberty to leave the service. The registered manager had undertaken to obtain consent. This had not been obtained at the time of this inspection but had been obtained at the time of writing this report.

Since the last inspection improvements have been made in relation to the management of the service, and so is no longer in breach of the regulation in relation to the governance of the service. For example, there were audits taking place to check the environment for both damage and cleanliness, and medicines management had improved. However, there were areas in which the management of the service required improvement. The registered manager was aware of this and had recruited additional management support to assist her.

We have made recommendations in relation to staff training, leisure activities and consideration of a safe smoking environment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe. Stocks of medicines did not always tally with records.

Risk assessments were in place but did not always provide guidance for staff in managing the risks.

There were sufficient numbers of trained staff to meet with people's individual care needs.

Food was stored and labelled safely.

### Is the service effective?

**Good** ●

The service was effective. Staff received regular supervision and were undertaking refresher training at the time of the inspection.

We could see that people had access to a wide range of health professionals.

People's choices for food were catered for.

### Is the service caring?

**Good** ●

The service was caring. People told us staff were kind and caring towards them.

People's rooms were personalised and staff knew people's preferences and needs.

### Is the service responsive?

**Good** ●

The service was responsive. People's care plans were personalised.

There was a complaints process in place for people living at the service.

There was a limited range of activities people could access at the service and in the local area.

### Is the service well-led?

The service was not always well-led. Audits had not highlighted issues with medicines management or that risk assessments did not always provide information to staff to manage the risk.

Audits had been introduced that highlighted quickly issues with cleanliness or the environment.

Regular staff and residents' meetings took place so there was a forum for staff and people to discuss their views.

**Requires Improvement** 

# Belmont House Care Home Ltd

## **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 27 June 2017 and was unannounced.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. We looked at the information sent to us by the provider in the Provider Information Return. 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.

The inspection was carried out by one inspector and one 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.

We spoke with the registered manager and two members of the care staff. We spoke with three people living at the service, and spent some time watching interactions between staff and people living at the service. We contacted three health and social care professionals to gain their views on the care provided by the service. Only one relative responded to our request for feedback.

We looked at two recruitment files for staff, four supervision records and training records for the staff team. We looked at four care records for people living at the service. We looked at accidents and incidents. We checked records for essential facilities such as gas, electricity and the fire alarm systems. We looked at staff and residents' meeting minutes and audits carried out by the registered manager.

Following the inspection visit the registered manager and new additional manager provided us with further

information, and updated us on their intentions to progress some issues identified at the inspection.

# Is the service safe?

## Our findings

We asked people if they felt safe living at the service. They told us "Yes; fine about security and safety," and "Yes there is good security and safety. " One person told us "Yes [but] I feel scared of the people of services." We discussed this with the registered manager who told us they would ensure that following an incident at the house all the people living there were spoken with regarding their safety.

At the last inspection medicines were not always safely managed. At this inspection we saw the service was no longer in breach of regulations in relation to the safe management of medicines. Medicines were now booked into the service. The staff were now taking the temperature at which medicines were stored on a daily basis. When it exceeded 25 degrees Celsius, the provider was taking remedial action. There was a log of the side effects of all medicines in use by people living at the service available to staff.

We checked stocks against records and recording of medicine administration records (MAR). Staff were completing MAR sheets for administering medicines. But it was difficult to tally stocks of boxed medicines with records as the service did not record the date the particular box of medicine was started. The majority of medicines were in blister pack form so this only related to four medicines. Following the inspection the service has asked for two of these medicines to be in blister pack form, and they are recording on the box and the MAR sheet when a box is started and if any tablets are carried over. Since the inspection the registered manager has also improved the auditing process for medicines so it is more comprehensive and will incorporate reconciling stocks with records.

Risk assessments were comprehensive and covered a wide range of risks. The majority gave advice to staff on the action to take and how to mitigate the risks but we found one risk assessment had not been updated following a recent incident although the support plan had been. We also found another risk assessment related to a person becoming physically abusive, which told staff to educate the person on how to diffuse their anger. It did not provide staff with clear instructions on what action to take to safeguard other people living there or staff.

We could see three out of the four risk assessments had been written or updated in the last year as people had only recently moved in, although two of them were not dated. The fourth risk assessment was 16 months old although the registered manager told us the person's needs had not changed.

The service followed safe and robust recruitment processes to ensure that only suitable staff were recruited to work with vulnerable people. Records confirmed that appropriate references had been obtained, identity checks confirmed and Disclosure and Barring Service, criminal record checks, had been completed.

Staff demonstrated a good understanding of the terms safeguarding and whistleblowing and were able to explain the steps they would take to protect people if they suspected them to be at risk of abuse and harm.

Accident and incident forms were completed, and the registered manager signed these off to say they had seen them and appropriate action had been taken.

At the last inspection we had noted the service needed a deep clean. At this inspection we found the building clean and there was a programme of decorating in progress. Health and social care professionals confirmed the service was clean when they visited and one noted the lighting had improved lately which provided a better environment for people living there.

At the last inspection we found food was not always labelled so staff may not know when it needed to be used by. At this inspection food was sealed and labelled appropriately, and the kitchen area was clean throughout. Fridge and freezer temperatures were taken daily and remedial action taken if above safe limits for storing food.

We looked at the rota for the service and there were enough staff available to meet people's needs. The registered manager told us they adjusted staffing levels to meet the needs of people living at the service. We checked records for gas, electricity and fire safety equipment. All had been serviced within the last 12 months and so were considered safe. We could see from records that the fire system was checked weekly.

# Is the service effective?

## Our findings

People told us "Yes" they thought staff had the skills and knowledge to care for them. One health and social care professional told us the staff had successfully supported a person for the last 12 months who had previously been in crisis. In their view collectively the staff had the necessary skills and experience to care for people with complex mental health needs.

Staff received an induction when they started working at the service, and had been trained in the key areas. Courses included infection control, challenging behaviour, medicines, first aid and safeguarding.

The provider did not commit to offering refresher training to staff, nor had a stipulated timeframe within the policy for staff to undertake refresher training. The registered manager told us staff would ideally do refresher training every one to two years, although they acknowledged this had not taken place for the majority of staff. We saw from records four out of six staff had undertaken key training courses in 2014 and two staff in 2015. A course in pressure area care had taken place in 2016 which some staff had attended.

We could see that staff were booked onto distance learning courses at a college to undertake refresher training in the key areas this summer. In addition, four staff had enrolled onto a nationally recognised Level 3 course in Health and Social Care to be completed by June 2018. Although we could see training was taking place this year, for some staff they had not undergone any refresher training in areas such as medicines or safeguarding in three years. Staff told us they felt adequately trained and spoke positively of the training courses they were in the process of undertaking. We recommend the provider review the training policy to ensure it meets the needs of the service.

We saw supervision was taking place for the majority of staff, and staff told us they were supervised. We saw some supervision records for staff. Appraisals had been undertaken for some staff in the last year. The registered manager told us with the additional management support employed at the service, they were establishing more effective systems to prompt management tasks such as supervision and training so it was on a more regular basis.

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 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.

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 were being met. There were DoLS in place for three people who needed them at the service.

Other people were free to leave the scheme when they wished; however the front door was locked. At the last inspection the registered manager undertook to gain consent for having a locked door from the people at liberty to leave the service. This was not in place at the time of this inspection, however, the registered manager had obtained written permission from people living at the service to keep the front door locked at the time of writing this report.

Staff were able to tell us how they obtained consent to support people and what they would do if a person did not want to receive their support.

We could see that health appointments were made for people in relation to their physical and mental health and for dentistry and optical services. Health and social care professionals confirmed the registered manager and staff worked co-operatively with them to manage people's mental health.

People were happy with the meals prepared at the service. We could see from satisfaction surveys undertaken with people that they appreciated the quality and variety of meals prepared. Staff were able to tell us what people liked to eat, and this was noted on their care records. The menu was varied according to people's choices and we could see people's cultural and religious needs in relation to food were met. A family member confirmed her relative was only given food he liked, and that staff knew what his preferences were.

# Is the service caring?

## Our findings

People told us staff were kind and caring. Comments included "They care about me." "All staff are kind and caring." We saw staff were kind to people living at the service on the day of the inspection. A relative told us she would know if her family member was not treated well as they would tell her; she had no concerns regarding the service.

At the last inspection we saw that on occasion people's rooms were cleaned when they were in bed to fit in with the schedule of the staff rather than to provide care in line with people's personal requirements. At this inspection we could see that this had been discussed at staff team meetings on several occasions and people told us this was no longer happening.

There was a garden at the service and we could see that some herbs had been planted by people living there with the support of staff. Whilst this was positive we also noted there was minimal furniture in the garden to encourage people to use it on a regular basis. There were single chairs but no table. We noted at the last inspection that garden furniture was stored in the garage rather than being available for use in the garden, and this remained the same despite there having been a prolonged period of good weather in the period leading up to the inspection. Following the inspection the registered manager told us the garden furniture was now available in the garden for people at the service to use.

People currently smoked in the conservatory attached to the living area. There was no covered area outside for people to smoke and so there was on the day of the inspection a smell of smoke in the living area.

We recommend the service explores options for people to smoke which minimise the impact on other people using the service and staff working there.

We could see that detailed information regarding people's needs was set out in care records and staff understood people's preferences. Staff were able to tell us how they involved people in their care by encouraging people to participate in daily living activities. Some people chose not to cook or prepare food for themselves even though they were able to do so.

People had not signed the majority of care records. We discussed this with the registered manager who told us this was partly an oversight and sometimes people chose not to sign documents. The registered manager undertook to discuss this with staff to remind them of the importance of evidencing people's involvement in their care planning and to record if people chose not to sign documents.

People told us they were treated with dignity and respect. People told us staff knocked on people's doors before entering, they made sure people were left in privacy when using the toilet; they ensured people who needed support were well groomed and dressed with their permission.

Rooms were personalised with people's belongings. The service had provided a trip to the seaside last summer and had held a barbeque this summer.

Residents' meetings took place on a regular basis and from records we could see a wide range of issues were discussed with differing views evidenced. The service had also asked people's views through a quality questionnaire which covered a range of areas including people's views of the support offered, the approachability of the staff and the food. The results of these were positive.

## Is the service responsive?

### Our findings

The majority of people were able to come and go from the service as they wished, chose their own hobbies or interests to get involved in, and met with friends or family. However, three people whose liberty was restricted relied on staff to escort them out of the building. One person on DoLS attended a day service locally two days a week. We noted that the range of activities being provided by the service was limited and whilst people did go out to the park, shops or library, there was a limited range of activities explored. This had been noted in the previous inspection report.

Health and social care professionals had mixed views on the service's ability to support people to participate in local community activities. For example, one viewed the service as providing this service adequately, whilst another told us they had drawn to the attention of the registered manager some time ago the limited range of activities within the service and the need to assist people to link with services in the community. The health and social care professional told us the registered manager had committed to improve leisure activities at the service once additional management support was in place at the service. Following the inspection the registered manager sent us an updated activity programme for the people on DoLS at the service.

We recommend the provider seeks advice on appropriate activities both within and external to the service to meet the varied needs of the people living there.

People's needs were outlined in a detailed comprehensive initial assessment which covered a wide range of needs including: medical history, activities of daily living; communication; relapse indicators, interests and identified risks. People's needs were then set out in a support plan. These were comprehensive covering all needs identified and up to date. We could see they were person centred in their approach in that they set out people's like and dislikes, for example, one support plan noted one person found it very difficult having their nails cut and disliked being in crowds.

The majority of care documents were not signed by either the staff member of the person using the service. A number of documents were not dated which meant it would be difficult to know when they were due for a review. We discussed this with the registered manager who undertook to review documentation and ensure documents were dated and signed.

Key worker sessions took place regularly and covered relevant issues with people. We could see where incidents had occurred in the intervening period these were discussed with the person if it was appropriate and it appeared from the documentation that for the majority of people meaningful discussions took place.

At the last inspection we had noted that people had not used the complaints process to make a complaint even though they told us they were not happy with staff cleaning their room when they were still in bed. At this inspection we noted there were no complaints logged at the service in the last 12 months.

We could see there was a complaints notice high up on a noticeboard at the service, which was not very easy to read and not very noticeable. We saw from documents people were provided with information

regarding complaints at the point of moving in. We also noted a service user questionnaire had asked people if they knew how to make complaint, and people had said they did. We spoke with the registered manager regarding the complaints process and they agreed to consider ways in which they could make the process more available to people living at the service. Following the inspection they told us they had moved the information regarding complaints to a more visible place within the entrance hall and would discuss it at resident's meetings on a regular basis.

A health and social care professional told us they thought the registered manager was responsive to any issues raised and a family member told us she had no complaints regarding the service.

We could see the service was moving from a routine based service to one that was more person centred. For example, there were elements in which person centred care was provided as evidenced by support plans, but there other aspects had retained elements of a routine orientated service. For example, there was a notice up in the living room stipulating when breakfast took place and house rules stated "Bed time is flexible, generally 10-11pm, later on Friday and Saturday nights." We spoke with the registered manager who told us people could get food whenever they wanted and we saw a person arriving mid-afternoon and being provided with lunch. The registered manager also removed the section on suggested bed times in the house rules following the inspection. Staff told us people went to bed when they wanted and this was confirmed by people we spoke with.

## Is the service well-led?

### Our findings

At the last inspection we found a breach of the regulations in relation to the governance of the service. At this inspection we found there were improvements to the way in which the service was led. However, we found there were still areas in which the service was not always well led.

For example, despite audits taking place of medicines management, the registered manager had not noted they were unable to reconcile stocks against records for boxed medicines, although they acknowledged it was important to account for all medicines.

Audits of care records did take place but had not noted that many documents were not signed by either staff or people living at the service, nor dated. The audits had not identified the lack of specific advice for staff in dealing with physical violence, although staff were experienced in working with individuals and had managed episodes of physical and verbal abuse effectively.

The registered manager had not sought to get people's permission to lock the front door despite agreeing to do so following the last inspection, and we found the range of garden furniture was not available for people living at the service despite there having been a period of good weather. This had also been raised at the last inspection.

However, there were a number of improvements in the management of the service. For example, the building was now routinely clean and we could see that daily, weekly and monthly checks were taking place to ensure facilities were working effectively and bathrooms were kept stocked.

Team meetings took place regularly and we could see discussions regarding quality issues, including issues of dignity, as well as practical issues were discussed. Staff told us they felt supported and there was little staff turnover which meant there was continuity of staff for people living at the service.

The service supported people with complex mental health needs successfully and were well regarded by health and social care professionals.

The registered manager told us they realised they needed additional management support to ensure management tasks including supervision, training and auditing of care records were completed and to make further improvements to the service. To assist them, they had employed another manager who started at the service in the week following the inspection.

The registered manager told us they were keen to utilise the additional management support and were developing an action plan for the service to set out improvements, which they would work to achieve in the coming twelve months.