

A Kilkenny

# Belper Views Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

We completed an unannounced inspection of Belper Views Residential Home on 6 March 2015. The service is registered for up to 25 people who require residential care. At the time of our inspection the home was providing care to 25 people.

There is a registered manager at this service. 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 our inspection in October 2013 we found breaches in regulations relating to care and welfare, safeguarding, requirements relating to workers and assessing and monitoring the quality of service provision. Following this the provider sent us their action plan telling us about the improvements they intended to make. During this

# Summary of findings

inspection we looked at whether or not those improvements had been met. We found that some improvements had been made and some improvements were still required.

At this inspection, we found that risks at the home were not always well managed. We also found that guidance for the safe handling and administration of medicines was not always followed and meant medicines were not always managed safely.

We found the principles of the Mental Capacity Act 2005 (MCA) were not always followed and people who were subject to supervision and restrictions to keep them safe had not been referred for authorisation using the Deprivation of Liberty Safeguards (DoLS). This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives. We have made a recommendation about staff training on the subject of the MCA and DoLS.

The provider's arrangements to check the quality and safety of people's care were not being followed and related records were not always up to date. The provider's operational policies and procedures did not always provide staff with the up to date guidance they needed to follow in relation to the care provided at the service.

People were pleased with the substantial refurbishment of the home. The registered manager and deputy manager were both visible and accessible to people and their relatives and provided open and transparent management and support.

People felt cared for safely by staff who understood how to raise concerns. There were sufficient staff to care for

people safely and the provider's procedures for recruiting staff made sure they were suitable to work at the service. Staff told us they received adequate support from their managers and from training courses to enable them to do their job well. People were cared for by staff with the skills and knowledge to meet their needs. People had mixed views on the choices and quality of food, but all people we spoke with told us they had enough to eat. People had timely access to any additional healthcare services that they may require, including opticians and doctors.

People told us they were cared for by kind, respectful and patient staff. Staff were caring in their approach to the support they provided. People told us staff were respectful of their privacy and promoted their dignity at all times. Most, but not all of the time, people's independence and choices were supported. Staff knew what was important to people and people we spoke with told us they were happy with their care.

People were supported to engage in some of their preferred hobbies and interests; however they told us they also wanted to see more entertainment and trips out. People were supported to maintain their relationships with families and friends, who could visit at any time. People were asked for their views and their preferences for their care and these were respected. People contributed to their care plans and staff responded promptly when people needed them. This meant people experienced care that was personalised and responsive to their needs.

We identified one breach under the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People were not always assisted to mobilise safely and procedures to reduce risks associated with medicines administration were not always followed. Appropriate actions were not always taken to reduce risks associated with the premises and environment.

People told us they felt safe and were cared for by staff who understood how to protect them from the risk of abuse or harm.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Staff were not clear on how the MCA related to people in their care and the registered manager had not followed the DoLS when people experienced restrictions and supervision to keep them safe.

People had access to the healthcare services they required and received sufficient food and drink. Staff received support to care for people from their managers and from training courses.

**Requires Improvement**



### Is the service caring?

The service was caring.

People received care from kind and caring staff, who respected their privacy and promoted their dignity. People were supported with their independence and to make decisions about their care.

**Good**



### Is the service responsive?

The service was responsive.

People enjoyed their interests and hobbies and were supported to maintain friendships.

People were asked their views and these were listened to and people contributed to planning their care.

**Good**



### Is the service well-led?

The service was not always well-led.

Checks on the quality and safety of people's care and of the premises were not effective. Records had not always been retained and policies and procedures were not always up to date.

The registered manager and deputy manager had an open management style, which helped to promote a person-centred, open and inclusive culture.

**Requires Improvement**



# Belper Views Residential 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 6 March 2015 and was unannounced. The inspection team included an inspector and an 'expert-by-experience' whose area of specialism was in the care of older adults with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at all of the key information we held about the service and spoke with local authority commissioners. The provider had sent through one routine notification. Notifications are changes, events or incidents that providers must tell us about.

We spoke with 12 people supported by the service and 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 to us. We spoke with relatives of four people who used the service and six members of staff, including the manager and deputy manager. We spoke with one social care professional involved in the care of people who used the service.

We looked at three people's care plans. We reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care and staff training, recruitment and medicines administration records.

# Is the service safe?

## Our findings

At our previous inspection in October 2013 we asked the provider to take action as people were not fully protected from harm because the policy for safeguarding vulnerable adults was not up to date for staff to refer to. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to tell us about the action they were taking to protect people. At this inspection, although the policy was not up to date, staff had completed training and knew how to safeguard people.

During this inspection we found the provider's safeguarding policy was still out of date. However, staff had been trained in how to safeguard people from harm and abuse and staff knew how to recognise and report concerns if they suspected or witnessed the abuse of any person receiving care. We observed that people were relaxed and comfortable with the staff caring for them.

People told us they felt very safe. One person told us, "They [staff] are my friends, this is my home." Other people told us, "The staff aren't bossy here," and, "The carers are very kind and I feel very safe."

At our last inspection we had also asked the provider to take action as people were not protected from unsuitable people being employed as the provider's recruitment processes did not include pre-employment checks to verify people were suitable to work in care. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

No new members of staff had been employed since our last inspection. However, new recruitment procedures had been put in place for staff recruitment and would ensure any new members of staff were safe to work with people. Where staff had already been employed for a considerable amount of time the registered manager had audited their recruitment files to make sure they were satisfied with the evidence provided at the time. Where the registered manager had identified gaps in information provided when compared to the current policy in place they had identified

further measures to satisfy themselves of the staff member's suitability for the role. This provided further assurances that staff employed were suitable and safe to work with people using the service.

At this inspection we also observed the registered manager assisting a person to move into the dining room in their wheelchair without any footplates to safely rest their feet on, which was unsafe care. Wheel chair footplates help to keep people's legs and feet comfortable and safe from injury. We spoke with the registered manager, and they told us they would normally use footplates on wheelchairs, but had, on this occasion, forgotten. Other observations we made throughout the day confirmed people were assisted to move safely.

Potential risks to people's safety from their environment were not always well managed. The condition of the electrical installation system in the home was checked by an external electrical contractor in April 2014 and rated as unsatisfactory. Their report showed that the provider needed to take immediate action because of the danger and risk from this to people using the premises.

The provider told us that some of the work had been completed and they believed the electricians had not posed any risks to people using the service, staff or visitors. However, this had not been confirmed by an electrical engineer. Following our inspection, we consulted with the local authority health and safety officer and met with the provider and registered manager to discuss our concerns. The provider subsequently provided evidence to show the electrical installation system was re-inspected in May 2015 and found to be in a satisfactory condition. However, the provider had not taken prompt action to protect people from harm as they had not ensured the timely and safe maintenance of the electrical installation equipment at the premises for over 11 months.

We found that the lift between the ground floor and first floor was not working. Staff told us it had not been working reliably for three weeks. Since the lift had stopped working, one person had been unable to access their own room safely, which was located on the first floor, because of their mobility needs. Staff told us they had carried the person in their wheelchair, up the stairs to enable them to access their own room. The registered manager had not carried out a risk assessment to assess if this procedure was safe. We had a meeting with the registered manager after the inspection because we were concerned about this event.

# Is the service safe?

People who did not feel confident to use the stairs told us they were staying in their rooms while the lift was broken. This had been three weeks for some people. Some of the people we spoke with who were having to stay upstairs in their rooms told us, "I don't do anything. It's a bit boring and it's a bit lonely up here." Another person told us they were concerned as they had a healthcare appointment and they did not think the lift would be mended in time for them to attend.

Although staff also told us they were regularly checking people who were upstairs this was not enough to reduce the effects on people from being restricted to their own rooms for a significant period of time. Following our inspection, the manager told us a stair lift had been fitted for people to access the first floor with staff assistance. The manager has since confirmed that the lift has been fully repaired.

Some procedures that helped ensure the safe management of people's medicines were not always followed. These included, a handwritten medicines administration record (MAR) chart without a second staff signature to ensure details were correct with the prescription issued, and an incorrect name on a (MAR) chart. Although no medicines errors had occurred, people were not fully protected from the risks associated with medicines administration because these good practice guidelines were not in place.

We also found one person required some medicine that had been prescribed to be taken 'as and when required'. There was no guidance for staff to follow to ensure that different members of staff administered this medicine consistently. The registered manager advised us that they themselves usually administered this person's medicine and so there had not been any problems with other members of staff needing to identify if this person required their medicine. However, the registered manager agreed to put in place guidance for when staff administered medicines in their absence.

One family member we spoke with told us their relative had been able to reduce the amount of medicine they took since using the service. Other people we spoke with told us they were happy with the support they received to take their medicines. We observed staff asking people if they felt well or whether they required any pain relief. We also observed people were supported to maintain their independence when taking medicines. People's preferences for when they wanted to take their medicines were respected by staff, and recorded in their care plans. People received their medicines, when they were needed.

Arrangements to manage foreseeable emergencies were in place. People had personal emergency evacuation plans for staff to follow to keep people safe in the event of any emergency that may require their evacuation from the home. For example, in the event of a fire. Staff told us that fire alarms were tested weekly and a full fire evacuation practice was held twice a year.

Accidents and incidents were reported and analysed. The registered manager told us they were monitoring falls and were trying to minimise repeated falls. For example, the registered manager was liaising with families to replace people's slippers when they were worn to help to prevent slips, trips and falls. They were also reviewing how to monitor and respond to falls.

We looked at staffing levels at the home. People told us they never had to wait long for help if they used their buzzers at night. One person told us, "If I just want my pillow plumping I press my buzzer and they come." They also told us night staff would offer to get them a meal or drink in the night if they could not sleep. Another person told us, "The night staff are wonderful." Staff we spoke with told us there were enough staff for them to deliver safe care. There were sufficient numbers of staff to keep people safe and meet their needs.

# Is the service effective?

## Our findings

The provider was not fully meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find.

Some people using the service could, potentially, lack capacity to make some decisions. However, when we spoke with staff about the MCA they were not clear how this legislation related to people in their care and were not familiar with the processes for decision making in line with this legislation. Staff had been trained in the MCA, however this training had been completed five years ago, and no further refresher training had been arranged. We spoke with the registered manager about their understanding of the MCA and the procedures in place for capacity assessments and best interest's decision making. The registered manager told us they would review training and practice in this area.

The provider had not sought a Deprivation of Liberty Safeguard (DoLS) authorisation when it may have appropriate to do so. The DoLS are a law that require assessment and authorisation when a person lacks mental capacity and needs to have their freedom restricted in a way that is necessary to keep them safe. Staff told us that one person regularly tried to open external doors to leave the premises and they would not be safe to leave without staff supervision. The provider had not considered whether this may amount to a deprivation of their liberty and submitted an application.

Staff were not provided with up to date guidance about DoLS. The guidance provided did not include the latest Supreme Court Judgement on what would constitute a deprivation of a person's liberty. We discussed this with the registered manager and they confirmed they would make an application for a DoLS.

**We recommend that the service finds out more about training for staff on The Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards based on current best practice.**

People received care from staff who were knowledgeable and skilled. People told us they felt staff were well trained and knew what they were doing. One person told us, "The staff are so good; they deserve all the praise." Staff understood people's individual care needs and were clear on how these were to be met. Staff training records were up to date and covered all of the areas relevant to people's care needs.

Although formal staff supervision had not been arranged as frequently as intended by the registered manager, staff told us they felt supported. Staff told us they enjoyed working at the service and that they felt supported with the supervision they received, which they found helpful and constructive. Staff told us the registered manager was always available for support in-between supervision sessions when needed. One staff member told us, "It's a lovely home, we all work as a team."

People were supported to have enough food and drink and to maintain a balanced diet. People we spoke with told us they always had enough to eat. Two people told us the portion sizes had been too large for them and the cook had since made their portions smaller to suit them more. People had mixed views on the choices and quality of meals. Some people told us the food was very good, however some people we spoke with didn't think they could ask for something different. Other people told us they had made suggestions for changes to meals and these had been acted on. One person told us, "The food is nice." Another person said, "I'm asked my meal choice every day."

We observed that the cook checked with people what they would like for lunch and talked about the available food options. When we spoke with the cook they had a good knowledge of people's dietary needs. This included special dietary requirements, such as diabetic diets.

During lunchtime we observed staff created a happy and cheerful atmosphere. They made sure people had condiments of their choice to accompany their meal. Some people used adapted cutlery and this helped them maintain their independence with eating their meals. One person's food was presented in a flan dish and whilst this



## Is the service effective?

helped them get their food onto their knife and fork, other products such as plate guards are available that would provide the same level of assistance and enable the person to retain the use of a standard plate.

People were supported to maintain good health and access healthcare services when they needed them. For example, one person had seen their optician for a specific optical health check when they needed to. People told us

they could see their own GP when they needed one and the manager would make the arrangements the same day. Throughout the day of our inspection we observed that staff were mindful of people's wellbeing and asked people if they felt well. We could see from records that staff had identified when people had been unwell and arranged for them to be seen by their GP's.



# Is the service caring?

## Our findings

Staff had developed positive and caring relationships with people using the service. All of the people we spoke with told us staff were kind. One person told us, "It's like a home from home. They [staff] have a lot of patience." Staff spoke with us very respectfully, and with fondness, about people and their care. One staff member told us, "It's very caring here, we are like a big family." Throughout our inspection we observed staff talking with people, respectfully and in a happy and cheerful manner.

We observed that staff were caring when they supported people. We saw one member of staff explaining to a visually impaired person what food was on their plate. They also checked whether the person required any further assistance with their meal. Staff told us that when they supported this person to get dressed they would always ask them what colour clothes they wanted to wear and describe to them how they looked. This was because the person had told staff they enjoyed knowing what colour clothes they were wearing.

Some, but not all people told us they had seen their care plans. Care plans we looked at showed people had signed their agreement to their care plans. Care plans showed people were involved in planning their own care, for example, care plans included details of people's life histories and preferences.

Staff promoted people's privacy and dignity when they provided people's care. We heard staff knocking on

people's doors before they entered their rooms and people we spoke with confirmed that this was usual. One person told us, "It is very important. My room is my home and they [staff] always know and respect that." Another person told us they liked their privacy and they liked to eat in their own room. They told us staff had always respected their wishes. We also saw that staff promoted people's dignity in other ways. For example, we saw that staff made sure that one person's clothing covered them appropriately so as to maintain their dignity. Staff also checked if people wanted any protection for their clothes during meal times.

Staff often supported and promoted people's independence. People told us staff encouraged their independence and told us they had control of when they wanted to get up in a morning and when to go to bed. One person told us, "They [staff] watch to see how I am in the morning and if I am a bit stiff they stay to help, and if I am ok they let me get on with it." Another person told us they took a taxi each week to visit the local shops, which they enjoyed very much.

We observed staff patiently supported people to do things at their own pace and to maintain their skills of independence. People's care plans promoted their independence because they showed what people could do themselves as well as the support staff needed to provide. For example, one person's care plans showed that staff should help by passing the person's clothes to them the as they were fully independent at getting themselves dressed.

# Is the service responsive?

## Our findings

At our previous inspection in October 2013 we asked the provider to take action because people's needs were not being re-assessed and therefore people were at risk of receiving care that did not meet their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found improvements had been made.

People contributed to the assessment and planning of their care. We observed staff sitting with one person and talking to them about their care. The person's comments and views were recorded into their care plan by the member of staff. When we looked at people's care plans we found that people's care needs were re-assessed, either as part of a regular review, or when needed.

People were often supported to follow their interests. However, some people had aspirations to do more and the registered manager told us she was looking at how people's aspirations could be met. We observed that one person received holy communion during our inspection and they told us this happened every week. Another person told us they went out to church every Sunday. We spoke with one person who was knitting and another person told us they loved the countryside. They told us they enjoyed being in the garden in the summer and loved looking at the views over the hills from the conservatory in the home. Although we saw people involved in these activities during our inspection, people also told us they would like to do more. For example, some people told us they would like to go out on more day trips. The provider had collected written feedback from people via a questionnaire type survey, which asked them for their views about their care and daily living arrangements. The survey returns showed that people would like to see improvements made to the provider's arrangements for their social activities. The registered manager told us they were aware of people's wishes and were looking at ways to meet their aspirations.

We also saw some satisfaction questionnaires that had been returned to the service. People had been asked to

comment on staff, comfort, cleanliness, care standards, quality of entertainment and social activities. Of the results we reviewed, people had indicated they were satisfied with most aspects of the service. Where people had identified areas for improvement, the registered manager told us they were looking at what they could do to support improvements.

People's views and experiences were listened to and helped to improve the quality of care. People we spoke with told us they felt the manager would listen to them and support their wishes if they wanted anything done differently. One person told us their request for more variation in meal choice had been listened to and acted on.

People received personalised care that was responsive to their needs. We observed that staff understood and knew how to respond to a person who was living with dementia. We saw that staff supported the person to engage in cleaning tasks cleaning around the home, which they enjoyed doing. Their relatives told us the person had settled well because staff supported them to do this and pot washing, which they also liked to do. A member of staff told us about a new person who was unable to speak. They had noticed on one occasion that the person did not seem to be enjoying their drink of tea and did not drink it. The staff member told us they bought over the sugar and the person was able to put their thumbs up to indicate they wanted sugar. The staff member told us the person then continued to finish their drink.

People were supported to maintain relationships that were important to them. We spoke with two people who were sitting talking together. They both told us they were 'best friends.' Families we spoke with told us staff made them feel welcome when they visited and that they could visit at any time.

People's preferences were respected. One person told us they had been able to decorate their room to their own taste and this was important to them. The manager told us that people had helped to decide the colour of new carpets and the colour of the curtains and wallpaper in their rooms.

# Is the service well-led?

## Our findings

At our previous inspection in October 2013 we asked the provider to take action as the system used to regularly assess and monitor the quality of services was not identifying items for repair and maintenance and other records and care plans had not been updated. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that sufficient improvements had not been made.

Checks on the quality and safety of the service were not being carried out. We found that checks of equipment, safety, infection control systems and other health and safety checks on the environment had not been completed since August 2014. There were also no recorded audits of whether health and safety practices and infection control procedures were being followed by staff. This meant that systems designed to ensure people received safe, good quality care were not being carried out.

Other areas of the premises required maintenance at the time of our inspection and it was not clear what action had been planned. For example, a handrail outside the main front door had broken. It had been tied back into position with string. The registered manager was unable to check if the handrail was scheduled for repair as records that would show the progress of maintenance tasks had not been retained.

We also found that a range of the provider's operational policies and procedures were not being regularly reviewed to make sure they were up to date. This meant that staff did not have the latest guidance and advice to follow to when providing care and support to people using the service. This included policy guidance for Deprivation of Liberty safeguards, safeguarding vulnerable adults and for the prevention and control of health acquired infections.

This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2008 which corresponds to Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Both the registered manager and deputy manager were visible and accessible to people and knew them well. During our inspection, the provider also visited. Some people told us the provider sometimes visited the home and would ask them how they were, which they appreciated. One person told us they had given their ideas and suggestions directly to the provider and that this had resulted in improvements, such as more variation in meal choice.

Resources were available to make improvements to the service, such as the refurbishment that was being completed. People and their families spoke with us about the refurbishment that was ongoing during the time of our inspection. They told us they were pleased with the refurbishment and improvements being made to the environment. Written feedback to the provider from one person read, "Belper Views is becoming a more attractive and comforting home now that the renovations have started."

All people and staff praised the registered manager and felt she was supportive, open and approachable. People told us the registered manager personally spoke with them each day. One person told us they had observed that they, "Would never ask someone [staff] to do something she would not do herself." This promoted a person-centred, open and inclusive culture.

Staff told us the registered manager provided constructive feedback and encouraged an open and honest atmosphere. Staff told us the manager encouraged staff to resolve any issues between themselves and that it was rare for the staff group to have issues that are not resolved this way. Staff we spoke with told us the staff group had worked together for a long time and everyone spoke with respect for their peers. One member of staff told us, "We all work as a team, it's very caring and like a family, we support each other." Staff reported they felt it was a positive working environment.

During our inspection and subsequent meeting with the registered manager and provider we found they took responsibility for the issues we highlighted and had a positive, open and transparent approach to resolving them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person's systems or processes had not been established or operated effectively to enable assessment, monitoring, improvement and mitigation of risks relating to the health, safety and welfare of service users and others which arise from carrying on the regulated activity. The registered person had not maintained securely, records necessary in relation to the management of the regulated activity.</p> <p>17(1)(2)(a)(b)(d)(ii).</p> |