Quantum Care Limited

Belmont View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on 28 November 2017 and was unannounced. At their last inspection on 3 December 2015, the service was found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

Belmont View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 85 people in one adapted building. At the time of the inspection there were 77 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Most people received care in a person centred way but we observed some people who did not. This was addressed immediately by the management team following the inspection with some shortfalls addressed during the inspection.

Most people were supported in a safe way. People told us they felt safe. Staff knew how to recognise and report any risks to people's safety. However, further development was needed in regards to unexplained bruises or skin tears being recorded, investigated and potentially reported.

Medicines were administered in accordance with the prescriber's instructions. However, on one unit there were issues found but these were addressed during the inspection. There were sufficient staff who were recruited safely who received appropriate training and support.

People were supported in accordance with the principles of the Mental Capacity Act 2005 and their choices were respected. People enjoyed a variety of food and were supported to live healthy and balanced lives.

People were addressed by staff with respect and kindness. They supported in accordance with their preferences and wishes. Confidentiality, dignity and privacy was promoted.

People enjoyed the activities provided. They and their relatives where appropriate were involved in planning their care. There was a complaint's process which people knew how to use and were confident they would be acted upon.

People and staff were positive about the running of the home. There were systems in place to monitor the quality of the home, listen to people and value staff. People's views were sought and consulted in relation to the running of the home.

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.

Most people were supported in a safe way. People told us they felt safe.

Staff knew how to recognise and report any risks to people's safety. However, further development was needed in regards to unexplained bruises or skin tears being recorded, investigated and potentially reported.

There were sufficient staff who were recruited safely.

Medicines were administered in accordance with the prescriber's instructions. However, on one unit there were issues found but these were addressed during the inspection.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and felt supported.

People were supported in accordance with the principles of the Mental Capacity Act 2005.

People enjoyed a variety of food and were supported to live healthy and balanced lives.

Is the service caring?

Good

The service was caring.

People were addressed by staff with respect and kindness.

People were supported in accordance with their preferences and wishes.

Confidentiality was promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Most people received care in a person centred way but we observed some people who did not.

People enjoyed the activities provided.

People and their relatives where appropriate were involved in planning their care.

There was a complaint's process which people knew how to use and were confident they would be acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were systems in place to monitor the quality of the home, listen to people and value staff. However, they had not identified the areas that required improvement that we found on inspection.

People and staff were positive about the running of the home.

People's views were sought and consulted in relation to the running of the home.

Belmont View

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by two inspectors and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with 13 people who used the service, four relatives, seven staff members, the deputy manager and the registered manager. A quality manager was also present for feedback. We received information from service commissioners and health and social care professionals. We viewed information relating to six people's care and support. We also reviewed records relating to the management of the service.

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 due to their complex health needs.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "It's very safe here." Relatives also felt people were safe. One relative told us, "I can go away and know that [person] is safe."

People were supported by staff who knew how to keep people safe and were confident that the registered manager would respond to any concerns of abuse. Staff knew how to recognise and report abuse. They received regular training and updates. There was information about safeguarding people from abuse displayed around the home to help raise awareness.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including falls, skin integrity, the use of equipment and nutrition. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

People who were at risk of developing pressure ulcers had appropriate risk management plans in place to support staff in understanding how to mitigate these risks. For example people had appropriate pressure mattresses in place and staff regularly checked if these were set at the right setting. Every person who required a pressure mattress had their weight recorded and the setting on the mattress appropriately adjusted if they gained or lost weight to ensure that the effectiveness of the mattress was maximised. In addition, staff regularly repositioned people who were not able to change their position in bed. One relative told us, "They keep [person] safe, [person] has pressure sores and they turn [them] every two hours and check on [them]." We found that this was effective in preventing people to develop pressure ulcers and in healing those for people who moved into the home already with a pressure ulcer. However, we noted that one person was waiting for a specialist cushion to use while sitting out of bed but even though it had been some time since it was requested, staff had not provided them with an interim cushion while they were waiting. We raised this with the management team who took immediate action.

Accidents and incidents were recorded on a system for the provider which helped them to identify themes and trends. This system also checked that all remedial actions had been taken. However we noted that two people had bruises which did not relate to an accident of incident record. We reviewed their care plans and we noted that the bruises were not recorded on body maps. One staff member told us, "I would report any bruises to my manager and complete a body map. I had a resident who had a bruise on his arm, it turned out to be where he rested his arm on the bumpers." We discussed this with the management team who told us that they did not always report or formally investigate unexplained bruises or skin tears but they reminded staff to be more careful. We discussed how this would not identify a theme in times and dates of bruising or review if staff needed further training. We also discussed the need not to become complacent as people were at high risk of bruising. We noted that one person's bruising appeared consistent with how they were transferred with a hoist and stated that this required a review to ensure their welfare. The management team took immediate action following our feedback to ensure that all remedial action was taken and concerns were reported. However, this was an area that required improvement.

People told us that there were enough staff to meet their needs during the day but at night they could be very busy. One person said, "They generally come quite quickly – I don't ever feel I have to wait so I am uncomfortable." Another person told us, "They respond quickly, sometimes there can be a bit of delay but nothing I would be concerned about." In regards to night time one person said, "At night the staff are very busy." Another person told us, "People wander in and out. It worries me at night because sometimes a man wanders in. I don't like that. One night another lady resident came in and got into my bed and went to sleep so I just slept in the chair." We passed this feedback on to the registered manager for them to look into. A relative told us, "Last year there were a lot of agency staff which wasn't so good but now things are better. There are just about enough staff but then [person] doesn't need much really." We noted that people's needs were met in a timely manner and call bells were answered promptly. Staff told us that there were enough staff to meet people's needs. We were told that the home used agency staff when they weren't able to cover shifts with regular staff.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable to support people who may be vulnerable. All pre-employment checks were completed to help ensure staff were fit for the role. This included written references, proof of identity and qualifications and criminal record checks. There was a recruitment checklist to ensure that there were no gaps in employment and there were also interview questions recorded.

Systems were in place to help ensure effective infection control. One person told us, "It's clean and tidy here." Staff had received training and we noted staff worked in accordance with guidance. For example, with the use of gloves, aprons and hand washing. However, we did note that one staff member attempted to use a 'communal' hair brush for a person's hair and we had to intervene. We raised this with the management team. The environment was clean and there were a team of housekeepers ensuring standards were maintained.

Lessons learned were shared at team meetings, supervisions or as needed in one to one meetings. There were also memos that were distributed to staff to read and sign. We noted that any issues were discussed and remedial actions put into place. We identified some issues as part of our inspection and following this, a lessons learned memo was distributed to staff and some staff received one to one supervision.

Regular checks of fire safety equipment and fire drills were completed. Staff knew how to respond in the event of a fire. The provider ensure d that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

Medicines were administered in accordance with the prescriber's instructions. However, on one unit there were issues found but these were addressed during the inspection. This was in relation to some records and disposal of refused medicines. The other units checked we found that records were completed consistently, staff followed safe practice while administering medicines and stocks were accurate.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One person said staff were, "Really brilliant."

Staff received training to support them to be able to care for people appropriately and safely. This included training such as moving and handling, safeguarding, falls, communication and dementia care. Staff told us they had regular training and they were well equipped for their role. Newly employed staff members told us they received induction training. One staff member said, "I had an induction and I have had regular training. I feel confident doing my job, I feel supported and the training is good."

Staff told us they felt listened and supported by their managers to carry out their roles effectively. One staff member said, "There are staff meetings and I have supervisions." Another staff member said, "The staff are lovely here, there is good team work. The care team managers (CTM) are approachable, I feel I have a voice, they do listen to you." We noted that training was up to date.

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).

The management team demonstrated an understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They knew what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. The appropriate applications and documentation was in place for all relevant aspects of people's lives.

Peoples` mental capacity was assessed appropriately. Where people had a diagnosis of dementia, staff assessed if they were able to understand and make decisions about receiving care and support in the home. Where people lacked capacity, best interest decisions were documented to ensure the care and support people received was in their best interest.

People were supported and encouraged to make their own choices. One staff member said, "I offer choice, show pictures to support their choices and show different clothes." People told us that their choices were sought and listened to. One relative told us, "There is quite a lot of choice, for example if it isn't a good day and [person] doesn't want to get up they don't make them always, they will encourage but then it is [person's] choice." Another relative said, "We wanted to set up the bedroom in the same way as the old front room and they let us do that." We heard staff offering choice frequently. This included when people wanted their care, where they wanted to sit and what they wanted to do with their day. We noted that staff listened

for people's response and responded appropriately. For example, someone told staff they wanted to go for a lie down and staff supported them with this.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, speech and language team (SALT) and a chiropodist. One person said, "There is a doctor comes in regularly and I can just ask to see him." A relative told us, "They are very good, you can just say could you check blood sugar and they will do it right away."

The home was designed in a way so that people could move around easily, whether this was independently or with the use of mobility aids. Equipment was available in bedrooms and bathrooms to enable people to be independent where possible. There was an appropriate supply of mobile equipment, such as hoists or commodes, to ensure there was not a delay for people waiting for assistance. There were call bell points available in all rooms in case a person needed assistance. There were lounges with sufficient seating on each floor and plenty of dining space so people could eat together if they wished. Bedrooms were personalised and clean. There was an accessible garden which people told us they enjoyed in good weather. One staff member said, "They use the gardens in the summer mostly, the grounds are very nice." There were themed areas designed at the ends of corridors which included baby accessories and sewing themes to provide support and activities for people living with dementia or just an area of interest. These were well designed and gave an opportunity for occupation for people. However, we did not see them being used during the inspection and noted the doors to the areas were closed and heavy, and the rooms also felt cold which made them less accessible and not appealing. The registered manager contacted the provider to address this following the inspection.

People were supported to enjoy a variety of food and their individual likes, dislikes and dietary and support needs were known by staff. One person said, "I like the food, there is a bit of a choice and it suits me fine, there's always enough." Another person said, "The food is alright here but I wish there were more vegetables." However, we observed that two choices of vegetables were available at lunchtime.

Assessments were completed to identify where people were at risk from of not eating or drinking enough. We observed staff supporting people appropriately during mealtimes. Dining areas were appropriately decorated to give purpose to the area. Tables were nicely laid with glasses and cutlery. This was particularly effective for people who lived with dementia as it gave them a visual prompt that there was food served in there. People were offered a choice of drinks and snacks throughout the day and staff monitored people`s nutritional intake. People were weighed regularly and where a weight loss was identified, staff involved the person`s GP and a dietician to ensure they had specialist advise in meeting people`s nutritional needs. We noted that there were picture menus to help people to make a choice. Some people needed assistance to eat but staff supported them in an unhurried and calm manner.

Good

Is the service caring?

Our findings

People received care from staff in a kind, caring and respectful manner. One person told us, "They are so nice here, they are very busy but they do look after me." Another person said, "Everything is lovely, they are very good to me here." Staff were friendly, courteous and smiling when communicating with people. We observed sensitive and kind interactions between staff and people who used the service. The way people related to staff demonstrated good relationships between them based on respect and trust. We observed a staff member spend a long period of time explaining something to a person, and even when they needed to repeat themselves, they were patient and sensitive in their response. We noted that the person relaxed and was reassured by the staff member's support. A relative told us, "They helped me to settle too, I was so unhappy when [person] came and they were so good to me." One staff member said, "I always make time to talk to people, I love my job."

Staff treated people with dignity. One staff member said, "I use towels to cover people to protect their dignity and to keep them warm. I encourage them to do what they can and give them as much choice, it's important for their independence, people need a purpose." Staff addressed people using their preferred names and we found that they knew people well. Staff knocked on bedroom doors and greeted people when they went in. Bedroom doors were closed when staff provided personal care to people. When bedroom doors were opened staff made sure people looked presentable and dignified. However people did complain about the laundry. One person said, "Everything is labelled but they often go missing – it is very annoying." Another person told us, "They do lose things in the laundry." This was an area that needed development to ensure people's belongings were appropriately looked after.

In most cases, people looked well groomed, their hair looked clean and combed. There was a relaxed and happy atmosphere in the home. The relaxed manner staff approached people with created a sense of calm and a warm homely feel in the home. Staff were familiar with how people communicated and responded appropriately. One relative told us, "The individual carers are mostly very good, they really care and they know everyone, not just [person], I don't know how they do it."

The deputy manager told us, "We have keyworkers, we call them Key Friends for a reason – because we don't just randomly assign people we do our best to make sure there is a match." They showed us a document which clearly demonstrated how staff had been matched with people and the interests they had in common. This helped to develop effective relationships for people. A relative told us, "The keyworkers do spend time with the person for example the keyworker will come and shower [person] on their shower day and will spend time doing other things as well." Another relative said, "The keyworker does come and do stuff, it's not just a word."

Care plans had a record of people being involved in decisions about their care and staff respected their choices and wishes. We noted that staff respected their wishes. However one person told us that their preferences were not always able to be met in the night. The person said, "If I need a pad change I was told if I wanted a woman I would need to wait until 7am. I just have to wait – I don't want a man to do that personal stuff." This was an area that needed to be reviewed by the management team to ensure that

staffing always allowed for people's preferences to be respected.

People were encouraged to maintain relationships with family, friends and partners. Relatives and friends of people who used the service were encouraged to visit at any time. We noted that staff supported people in making phone calls to relatives who could not visit. One relative told us, "Even if they don't work on the unit they always seem to know everyone by name and they always stop a minute for a chat." Another relative said, "The staff know all our family by name and they are always very welcoming."

People's records were stored in lockable cupboards in order to promote confidentiality for people who used the service.

Requires Improvement

Is the service responsive?

Our findings

People's care needs were met in most cases. We noted that requests for support were responded to when requested. We also found that people could shower when they wished and staff supported people to use the toilet frequently. However, for one person this was not the care they experienced. They were very frail and were noted to be sitting in a communal area in a short dressing gown exposing most of their legs, with unbrushed hair and they had not received oral care. We asked staff about this and they told us that the person had received care that morning by them. We asked about the hair brush and they told us that this was locked in the person's room which was out of use since the weekend, three days prior to the inspection, due to a flood. We checked the person's locked room to find that their toothbrush was also in there making it inaccessible.

The person was also cold to touch. We asked staff if they felt the person was dressed appropriately for the weather. They told us the person preferred to be in their nightwear. However, there had been no attempt to get the person a blanket for their dignity or comfort until we raised it. In addition, another hour passed, with us needing to raise it again, before the person was fetched socks for their cold feet. We later observed the person be hoisted into a wheelchair. The staff did not ensure they were covered for the transfer and the person's underwear and continence pad was exposed throughout the process. This did not promote the person's dignity or comfort.

We noted that another person who had also been moved to a different room due to the flood was also without their belongings and several people were without socks or stockings, and in some cases footwear, which meant they may have been cold. Staff were unable to tell us if this was their preference or they had just not been given the appropriate clothing for the climate. We discussed with the registered manager the need to ensure that people had access to the correct fitting footwear and they may need to discuss this with family members. In addition, care plans needed to be clear on what clothing needed to be worn. We raised these isolated issues with the management team who immediately implemented a plan to address the shortfalls and ensure this did not reoccur. However, this remained an area that required improvement.

People's care plans were detailed to enable staff to support people appropriately. We noted that the plans included sufficient information for safe and appropriate care to be followed. There was a record of people being involved in deciding what care they preferred and their preferences and needs had been clearly documented. Relatives told us that they were involved and staff always maintained effective communication with them. One relative said, "They phone straightaway if [person] is unwell or has had a fall."

There had been work around people's five psychological needs. These included inclusion, identity and occupation. This was attached to a plan on how to ensure these needs were met. We also saw wellbeing and ill being plan. It stated what the triggers and signs of ill being might be and how to promote wellbeing. We noted that staff worked in accordance with these plans for a person whose care plan we had viewed.

We noted one person whose first language was not English. The care plan stated that a staff member who

spoke the person's native tongue was to spend time with the person and chat. We noted that a staff member offered the person a drink, the person didn't respond, so they asked again using the person's language and the person accepted the drink. This demonstrated that the service was committed to ensuring people's welfare was promoted.

People told us that they enjoyed the activities available. We noted that people were asked about their interests and hobbies and these were incorporated into the scheduling for activities, outings and events. There was also an assessment of abilities undertaken to establish who would benefit from what activities. The schedule was then colour coded to reflect people's individual strengths so they were able to participate fully. For example one person liked to jog around the garden. There was an engagement plan and this was colour coded showing the person's abilities. The idea was that staff engaged with people at their level to ensure a positive outcome.

Activities and events in the home included art and crafts which was being enjoyed on the day, a visiting school choir and involvement from a local organisation for garden projects. However, one person told us, "I love gardening but they don't do that here or I would join in." There was also a day centre in the building and people living at the service were able to join in with activities on offer in the centre and meet new people. Relatives told us that involvement and activities were personalised. One relative said, "They tried [person] in the Lounge (Namaste) but [they] found it very disturbing with so many people, different people and sounds and so they moved [them] to the quiet lounge with the TV – it's all very individual."

We noted that one person was sitting cuddling a doll and singing to him. We noticed at lunchtime that staff had provided a dolls high chair so that the doll could sit next to the person for the mealtime. Staff spoke kindly to the person about their baby and referred to the doll by name. The person was clearly comforted by this.

The service did not provide nursing care but at times supported people at the end of their life. People had their wishes documented in their care plans and people's palliative care needs were reviewed monthly to ensure all equipment was in place and needs were being met. The service offered 'Namaste' sessions which were used to provide sensory stimulation and relaxation for people who were frail or nearing the end of their life. This had a positive impact on people who we noted were enjoying the sessions that were in progress during our visit. The service had recently received an award at a local care awards ceremony for their work in relation to Namaste.

The home had a Namaste Lounge (sensory for end of life) and during the morning we spent some time in the room with people. It was a peaceful experience and several had foot baths, some were having nails painted and others were just snoozing or enjoying the lights (flashing and sensory lighting). We noticed during the afternoon that other people were in the lounge and some of the lighting and activities had been changed. This appeared to be a very positive experience for those who participated.

There were only two complaints documented since our last inspection. We noted that these had been fully investigated. One relative told us, "They deal with any issues I have had. For example a few weeks ago [issue arose] and so I mentioned it, it was an oversight and it's never happened again." People and relatives told us that they knew how to raise concerns and were confident to speak with a member of the management team. However, they also told us that they did not have any complaints. A relative told us, "I don't need to complain because I can talk to them."

Requires Improvement

Is the service well-led?

Our findings

There were quality assurance systems in place to help identify and address shortfalls in the home. These included internal audits and checks, regional manager and quality visits from the provider. We found these audits, checks and visits identified some areas that needed action and the action plans were effective in resolving the issues. However, they had not identified the areas that required improvement that we found on inspection. This was in relation to management of unexplained bruising, feedback about staffing during the night, consistent person centred care and organisation in the event of an event that affects the running of the service. For example, ensuring people had access to their belongings following the flood.

We noted that there was a clear leadership structure in the home, with care team managers supporting the registered manager and deputy manager. We saw that although the care team managers led their designated units, both the registered manager and deputy manager walked around the home, checking on people and standards and guiding staff. However, on one unit we noted that a person had not received adequate care and support and others around the home were not wearing socks and some not in footwear, and this had not been identified by managers as a concern. We noted that as issues were brought to the registered manager and deputy manager during the inspection, they commenced actions to address them. We noted that there was a shortfall in regards to the medicines in one unit, the deputy manager immediately arranged supervision for staff responsible to help ensure it did not reoccur.

The management team told us how they had found similar issues to those we had found on the inspection in another of the units in the home. They had invested additional time, training and supervision on the unit and we found that this had been effective in improving standards for people. They told us that these actions would be repeated for the unit where we had found issues during our visit. We were reassured that their response would address the concerns.

People were positive about the registered manager and deputy manager. Relatives were also positive about the management team. One relative said, "The management do listen and will do everything they can to help." Another relative said, "The manager is very approachable and we have a 1:1 meeting with her every few months." A third visitor told us, "There is open communication here – it's very easy to talk to people."

Staff were positive about the registered manager and the deputy manager and how the service was run. There were regular team meetings where the staff discussed changes to practice, lessons learned, updates and any issues.

People and their relatives were asked for their views in relation to the running of the home. There were regular meetings and surveys completed. One relative told us, "They have meetings just for this unit – not too many attend but they do listen and if they can they will do something and if it isn't feasible they will explain why."

The service worked in partnership with other agencies to help ensure people received the appropriate support. We noted that there was contact with the local authority and a local provider's care association to

offer additional guidance to help ensure people received the best care. The service had recently received an award by this association for the work they had done with people to make their lives better.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken. However, we noted that incidents relating to unexplained bruises and skin tears had not been reported.