

Amber Blossom Limited

BELVOIR HOUSE CARE HOME

Inspection report

Brownlow Street
Grantham
Lincolnshire
NG31 8BE

Tel: 01476565454

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Belvoir House Care Home is a residential care home providing personal care to up to 24 people. The service provides support to adults, some of whom may be living with dementia. At the time of our inspection there were 19 people using the service.

Belvoir House Care Home is in an adapted building over three floors.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were safely recruited and there were enough staff to meet people's needs. Staff had received training in how to provide safe care to people and knew how to report concerns about people's safety.

Risks were safely managed in the home. Medicines were safely stored and administered to people in line with their prescriptions. The home was clean and infection control processes were in place to reduce the risk of infection.

Audits in the home were effective in monitoring the quality of care provided and driving improvements. Surveys were used to gather the views of people at the home and the information was also used to drive improvements in care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (8 June 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about medicines and the assessment of risk. A decision was made for us to inspect and examine those risks. We also followed up breaches of legal requirements found at their last inspection relating to the safe care and treatment and the governance in the home. This was to check they had followed their action plan and to confirm they now met legal requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

BELVOIR HOUSE CARE HOME

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Belvoir House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Belvoir House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, the deputy manager, a care worker and a housekeeper.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our last inspection the provider had not ensured risks were identified and care was not always planned to keep people safe. Medicines were not safely managed. Infection control processes did not prevent infection spreading. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks had been assessed and care was planned to keep people safe. Risks were reviewed regularly to ensure the care planned stayed relevant. For example, where people needed support to move around the home there was a clear description of how to support them safely and which equipment was needed.
- Risks to people from a heatwave at the time of inspection had been reduced. For example, in the hot weather the curtains were drawn, and fans were placed around the communal area and in people's bedrooms. People were offered plenty of cold drinks and were offered Ice creams and lollypops, to help them stay cool.
- People were happy their medicines were managed well. One person said, "I get my medicines every day, they never miss them."
- Medicines were safely stored and administered to people at the right time. Medicine administration records were accurate. Staff had received training in the safe administration of medicines and had their competencies checked to ensure they worked in line with the provider's medicines policy.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had opened the home to visitors without the need to book an appointment. They had removed the need to complete COVID-19 tests before visiting. They just asked visitors to not visit if they felt unwell. This supported people to maintain regular contact with their family and friends.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People told us there were enough staff to support their needs. One person said, "The girls work hard." The registered manager continually monitored how quickly staff were meeting people's needs to ensure there were enough staff available.
- Staff confirmed the provider had followed safe recruitment processes. All the staff we spoke with confirmed they had not started work until they had received a disclosure and barring service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Staff were required to record any incidents which happened in the home. Incidents were reviewed by the registered manager on a monthly basis to see if there were any trends and action could be taken to improve safety.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said they felt, "As safe as houses," and added, "It's the best place." The provider had ensured that staff had the skills and knowledge to keep people safe. They were aware of how to raise concerns with the registered manager and how to escalate external agencies if needed.
- Action had been taken when concerns were identified. The registered manager worked collaboratively with the local safeguarding authority to ensure people were safe.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager had audits in place to monitor the quality of care provided. They had been effective in driving improvements in the home. Improvements had been made in the management of medicines, risk, infection control and the management of DoLS.
- The registered manager had taken action to comply with the regulatory requirements. They had notified us about events which happened in the home. The previous rating for the home was on display.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us they felt they had been put at the heart of the service and they liked living there. One person told us, "You will never get a better set of staff. Registered manager] and [deputy manager] are marvellous and the staff are all happy." A relative told us how supportive staff had been when their family member had fallen when out with relatives. Staff went out to the person to check them over and help them get up safely.
- The provider understood their duty of candour, but there had been no incidents which were reportable under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.

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

- People and their relatives were provided with opportunities to provide feedback to the registered manager on the quality of care provided. The registered manager used this feedback to improve the service.
- Staff also felt included and were able to raise issues with the registered manager or deputy manager. One member of staff said, "They are really nice to work with, or for."

Continuous learning and improving care; Working in partnership with others

- Incidents were recorded and monitored. Action was taken to protect individuals from repeated incidents of a similar nature.
- The registered manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.