

Diomark Care Limited

Belmont Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was undertaken on 1 and 2 March 2017.

Belmont Lodge provides accommodation and personal care to up to 46 people. People living in the service may have care needs associated with dementia. There were 36 people living at the service on the day of our inspection.

A registered manager was in post. 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 this inspection we found significant improvements had been achieved across most areas of the service. However, additional work was needed to some records and evaluation arrangements to ensure ongoing progress.

There were processes in place to manage risks in the service. Staff practice and use of equipment for people was notably safer. Medicines were safely managed to ensure people received their prescribed medicines. People were supported by staff who knew them well and were available in sufficient numbers to meet people's needs effectively. Recruitment procedures were more comprehensive. Staff knew about identifying abuse and how to report it to promote people's safety and well-being. Action had been taken as needed to ensure people were safeguarded.

Staff were more confident and had received additional training and support needed to enable them to improve their practice. One exception to this had already been identified and action was being implemented to address this. People's dining experience was notably enhanced. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences. Arrangements were in place to support people to gain access to health professionals and services.

People overall were cared for by kind and caring staff. People's dignity and privacy were respected and this was another area of staff practice much improved since our last inspection. Visitors were welcomed and relationships were supported.

People had opportunity to participate in their care planning and to have input into the way their care was provided. People were supported to participate in social activities of their choice. People felt able to raise any complaints and felt that the provider would listen to them. Information to help them to make a complaint was readily available.

Staff morale was higher and staff worked as a team to provide care in a friendly and calm environment. The

provider had used their staff performance systems to effect positive changes in staff culture and responsibility.

Systems were in place to offer people ways of expressing their views and influencing their everyday experience of the service. The provider had listened to people's views and ensured that actions were taken in response to people's comments.

There was clearer leadership and accountability in the service. The registered manager, with the support of the provider, had worked to stabilise the service and implement positive changes.□

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.

The provider had systems in place to manage safeguarding concerns and to manage risk for the safety of people living in and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs safely.

People's medicines were safely managed overall.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well supported and had the knowledge and skills required to meet their needs.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were being met.

People were supported to eat and drink sufficient amounts to help them maintain a healthy diet that they enjoyed. People were supported to access appropriate services for their on-going healthcare needs.

Is the service caring?

Good ●

The service was caring.

The interaction between staff and people living in the service was positive overall. Staff were able to show that they knew the people they cared for well.

People were involved in making decisions about their care and

the support they received. People's privacy and dignity was respected as were their relationships with their relatives and friends.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Records relating to people's care needed improvement. People were provided with care by staff who understood people's care needs and responded appropriately. People had activities they enjoyed and met their needs.

People were confident that they could raise any concerns with the staff and that they would be listened to.

Is the service well-led?

Good ●

The service was well led.

Improvements were noted to safety, quality and management of the service overall and procedures were in place to support ongoing progress.

People who used the service and staff found the registered manager approachable and available. Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Belmont Lodge Care Centre

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 1 and 2 March 2017 and was unannounced. The inspection team consisted of two inspectors and an 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, in this case, dementia care.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR) before the last inspection and was not required to complete another prior to this inspection. 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.

During the inspection process, we spoke with ten people who received a service and five visitors. 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. We also spoke with the registered manager, the deputy manager, the provider's representative and six staff working in the service. We contacted three health and social care professionals for feedback on the service.

We looked at ten people's care and twelve people's medicines records. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

During our inspection of this service in July 2016, we found that the provider did not have suitable arrangements in place to protect people against risks in the service and the safe use of equipment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan to tell us how and when they would meet the regulation and ensure people's safety.

At this inspection we found that while aspects of medication recording needed further attention, sufficient improvement had been made in relation to managing risk to improve people's safety. All the people we spoke with confirmed that staff were very careful and respectful when helping them with any level of moving and handling support. We observed clear improvement in the way that staff supported people with moving and handling in practice. Staff had been provided with additional training and coaching in this area following our last inspection and the positive outcome of this for people's safety was evident. Suitable equipment was used to support people's safety. Staff practice supported people in way that limited potential harm. Wheelchairs were fitted with footplates to protect people's feet when they were moved from one room to another. Hoisting equipment was used safely where it was needed to help people transfer such as from their wheelchair to a comfortable chair. Where people were at risk of developing or had a pressure ulcer, pressure relieving equipment such as cushions were used. Pressure relieving mattresses were seen to be at the correct setting for the individual and checks were in place to ensure this was maintained.

Practices had improved to reduce the risk of cross infection in the service and food hygiene practices had also improved significantly. People were supported to main good hand hygiene and were encouraged to use hand wipes to clean their hands before eating. We also saw that staff used tongs to serve food such as biscuits, rather than handling them directly. People told us that the service was always kept very clean, and this also helped them to feel safe in their home.

Medicines, including prescribed topical creams, were securely stored, a distinct improvement from the last inspection. We also saw at this inspection that staff administering medicines observed that these were taken by the person they were prescribed for. This meant staff could be sure that the person received their prescribed medicines and limited the risk of them being taken by another person. One person said, "I have my medication at the correct time, every day." Medication recording records (MAR) were consistently completed with no unexplained gaps. Attention was needed to the quality of some MAR recording such as recording accurately in line with the number of medicines available and demonstrating that people received some of their medicines at different times, in line with the prescriber's instruction. The registered manager confirmed they would arrange for changes to be made to the MAR to ensure this was implemented. Although this minor recording issue was noted, we could not find any impact on people using the service.

At the inspection we noted some areas relating to individual needs where a full risk assessment was not evident or available, such as for falls or choking. The registered manager assured us these had been completed and sent records relating to these immediately following the inspection, dated some weeks earlier. A documented assessment was not made available regarding the risks of one person's stoma. Staff

were aware of some of the basic risks relating to this and we did not find any concerns relating to the safe care management of the stoma. The registered manager had instructed staff on stoma care to mitigate the risk and was endeavouring to access stoma training for staff to ensure its ongoing safe management. Personal emergency evacuation plans were in place to support safe exit in an emergency and reflected people's individual needs such as any sensory impairments. Routine checks of fire safety equipment were being maintained.

At our last inspection we found some inconsistencies in records relating to staff recruitment. The provider told us that a full review of all recruitment records had subsequently been completed. We reviewed four staff recruitment files at this inspection and saw that action had been taken to follow up, for example, gaps in employment history where needed. The records showed that people were protected by a robust recruitment process that ensured staff were suitable to work with people receiving the service. References, criminal record and identification checks were in place and staff had had a detailed interview to show their suitability for the role.

People told us they felt safe living in the service. One person said, "So far I am safe and feel safe". Another person said, "I have installed a half canvas gate to stop other residents wandering in and picking up my belongings. Now that I have my gate I feel safe in here." A relative told us, "[Person] has never had any problems to date. They are very safe here. We choose this home because we wanted them to be safe."

Staff had attended training in safeguarding people and knew how to recognise different forms of abuse. The registered manager and staff were aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. Staff told us they would take any steps necessary to protect people using the service and would report to external agencies if needed. The registered manager had acted promptly to inform the safeguarding team of, for example, a recent occasion where there had been an error in relation to a person's medicines. The registered manager had maintained clear records of any safeguarding matters raised in the service. These showed that the manager had worked with the local authority and other professionals to ensure people were safeguarded. We made the management team aware of information shared with us during the inspection. The registered manager took prompt action to support the person and alert the local safeguarding team.

Most people and visitors told us they thought that there were enough staff to keep them and their family member safe. One person however told us that staff did not answer their calls and another person said it took staff up to 20 minutes to respond to their call for assistance. The provider's representative completed an electronic review of the call bell system at our request which confirmed that call bells were always answered. The record showed that on one occasion a call bell had not been cancelled at source for 11 minutes which the registered manager confirmed was not acceptable and would be looked into. The review otherwise indicated that call bells were answered within reasonable timescales. We noted that call bells were answered promptly during the inspection and that staff deployment was appropriate. The registered manager used an assessment tool to calculate people's dependency levels which was then used to inform staffing levels. Staff told us that staffing levels were suitable and should a staff member unexpectedly not be on shift then the deputy manager or registered manager helped out.

Is the service effective?

Our findings

At our inspection of July 2016, we noted that further improvements were needed to ensure people were protected against the risks of receiving inadequate nutrition and hydration. We found at this inspection that suitable improvements had been made. Assessments were in place where people were identified as at nutritional risk. Care plans instructed staff on the individual support people needed and their preferences. Food and fluid intake records were consistently completed and people's weight was monitored. This meant that clear information was available to other healthcare professionals involved in supporting the person's health and well-being.

People's mealtime experience had notably improved and the lunchtime was calm and much better organised. The registered manager sat and ate lunch with people in the main dining room. The registered manager told us that many variations had been tried since our last inspection to find what sequence worked best for people in the service. This had resulted in the lunchtime being staggered in the different dining rooms to ensure people did not wait excessive periods of time for their meal or for staff support. An additional member of staff had been employed to work as a hostess to better support the lunchtime meal. Written menus were available on each table and meals were well presented. People were given a choice of drinks and most people were reminded as to the meal they were provided with. Where staff supported people to eat and drink, they sat with the person and assisted them in a calm and unhurried way to allow the person to enjoy their meal. People's comments about the food were positive and included, "The food is nice."

People reported that the staff were considerate and had the skills and training to support them well. The provider had arranged additional training and practice observations following our last inspection and in response to their own staff performance processes. We noted a clear improvement in areas of staff practice, such as in safe moving and handling and dignity and respect. Staff confirmed and records showed that staff had received regular opportunities for updated training, formal supervision and appraisal. A staff member said, "We get lots of training and have refresher training all the time." Supervision records were more detailed and demonstrated that actions were followed up, including where improvements were required as part of disciplinary processes. A staff member said, "I do feel able to express my views and they will listen to you. Our appraisal looks at everything."

Staff told us that their induction process had included being supported by an experienced staff member and a range of training which helped them to understand their role in meeting people's needs and to fulfil it well. Records showed that staff, where appropriate, had commenced a vocational qualification and/or the Care Certificate induction programme. The Care Certificate is an industry recognised set of 15 standards designed to support staff new to the care industry to develop the skills necessary for their role. The registered manager was implementing a method for staff competence to be evidenced as assessed before signing off the Care Certificate. Additional training was booked to assist staff with spoken and written English language to support them in completing this induction and training. This was confirmed by staff who told us they were also booked to attend training on care planning. We noted that a formal induction programme had not initially been provided where a staff member was promoted internally, however this had now been

recognised by the management team and actions being developed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Staff had received training in MCA and DoLS and sought people's consent before providing all aspects of their care and support. We heard staff check with people that they were happy with what was happening and that the pace suited the person. People told us that staff checked regularly that they were carrying out the care to the wishes of the person. The registered manager provided us with documents to show that, where people had capacity to do so, they had given written consent to receiving care. The registered manager provided us with evidence that appropriate applications had been made to the local authority for DoLS assessments. We saw assessments of some people's capacity in care records, others were sent to us immediately following the inspection. These offered clear information on the individual assessment and best interest decision being made. Where people were unable to make more significant decisions, such as to take their medicines, we saw that decisions were made in people's best interests with the support of their relatives and health professionals.

People were supported to maintain good health and had regular access to health professionals when required. This included GPs, district nurses and chiropodists. Relatives told us that people's health care needs were well catered for and they were supported to access external health support services. We saw that staff monitored people's health and wellbeing and took action to contact emergency services for them when needed. A health professional told us that staff knew people and their needs well and always provided appropriate information.

Is the service caring?

Our findings

During our inspection of this service in July 2016, we found that the provider did not have suitable arrangements in place to ensure people were treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan to tell us how and when they would meet the regulation and ensure people's dignity was respected.

At this inspection of March 2017, we found that sufficient improvements had been made and people were treated with dignity and respect overall. As part of the provider's action plan, 18 staff had been provided with training on Dignity in Care since our last inspection. People told us that staff respected their privacy and dignity, such as by always knocking before entering their bedroom. We saw that bedroom and bathroom doors were closed while personal care was being provided. We noted that staff addressed people by name. Staff asked people, for example, if they would like to wear an apron to protect their clothes during their meal. Staff listened to and respected people's responses. Staff paid attention to people when they were supporting them, such as with their meal, and interacted with them in a positive and respectful way. We found one incident where end of life care could have been provided better but this was immediately addressed by the manager and appropriate action taken regarding the incident and staff conduct. We have addressed the shortfalls more fully in the Responsive section as part of other recording and records failings.

People told us that the service provided a caring environment. People described staff's approach to them in the service as 'very caring', 'respectful', 'kind' and 'compassionate'. One person said, "Oh yes, staff are very gentle and caring when they help me up." Another person said, "The staff are kind. I like it here now and I do not miss my home the way I used to." All the people spoken with told us that the staff made them feel important and that people felt they mattered and were listened to. People told us that they felt their emotional needs as well as their physical needs were considered. The service supported relationships between people and their families by making visitors feel welcome. Visitors told us they always felt welcome in the service.

People told us that they were encouraged and supported to make choices and decisions in their daily life such as how they spent their day and whether or not to join in with the activities available. One person said, "I am encouraged to look after myself. I look after myself as much as I can and continue with my hobbies and my interests." People also told us that their care plans were effective and helped them live as independent lives as possible. People's needs had been assessed before they came to live in the service. While it was not always as clearly shown in records, people told us that they were involved and asked about their care and support and had a lot of input into how their care management would work.

Is the service responsive?

Our findings

People told us that they received care that was responsive to their needs. We noted however this was not always followed through in the management of peoples' care records. An end of life care plan for one person was not available to staff to support consistent care in line with the provider's policy. The registered manager told us that this plan of care had been completed and they could not account for why it was not available in the service. A care plan audit record confirmed that the end of life care plan for the person had been in place and reviewed at the end of January 2017.

Records sent to us immediately following the inspection confirmed that relevant healthcare professionals had been accessed to ensure the person's comfort and care. A daily handover sheet instructed staff, for example, that equipment had been set up by the district nursing team who would visit the person each day to monitor the person's pain relief and dress their wound. It also recorded the emergency action staff should take at any time the person showed signs of being in pain so that increased pain relief could be provided without delay. Staff we spoke with were aware that the person was receiving end of life care and of the actions required such as two hourly repositioning, oral care to ensure the person's mouth was not dry and of the district nurses daily planned interventions. This meant that, while the care plan record was not available, staff were aware of the person's needs and how to meet them. We noted two separate occasions however where the deputy manager and a care staff member came into the person's bedroom to check the records but did not look at or speak to the person or notice that the person's repositioning was overdue. When staff did reposition the person, they also completed oral care for the person when we brought it to staff's attention.

The deputy manager, on request of the registered manager, provided a record of the oral care provided to the person that day. This stated that it had been completed retrospectively and that oral care had been provided at exactly two hourly intervals during the day. As we had spent time in the person's bedroom we could confirm this was not a time accurate record of the care provided to the person. This meant that care records were not managed well and their accuracy could not be relied upon. The registered manager and the provider's representative confirmed they would address this with the staff member immediately.

We also found some weaknesses in other aspects of care records management. Three people's care records were not recorded as having been put in place for between two and seven days after they were admitted to the service. The deputy manager told us that handwritten records had been in place which they had destroyed once the full care records were completed. The registered manager confirmed that this destruction of records was not appropriate and would be addressed. Care plans such as for stoma care, diabetes or how people's dementia and associated anxieties affected their daily lives were not detailed although we did not see any negative impact of this on people's care and wellbeing.

People and their relatives confirmed that they were very involved with the planning of their care, were asked what they wanted in their care plan and had helped to write it. This meant their preferences were included so they received care that was person centred and relevant. One person said, "There is a pressure ulcer treatment plan that is working as my sore is getting better." People told us that they received care and

support that met their needs and relatives felt that the service was able to meet their family member's needs. One person told us, "They do look after me well." A relative said, "This is the best care home. They have looked after both my [parents]. I have been in a few care homes but the care provided here is the best, first class." Another relative said, "All in all we are very happy with this care home. My [family member] is safe here and is well looked after. We can leave [person] knowing that they are safe and happy living here."

People expressed differing views on the suitability of social interaction available to them. Two people, who chose to spend their time in their own bedroom, told us that staff did not visit and engage with them regularly in their room throughout the day, except to complete tasks or answer the call bell. In response, the registered manager told us that they would introduce a simple record system to show staff engagement with people throughout each day.

People had opportunities to follow social and lifestyle pursuits that interested them. The service had recently provided a separate room as a quiet prayer room which was available to people of different faiths who lived in the service. The provider employed staff specifically to co-ordinate and implement a range of social activities. Details about the programme was displayed and included both group and one to one events. The programme of activities was varied and included outside entertainers, visits by religious representatives, crafts, gardening, music for health and quizzes. The provider subscribed to an external organisation that supported staff and encouraged creativity in social activity opportunity. We observed that the delivery of this approach was calmer and more organised than at our last inspection. People were seen to be engaged depending on their own individual abilities. Some people told us they preferred not to join activities but to follow their own interests such as reading, watching television or going out and this was also well supported in the service. One person said, "I never join groups. I like to spend time in my room or see my visitors."

People were given information on how to raise any complaints and the provider's complaints policy was displayed. This gave people information on timescales within which they could expect a response so people knew what to expect. A system was in place to record complaints and to show any actions taken. The record of the one complaint received in the service was clear and well organised and showed that actions were taken in response to the person's comments and complaint. People told us they felt able to express their views about the service and felt they would be listened to. One person commented, "I think if I made a complaint it would be taken seriously." Another person said, "Yes, it would be taken seriously. It would be investigated."

Is the service well-led?

Our findings

During our inspection of this service in July 2016, we found that the provider did not have suitable arrangements in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people in the service. This was a breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014. The provider sent us an action plan and met with us to tell us how and when they would meet the regulation and ensure people's safety.

At this inspection, we noted significant improvements had been made throughout the service although some minor areas needed additional strengthening. The manager was fully aware of the few areas that still required improvement and was working on these proactively. The few areas that still required improvement related mainly to records and there was no clear evidence of adverse impact on people using the service. Care was good and people were safe and happy.

The registered manager had recognised that a suitable organisational induction plan had not been in place to support an appointment within the management team. This lack of assessment and support meant a skills gap had not been promptly identified and had led to negative outcomes in aspects of management of the service. This included areas such as the accuracy and quality of records and in leadership and accountability within the staff group. Action had already been taken to implement a basic induction programme, staff performance monitoring, formal supervision and to provide leadership training.

The management team told us that the provider had acted swiftly after our last inspection and had applied disciplinary procedures throughout the staff group. This was to strengthen accountability and ensure improvement in all aspects of the service people received. We saw evidence of this within staff records. The registered manager told us that they had been provided with more support and monitoring since the last inspection. This had included one to one supervision meetings, leadership training and other development opportunities. Additionally, there was more routine availability within the service of members of the provider's quality and support team, who also undertook quality monitoring and audits in the service.

The registered manager told us that there was now a management presence in the service at some time over the weekend which allowed better monitoring, leadership and accountability in the service. People knew the registered manager by name and told us that they were regularly seen and available around the service. One person said, "The manager is often out of the office and pops in to see us very regularly." People also told us that the registered manager was friendly and approachable. One person said, "The manager has time to talk to me and meet my relatives."

Improvement was noted in the overall culture in the service, especially in staff confidence and in their care practice and the atmosphere in the service was calmer and more organised. People's records were now securely stored following the fitting of a coded lock to the care office. Staff told us they felt well supported and were happy working in the service. The staff incentive scheme had been developed with opportunity for staff to be nominated by other staff, people using the service and relatives as a 'Shining Star' and to receive financial reward in recognition of their efforts.

There was an open and inclusive approach in the service. The commission's quality rating for the service was clearly displayed. The registered manager had written to all relatives in December 2016 to update them on the findings of the safeguarding investigations that followed our last inspection. This had included the actions taken to ensure people's safety and well-being. The registered manager shared the local authority assessment of the service of October 2016 with us. This indicated that many aspects of the service were positive but some areas required attention including the quality of care and monitoring records. The action plans provided showed improvements had been achieved and were ongoing and this was confirmed in our follow up contact with the local authority.

People had opportunities to express their views and be listened to. 'Family' meetings were held, however only two relatives had attended the most recent meeting. Records of 'residents meetings' showed that people were asked for their views on the service. One person had requested more chicken on the menu. The action plan showed that the registered manager and cook had consulted with the person and arranged this. All the comments we saw recorded were positive and complimentary, including, 'I have everything I want and nothing to complain about'.