

## Country Court Care Homes Limited

# Belmont House

### Inspection report

Belmont Drive  
Stocksbridge  
Sheffield  
South Yorkshire  
S36 1AH

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21 January 2019

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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

About the service:

Belmont House is a care home that provides accommodation and personal or nursing care for up to 52 people. At the time of this inspection there were 42 people using the service.

People's experience of using this service:

- Belmont House had sustained compliance with the regulations since the last inspection but aspects of the service had deteriorated. A new manager had recently started working at the service. They were responsive to inspection feedback and understood further improvements to the service were required;
- People told us staff were kind and caring. They were positive about how they were treated by staff. People told us they were in control of their day to day routines and staff supported them to remain independent. Staff asked people for consent before providing care, however improvements were required in how the service recorded assessments of people's capacity to make decisions and best interest decisions made on their behalf;
- People felt safe whilst residing at Belmont House. They had access to other community health professionals as required. Staff supported them safely with their medicines;
- Most staff could tell us about people's likes and dislikes and knew information about people's backgrounds. They used this knowledge to care for people in the way they wanted. However, information about people's preferred priorities for care at the end stages of their life was not recorded in detail in people's care records, which meant their wishes or preferences were at risk of not being followed or respected;
- Refurbishment and redecoration was ongoing at the service. Clear signage was available to orientate people to key places in the service. However, further improvements were required to make the service dementia friendly;
- Staff received a range of training and people thought staff had the right skills and experience to care for them effectively.;
- People were positive about the quality of the food. People were provided with a range of food options that met their nutritional requirements;
- Risks to people receiving care at Belmont House were assessed and kept under review. People's needs were assessed and support plans were developed to guide staff in how to care for each person.
- People and their relatives gave mixed feedback about the range of activities which took place both in the home and in the community. We have made a recommendation about the provision of activities at the service;
- People who used the service and their relatives told us they had confidence in the management team and they could raise any concerns, which would be responded to. They also had the opportunity to attend regular meetings about the service to provide feedback and ideas for improvement. Relevant stakeholders were not always asked for feedback about the service in order to drive improvements;
- The service met the characteristics of good in all key questions, with the exception of responsive. The manager had plans in place to improve other areas of the service.

More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated good (published 23 June 2016).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Belmont House

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

This inspection was completed by 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 service. The Expert by Experience had experience in caring for older people and people living with dementia.

#### Service and service type:

Belmont House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a manager registered with CQC. If a manager is registered with CQC, this means both the manager 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 this inspection, a new manager had recently started working at the service and was registered with CQC.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before this inspection we reviewed the information we held about the service, such as any feedback we had received since the last inspection and information we had received from the provider. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at the service. We also contacted Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback from these organisations to plan our inspection.

During this inspection we spoke with three people living at the service and four of their relatives. We spoke with nine members of staff which included two care workers, the deputy manager, a nurse, a senior, a cook, an activity coordinator, head of housekeeping and the manager. We spoke with two community health professionals who were visiting Belmont House on the day of the inspection, to obtain their views about the service.

We looked at three people's care records in detail and selected documents from five other care records. We checked seven medication administration records and three staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- Medicines were safely managed and people received their medicines as prescribed.
- The service had arrangements in place for the safe storage and disposal of medicines, though minor improvements were required with the systems which prevent against the overstocking of medicines. We were satisfied the provider had taken appropriate action to address this concern after the inspection.
- Staff completed records to confirm what medicine people had received and when. Staff were trained in medicines management and their competency to administer medicines safely had been checked.
- During this inspection we observed staff administering medicines to be patient and respectful when providing support to people to take their medicines.

### Assessing risk, safety monitoring and management

- Risks to people were identified by individual risk assessments and appropriate risk management plans were incorporated in to care plans. They were detailed and provided care staff with information which ensured they delivered care in the safest way possible.
- Staff were familiar with and followed the risk management plans.
- The environment and equipment were safe and well maintained.

### Systems and processes

- People were protected from any form of abuse or poor treatment. People told us, "I'm safe I suppose. I've got a lock on my door so I can choose who comes in" "I'm very safe".
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.

### Staffing levels

- There were enough staff to support people safely and to ensure people's needs could be met in a timely way. One relative told us, "[Relative's name] is safe, staff watch her all the time".
- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- People were supported by a consistent team of staff. The registered manager told us they had not used agency staff since we last inspected the service.

### Preventing and controlling infection

- Staff completed training in infection control. Staff had access to personal protective equipment such as gloves and aprons to help prevent and control the spread of infection.
- The home was clean, tidy and odour free.

## Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may have helped to prevent a reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- People living at Belmont House told us they made their own decisions and were in control of their care. We observed staff asked for people's consent before providing them with care.
- The Mental Capacity Act (MCA) 2005 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to such authorisations and when they were due to expire. The manager also made sure the service complied with any conditions attached to the authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- In some care records, capacity assessments and corresponding best interest records had not been completed for people who shared a bedroom at Belmont House. Best interest records are records which confirm what decisions had been made on the person's behalf and who had been involved in making those decisions. The manager assured they will review people's records where appropriate to ensure they are following the principles of the MCA.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care. The provider had recently changed their training policy to increase the frequency staff training was to be refreshed to ensure their knowledge was relevant and up to date. As this change in policy was recent many staff members training appeared overdue because of the provider's new requirements. After the inspection the provider submitted supporting evidence to the CQC to show where training was identified as overdue this was planned in.
- New staff received a structured induction program and completed a period of shadowing with an experienced care worker before they were able to start working at the service. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.
- Staff spoke highly of the support and supervision they received.
- People were confident in the abilities of the staff.

Adapting service, design, decoration to meet people's needs

- Refurbishment and redecoration was ongoing to ensure people were provided with accommodation to meet their needs. This included plans to make the service more dementia friendly.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care files contained information about their food likes, dislikes and any foods which should be avoided.
- People were offered a choice of meals and all of the food was homemade. People told us, "The food is very good, we get a choice of two lunches." "I always get what I ask for." "I get plenty of food, sometimes too much."
- The chef had detailed information about people's different dietary requirements. For example, who needed a gluten free or diabetic diet.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were positive about the care they received at Belmont House.
- People's needs were assessed and care plans developed to provide guidance to staff, detailing what support people required with different aspects of their care.

Staff providing consistent, effective, timely care within and across organisations

- Staff worked together as a team to provide consistent care to people. They had regular opportunities to discuss people's care at handover meetings which took place every day. This helped to ensure all staff were informed of any changes to people's needs so they could provide the correct level of support to people.

Supporting people to live healthier lives, access healthcare services and support

- The service worked and communicated with other agencies and staff to enable effective care and support. One visiting community nurse said, "Excellent communication, the staff always give all the information you need."
- The community health professionals visiting the service on the day of the inspection raised no concerns about the care provided.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- There was a caring culture amongst all staff. During the visit we saw staff took time to listen to people and interact with them so they received the support they needed. Relatives commented, "They are very caring, best thing is they interact with them." "It is relaxed and friendly here. Staff are very caring" and "Staff seem kind. They are nice to her at least when I'm here."
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care:

- People were involved as much as they were able to be in making decisions about their care. People's representatives were also invited to be involved in review meetings to monitor that the care provided met their expectations and wishes.
- People's choices in relation to their daily routines were listened to and respected by staff.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy. They knocked on doors and called out before they entered people's bedrooms.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- People told us they were encouraged to maintain their independence. Comments included, "I can go to the toilet myself, but there is always someone around to ask" and "I'm warm and comfortable and can have as many baths as I want and when I want."
- Throughout the inspection we observed staff treated people with dignity and respect.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

#### End of life care and support

- The service supported people at the end of their life to have a comfortable, dignified and pain-free death. A relative of a person who was on end of life care told us, "Dad passed away very peacefully. The care given was exceptional, I could not wish for anything better. Staff are really caring."
- Checks to people's care records showed discussions held about their end of life preferences or priorities for care were not always recorded. This is a key means of improving care for people and improves the likelihood of these wishes being known and respected at the end of their life.
- The provider gave assurances they would start recording people's preferences and priorities for care when they reached the end stages of their life and health professionals would be consulted as part of this process.

#### Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw the service offered a range of activities in the home and there was an activities coordinator employed at the service. On the day of the inspection the activities coordinator was on annual leave, which meant care staff were responsible for providing activities. Our observations showed there were periods which lacked social stimulation and little in terms of activities took place.
- Feedback received from people and their relatives about the quality of activities provided was mixed. This shows improvements were needed in this area. We recommend the programme of activities are reviewed regularly with people living at the service so they are person-centred.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.
- Care records were reviewed regularly or if people's needs changed.

#### Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with the registered manager or provider. Their comments included, "If we have a problem we would go to the manager, she's approachable," "We had one or two hiccups in the beginning, I spoke to the staff and manager about it and it was sorted" and "I would not have a problem complaining as they [management team] are very approachable."
- The provider and registered manager had put systems in place to make sure any concerns or complaints were brought to their attention. This was because they were keen to rectify any issues and improve the quality of the service.
- The registered manager had taken as much action as possible when a complaint had been received to resolve the issue raised.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At our last inspection on 11 May 2016 the service had achieved a rating of good and demonstrated compliance with the regulations
- At this inspection the service had sustained compliance with the regulations but minor improvements were required to ensure people received a consistently good service.
- The home was mostly well run. The registered manager was passionate and committed to providing high quality, person-centred care.

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

- There was an open and transparent culture in the home and staff told us the registered manager and provider were approachable and supportive.
- The registered manager was new to the position but had worked at the service for 17 years, so they knew the people and staff well. The registered manager also understood their legal requirements.

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

- Meetings were held to discuss what people wanted from the service and these were responded to.
- The provider had some quality assurances processes to obtain stakeholder feedback about the service although this required improvement. Stakeholder feedback is a vital part of driving improvements to the quality and safety of services. The registered manager told us this concern would be addressed.
- All staff felt communication was good and they were able to obtain updates and share their views via team meetings.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager demonstrated an open and positive approach to learning and understood aspects of the service needed improvement after the inspection.
- The service possessed a comprehensive set of quality assurances systems tools, which effectively monitored fundamental aspects of the service delivery. Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received.

#### Working in partnership with others

- The registered manager had made good links with the local community and key organisations to benefit people living in the home and to help with the development of the service.
- The registered manager complied with visits from the Clinical Commissioning Group (CCG) and Sheffield City Council.