

Almondsbury Care Limited

Belmont House Nursing Home

Inspection report

Love Lane
Bodmin
Cornwall
PL31 2BL

Tel: 01208264845
Website: www.almondsburycare.com

Date of inspection visit:
12 October 2021

Date of publication:
01 December 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Belmont House Nursing Home is a residential care home providing personal and nursing care. The service can support up to 40 people. At the time of this inspection there were 18 people living in the service. Though the service was over three floors only the ground and first floors were currently in use. Some of these people were living with dementia or were receiving care in bed.

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

Many people were not able to tell us verbally about their experience of living at Belmont House Nursing Home. Therefore, we observed the interactions between people and the staff supporting them. A relative said; "My wife seems safe and well looked after. I have no concerns."

We last inspected the service in May 2021. At that time, we had concerns regarding the management of the service and the service was rated Requires Improvement. Since that time the management situation has not improved. Before this inspection we were aware the previous two managers had left. The company's operations manager was currently overseeing the service.

There remained a lack of consistent management of the service since December 2019. The senior management had also changed with the appointment of a new operations manager. Though we found improvements had been made, since the departure of the last manager, some systems and processes had not been completed or updated as required. Systems had frequently been changed and not effectively implemented or embedded.

At the last inspection it was noted that there was a high use of agency staff. The current staffing situation had improved. However, only two qualified nursing posts were currently employed by the organisation. One on days and one on nights. The remaining qualified nursing post continued to be covered by agency nurses. We received information of concern before and during the inspection, which stated that on some shifts there had been only two care workers on shift with one agency qualified nurse who had not worked at the service before. This had the potential to put people at risk due to lack of knowledge of the service, residents and systems.

At our last inspection we found many staff had not completed areas of basic training.

At this inspection we found some staff were still required to complete basic training, including Personal Protection Equipment (PPE). Staff told us they were feeling 'burnt out' and unsettled due to the continued change of management. Regular audits had not always been completed since the departure of the last manager.

Staff were observed as attentive, kind and caring. People were supported by a staff team that were both caring and compassionate and treated them with dignity and respect. We found the service calmer and more relaxed than at previous visits. The service had an activities coordinator however, some staff felt more

suitable activities could be introduced.

People received their medicines as prescribed. Support plans had been updated and included monitoring of people's needs, including their weight, food and fluid intake, skin care and re-positioning records. Staff were aware of the details of people's care needs and supported them accordingly.

People's needs had been assessed and this information was made available to all staff via their handheld computerised care system. 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.

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 (published 2 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 2 May 2021. Breaches of legal requirements were found. We undertook this focused inspection to check they had followed their action plan and to check if they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive, and Well Led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service could respond to another COVID-19 outbreak.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection control, good governance and staff training at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to continue to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Belmont House Nursing 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 Care Act 2014.

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

Two inspectors and an assistant inspector carried out this inspection.

Belmont Nursing Home 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the new operations manager, who was working in the home due to the absence of a registered manager in post, nurses, care staff and ancillary staff. We received information from one professional.

We reviewed a range of records. This included four people's care records, and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 the last inspection this key question was rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Some improvements had been made at this inspection and the provider was no longer in breach of regulation 13. However, breaches of regulation 12 and 18 remain in place. It has only been a short time since the last inspection and with the departure of two managers since that time the rating remains as requires improvement.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient employed qualified staff were available to provide consistent care. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found at this inspection the situation remained the same. Therefore, the provider remains in breach of Regulation 18 (staffing).

- The majority of the clinical staff working at the home were not employed by the service and worked for an agency. One staff commented that the home only has one qualified nurse on days and one on nights. The remainder of qualified nurses were from an agency. We received information of concern that the service had one agency nurse on shift who had not worked at the home before and there had been only two care staff working with them. This had the potential to put people at risk due to lack of knowledge of the service, residents and systems. The operations manager stated more care staff were now working on shift. However, having only agency nursing staff on duty meant people might not receive consistent care.
- Staff had concerns about the staffing levels. We also received three complaints about the staffing levels in the service before the inspection. They said some people required the support of two staff and other people displayed behaviour that could be challenging. Comments included; "The last two years have been very difficult. While I can see that staffing has improved over the last couple of weeks, I daren't get my hopes up yet that things have improved because this has happened before and then it goes wrong again."
- Staff recognised that the lack of consistent leadership had impacted on the service's performance. Comments from staff included; "Need more nurses. Only one permanent day nurse and there is only one-night staff, the rest are agency staff" and "Carers are a bit low about it (lack of staff)." Another said; "The changes of managers have been hard, and we have had shifts that have been really short staffed. Two weeks ago, we had a shift with only two care staff, and one of those had to do the one to one with X." Other comments received included; "I dread coming into work every day because we don't know what the staffing is going to be like. I keep going because I can't leave the residents" and "We support each other, but the extra shifts are really hard, and we are all close to burn out." While another felt; "The staffing levels have

been really low on some shifts. It seems to be getting better. The rotas seem to be a bit of a muddle. You never know what you are going to come in to." Professionals had commented at meetings held since the last inspection, that the lack of consistent managers in post has caused communication and consistency difficulties. Lack of consistent management and consistent staffing levels has an impact on staff morale and had the potential to have an impact of people safety. At times since the last inspection the staffing levels had dropped below satisfactory levels.

The provider had failed to ensure sufficient employed qualified staff were available to provide consistent care. This is a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work.
- Staff had supported each other during the COVID-19 outbreaks and when they had been short of staff. However, staff told us the lack of a consistent managers had not helped the situation at the service.
- Staff were observed as attentive, kind and caring.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured the equipment used to keep people safe had been adequately monitored and maintained. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been made. For example, audits had been completed to ensure people's mattresses were at a safe pressure level. However, since the departure of the last manager not all checks and audits continued to be carried out or recorded. The provider remained in breach of regulation 12 (Safe Care and treatment).

- At the previous inspection it was noted that an electrical installation certificate required action. The services action plan showed this had still not been actioned.
- The operations manager stated the weekly fire alarm testing had been carried out, however they had not been regularly recorded as required. The service's action plan showed these fire checks had not been completed and therefore the information was inaccurate. Other checks, for example, water temperatures, had been checked regularly until the last manager had left the service.
- The service's action plan reported other areas of the premises remained unsafe. For example, 'Fuse box area unsafe- residents have access to them' and 'Fire door has shrubbery growing over it.'
- The service had a large walk in shower. However, there was no working bath, with the one on the ground floor out of action for a month. Staff said four people, who will only accept having a bath, have only had washes since it broke. There was one shower available for 18 people to use.

The provider had not ensured the equipment used by people is safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements continue to be made on how risks were identified, assessed, monitored and reviewed. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm. For example, when people were at risk of losing weight or at risk of falling.
- People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed prior to moving into the service. Risk assessments supported staff in how

to support and protect people, whilst minimising any restrictions placed upon them. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

- Where people experienced periods of distress or anxiety, due to living with dementia, staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that care and treatment had not been provided in a way that includes acts intended to control or restrain a person that was not necessary. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider is no longer under the local authority's whole home safeguarding procedures. However, input and monitoring were regularly provided by the local authority due to the departure of the recent manager. The home had lost two managers since the last inspection.
- Staff training in safeguarding adults and equality and diversity had increased since the last inspection. However, some staff remain to receive this training. 34% of staff needed to complete safeguarding training and 50% for equality and diversity training.
- Safeguarding policies and procedures were available for staff to access. Staff knew how to report and escalate any safeguarding concerns.
- People were relaxed and comfortable with staff and had no hesitation in asking for help from them.

Preventing and controlling infection

All our last inspection the provider had not taken all necessary action to protect people from infection This was a breach of regulation 12 (Safe Care and Treatment) 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 this part of regulation 12.

- We were somewhat assured that the provider was using PPE effectively and safely. Currently 75% of staff had completed PPE training.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe.
- Medicines were regularly checked by senior staff to ensure no errors were being made.
- Medicines were kept securely in locked trolleys and cupboards. Stock levels were satisfactory.
- Medicine records were fully completed and well organised. However, we did find some handwritten entries with no staff signature or date. The operations manager had already carried out an audit and actioned these issues.
- When medicines were prescribed for use 'when required' there was sufficient written guidance for staff to know when these medicines should be given.

Learning lessons when things go wrong

- At the previous inspection the manager had only been in post for five days. They left soon after that inspection. Another manager had also been employed and had worked at the home for a short time before leaving. The operations manager had stepped in to manage the service until a suitable manager was employed. The operations manager had previously worked at the service as a clinical lead and had started to carry out audits and action issues found.

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.

At the last inspection this key question was rated as require improvement. At this inspection this key question remains the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection the provider had not ensured all staff received appropriate support, training, professional development, supervision and appraisal, as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found at this inspection though improvements had been made not all training had yet been completed. Therefore, the provider remains in breach of Regulation 18 (staffing).

- We reviewed the training matrix which showed an improvement in staff having completed training and induction. The operations manager told us; "I have developed a new induction pack for nurses and care staff. I have been listening to staff in supervisions saying they did not feel like they had a good induction."
- There were systems in place to monitor training. However, though improvements had been made some staff training required completing. For example; 29% of staff needed to complete dementia awareness training, 11% needed to complete end of life training and 21% needed to complete infection control training. The training matrix also showed that 25% needed to complete PPE training and 46% were required to complete fire awareness training. This could place people at risk of harm because staff might not have the right skills to fulfil their roles.
- Staff were now provided with opportunities to discuss their individual work and development needs, including one to one supervisions and annual appraisals. One staff said that they had received regular supervision until the previous manager left recently but none since.
- Staff told us that they found it 'unsettling' with the constant change of management. One commented; "Things seem to be getting back on track after three different managers this year."

The provider had not ensured all staff received appropriate support, training, professional development, supervision and appraisal, as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the previous inspection the service was only using the ground floor due to the reduction in resident numbers. Since that time the second floor was now being used to admit people. This was to enable further

upgrades to the facilities on the top floor.

- The environment still required some upgrading. A maintenance plan was in place to continue with improvements. It was noted that two fire doors and the only available bath on the ground floor needed attention. The operations manager stated these had been reported and they were waiting for parts to arrive. A fault on a TV Aerial in one person's bedroom, reported in August 2021, was still awaiting repair.

The provider must ensure the premises used by people is properly maintained. This was a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's rooms were decorated with personal belongings to ensure they felt comfortable with familiar items around them.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

At the last inspection the provider had not assessed, monitored and improved the quality and safety of the services provided. This was part of a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been made and the provider was no longer in breach of this part of regulation 17.

- At our previous inspection it had been identified that the provider and previous manager did not work well with professionals visiting the service. At this inspection we found professional relationships had improved.
- People's health conditions were documented, and staff used the computerised care plan system to record people's daily wellbeing.

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

- People's individual needs had been assessed before they moved into the service. Records showed people and their relatives were involved in assessments and were supported and empowered to make choices about their care.
- Care plans were developed for people's individual needs and staff had guidance on how to meet those needs. The plans were regularly reviewed to ensure they continued to be reflective of people's changed needs.

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

- People were provided with healthy meals. Staff were aware of any specific dietary requirements. For example, if people needed their food to be pureed to minimise the risk of choking.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Nutrition and hydration care plans were in place and covered people's dietary needs. They were detailed about what assistance from staff was needed. When people's food and fluid intake needed to be monitored, we found records were consistently completed and acted upon if necessary.

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

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we found that the provider had not ensured that all staff received appropriate training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the HSCA and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found at this inspection though improvements had been made not all training had yet been completed. Therefore, the provider remains in breach of Regulation 18 (staffing).

- At the previous inspection some staff had not completed training on the MCA. At this inspection improvements had been made. However, 26% of staff were still required to complete MCA training. Not all staff had been given the knowledge and skills to comply with the MCA and DoLS.

The provider had not ensured all staff received appropriate support, training, professional development, supervision and appraisal, as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place. Everyone living at the service, that needed it, either had an authorised DoLS in place or an application had been submitted. However, we were contacted by a professional after the inspection to say one DoLS authorisation had now lapsed. They went on to say they had contacted the service management about this issue. However, no application had been received.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended the provider review guidance to ensure the provision of activities met people's needs and preferences.

At this inspection we found some improvements had been made. However, some staff raised concerns over the quality of the activities offered to people. Therefore, the recommendation remains in place.

- There was an activities co-ordinator working in the service. We observed some activities taking place. Comments from staff included; "The activities could be much better. The activities person only ever does painting and drawing in the main lounge" and "Staff have started to do movie nights after tea, where they sit down with the residents and watch a film together with snacks. A lot of the residents respond well to this." One staff member told us they felt some people would benefit if they had quieter one to one-time way from the busy lounge area. The service had a separate activities room, though this was still not being used. The activities that were being delivered encouraged social interaction, provided mental stimulation and promoted people's well-being.
- People were supported to maintain relationships which were important to them, with friends and relatives particularly during the COVID-19 lockdowns.
- Due to the health needs of some people they spent their time in their room or in bed. Staff checked on people's welfare and conversations with them. Staff said it varied day to day based on staffing levels how much time they could spend with people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were responsive to people's needs and requests for assistance. However, staff said; "The home now covers 9 person) on a one to one and how much is needed can vary each day. If we have five staff it is fine, but if we are lower and (person) needs a lot of attention then it is really hard."
- Care plans held essential information and provided staff with detailed instruction about people's personal preferences, care needs and medical history. This guided staff to support people in the way they preferred.
- Staff had a knowledge of people's personal histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were.
- People's care plans were regularly reviewed, updated when their needs and abilities changed and these changes recorded accordingly.

Improving care quality in response to complaints or concerns

At the last inspection the provider had not assessed, monitored and improve the quality and safety of the services provided. This was part of a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements and the provider was no longer in breach of this part of regulation 17. However, this was due in part to the short timescale since the last inspection and no complaints received.

- The provider had a complaints procedure available. There were no ongoing complaints at the time of the inspection.
- No quality assurance surveys had been undertaken since the last inspection. People were not able to say if they felt their complaints would be acted upon.
- A relative told us they had had no cause to complain and felt they could raise any concerns they had regarding the care of their family member.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records outlined any communication need and documents could be provided in other formats if required.
- During the COVID-19 outbreak in the service, staff had assisted people to remain in contact with family and friends. This included through using electronic devices. This system remained in place.

End of life care and support

- The impact of the COVID-19 outbreak meant staff cared for many people at the end of their lives. All care plans had clear end of life plans in place for staff to follow people's wishes.
- Staff had experience of caring for people at the end of their lives. The number of staff who had completed end of life training has increased.
- People were supported to make decisions and plans about their preferences for end of life care. People's health was reviewed regularly to identify those who were poorly. This ensured their advanced care plans would be implemented, and people received the care they wanted in their final days, supported by care staff who knew them well.

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 the last inspection this key question was rated inadequate. At this inspection the service has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our inspections in November 2019, July 2020, November 2020, February 2021 and May 2021 the provider had failed to establish satisfactory governance arrangements and to maintain an effective overview of the home or taken sufficient action to make the required improvements identified in the previous inspections.

This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection though improvements had been made the service was still in breach of regulation 17 (Good Governance).

- The service is required to have a manager registered with the Care Quality Commission. A registered 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 the service had not had a registered manager since the beginning of June 2020. After the last inspection the manager, who had been in post for five days left and the provider employed another manager. They had also left the service before completing their registration process. The operations manager said they were in negotiations with another person to become the manager of Belmont House. This demonstrated poor management retention.
- There had been a lack of consistent management of the service since a long-standing manager left in December 2019. This meant there had been six managers for short periods. Though improvement had been made, some systems and processes had not been maintained since the last manager left. This continued to cause systems and processes to be frequently changed and not effectively implemented or embedded.
- At our inspection in February 2021, it was noted that systems required to pass on important information about changes in people's care needs to relevant professionals, had not taken place. As the clinical lead appointment remained vacant this system remained ineffective. This vacancy had been noted in our inspections of May 2021 and this inspection.
- Due to the lack of consistent management, the assessing and monitoring of the safety and quality of the service was not always carried out or recorded. For example, at our last inspection we could not be sure the unsatisfactory electrical installation certificate, highlighting urgent remedial action, had been carried out. The manager employed at that time said they would contact an electrician to check this work had been completed. The providers action plan sent to us after the last inspection stated; "Has been requested to deal

with this with a quote found and a requisition been approved. Awaiting date of completion." To date this had not been completed.

- Auditing systems for the provider and manager to have oversight of the service, had started to be completed monthly. However, since the departure of the most recent manager there were gaps in the documentation. For example, the weekly fire alarm system checks. The providers action plan sent to us recorded; "Weekly fire alarms now being checked, and staff have been instructed to record these in the fire book. This will be continued to be monitored by the interim manager."

The provider's governance systems were still ineffective in improving the service people received. This was a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection there had been a change of senior management. The current operations manager who had worked in the service as an agency nurse, had been in post for two months. They were now acting as manager of the service until the appointment of a new manager.
- Staff were complimentary of the operations manager and the administration staff and comments included; "[X] has been really good as well" and "[X] has been a star so positive and supportive."

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.

At the last inspection the provider had not assessed, monitored or improved the quality and safety of the services provided. This was part of a continued breach of continued Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remains in breach of this part of regulation 17 (Good Governance).

- At the previous inspection a previous manager had been reminded that no notifications had been sent to CQC in line with the regulations. This had since been actioned and completed notifications were now sent as required. However, back dated notifications recording the number of deaths due to COVID-19 were never received.

The provider's governance systems were still ineffective in improving the service people received. This was a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

At the last inspection the provider had not ensured staff received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made, however the provider remains in breach of regulation 18 (Staffing). Staff training still needs to be completed.

- At the last two inspections we found that staff training had not been updated for all staff as required. The

different managers at those times said they had set up an on-line training system, to enable all staff to carry out mandatory training. This system would enable all staff to be trained to the same level, so the care provided to people was consistent. However, at this inspection we found that not all staff had completed sufficient basic training. This has been reported in more detail under the Effective section of this report.

The provider had not ensured all staff received appropriate support, training, professional development, supervision and appraisal, as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection surveys of relative's views on the service's performance had not been completed since October 2018, and there was limited evidence available to demonstrate people's views on performance of the service had been sought.
- We found 50% of staff needed to complete equality and diversity training to ensure people were protected from all forms of discrimination.

We found no evidence that people had been harmed however, the provider had failed to establish satisfactory governance arrangements. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services provided. This was part of a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements and the provider was no longer in breach of this part of regulation 17.

- The operations manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during a COVID outbreak in the service. The operations manager said they now worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment made available.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The provider had not ensured the premises used by people is properly maintained.
Treatment of disease, disorder or injury	