Malhotra Care Homes Limited

Belle Vue Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 17 July 2017 and was unannounced. A second day of inspection took place on 18 July 2017 which was announced. We last inspected Belle Vue Nursing Home on 9 April 2015 and found it was meeting all legal requirements we inspected against. We made two recommendations. That the registered manager considers the National Institute for Health and Clinical Excellence guidelines on managing medicines in care homes. We also made a recommendation that the service explore the relevant guidance in supporting people with dementia in meaningful activities. We found some improvements had been made in these areas.

Belle Vue Nursing Home is a 49 bed care home that provides personal and nursing care to older people, most of whom were living with a dementia. Accommodation is provided over three floors, which each bedroom having ensuite toilet facilities. In addition specialised bathing and showering facilities are available.

At the time of the inspection there were 32 people using the service. The ground floor of Belle Vue Nursing Home was undergoing extensive building and redecoration work following burst pipes in December 2016. This area of the home was 'out of bounds' to people and all the people normally resident on this floor had been moved to one of the providers sister homes. The provider was proactive in ensuring staff from Belle Vue Care Home had temporarily transferred with people to ensure consistency in support until they returned to Belle Vue Care Home.

A registered manager was registered with the Care Quality Commission at the time of the inspection. They had been registered since August 2013 so were well established. 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.

During the inspection we found areas of concern which constitute breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely safe care and treatment, need for consent and good governance.

Care documentation had not been updated in respond to people's changing needs. This meant staff did not have access to accurate or up to date written information about how to provide safe care and support for people.

Incidents had not always been reviewed and investigated to see if there was cause for concern.

People were not consistently supported to have maximum choice and control of their lives and staff did not consistently support them in the least restrictive way possible; the policies and systems in the service did not support this practice. There was a failure to follow the principles of the Mental Capacity Act (2005) in

relation to mental capacity assessments and best interest decisions.

Emergency evacuation plans had been completed and were reviewed on a monthly basis. One person's evacuation plan had not been updated to reflect their changing needs which would impact the safe evacuation of that person.

Fire drills were completed but there was a failure to ensure documentation accurately reflected that some staff had been deployed to a sister home since December 2016 and were completing fire drills at their temporary place of work.

We have made a recommendation about staff deployment.

The medicines administration round took a significant period of time however we received assurances following the inspection that time specific medicines, and as and when required medicines were administered at the appropriate times, and with the appropriate gaps in between administration.

Safe recruitment practices were followed. Staff said they felt well trained and had regular supervision and appraisal. There were mixed views about the value of supervision meetings.

Safeguarding concerns had been reported and investigated. There had been no complaints raised.

People were supported with their nutrition and hydration needs, and where appropriate relevant professionals were involved in people's care.

Staff had a kind and compassionate approach and we observed warm and caring relationships between people and staff.

Staff and relatives spoke well of staff and the registered manager, as did the nominated individual.

Activities were varied and included entertainers, outings, visiting tai chi and the discovery zoo. There was also a sensory area for people to use with staff support and the provider told us there were good community networks.

The provider was proactive in liaising with a local university to support placements for students completing health related courses.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The recording of medicine administrations was safe but it took nursing staff a significant amount of time to administer the medicines.

Safeguarding alerts were investigated but some incidents had not been investigated to see if there was cause for concern.

Personal emergency evacuation plans were completed but one person's did not accurately reflect their needs. Fire drills had been completed, however it was noted that records did not accurately reflect this.

We recommended the deployment of staff be reconsidered to ensure people's needs could be appropriately met.

Safe recruitment practices were followed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

There was a failure to follow the principles of the mental capacity act. Mental capacity assessments were not decision specific and best interest decisions did not document who had been involved in the decision making.

Staff said they had regular supervision, but some staff said they did not find these conversations valuable or productive.

People's nutritional needs were met and there was evidence of involvement from external health care professionals.

We have made a recommendation about the dining experience.

Is the service caring?

Good

The service was caring.

People enjoyed warm and caring relationships with the staff who

cared for them. Relatives confirmed they thought staff were kind and compassionate.

Relatives confirmed they were involved their family members care.

People were treated with respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care documentation had not been kept up to date in response to peoples changing needs. Staff were knowledgeable about people's current care needs however, if staff were to follow the care documentation there was a risk people may receive inappropriate care and treatment.

Activities were varied and the activities coordinator was developing their knowledge in relation to providing meaningful activities for people living with a dementia. They had recently developed a sensory area for people to use with staff support.

A complaints procedure was in place.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Care documentation did not provide an accurate, up to date and contemporaneous record of people's needs.

Quality assurance systems had identified some areas for improvement and an action plan had been implemented however the concerns noted during the inspection had not been identified.

The provider was proactive in ensuring people who had moved to a sister home to allow for refurbishment were supported by staff from Belle Vue Care Home. They were also proactive in supporting placements for students completing health care related courses, such as nursing staff.

Belle Vue Nursing Home

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 17 and 18 July 2017. Day one of the inspection was unannounced. This meant the provider did not know we would be visiting.

The inspection team was made up of two adult social care inspectors. The inspection team on day one also included 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We also contacted the local authority commissioning team, CCG and the safeguarding adult's team. We also contacted the fire service and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with five people living at the service and four visitors. We also spoke with the registered manager, the nominated individual, the head of compliance, three nurses, including an agency nurse, the activities coordinator, seven care staff, including a bank care staff member and four ancillary staff members including domestic and kitchen staff.

We reviewed five people's care records and seven people's medicine records. We also reviewed four staff files including recruitment, supervision and training information, as well as records relating to the management of the service.

We looked around the building and spent time in the communal areas. 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.

Requires Improvement

Is the service safe?

Our findings

During the last inspection on 9 April 2015 we made a recommendation that the registered manager consider the National Institute for Health and Clinical Excellence (NICE) guidelines on managing medicines in care homes. This specifically related to the decision making process in ensuring the covert administration of medicines was in the persons best interest. Covert administration means without the persons knowledge. During this inspection we found improvements had been made in this area. Records confirmed that best interest decisions relating to the covert administration of medicines had been made with the involvement of care home staff, the health professional prescribing the medicine(s), relatives and the pharmacist.

On day one of the inspection we observed the nurse did not finish the morning medicine round until 11am. We asked them about this and they said, "It's normal as it's a big medicine round to complete. I'll do lunch time at about 1.30 or 1.45 because it was late." We noted the lunch time medicines round was finished by 2.00pm and the nurse had gone on a break. They later told us, "Tea time medicines will start at 4.30pm as our lunch time for medicines is 12 til 2.00. I try to leave time for medicine's like paracetamol so its four hours." On day two the medicines were being administered by an agency nurse who did not know people. They had been provided with a robust handover from the night nurse which delayed the administration of the morning medicines which was completed at 13.00pm. We spoke with the registered manager, head of compliance and nominated individual about this. Their response was that it was of benefit to take time to complete the medicines administration in order to ensure that it had been completed correctly. We received assurances following the inspection that time specific medicines, and as and when required medicines were administered at the appropriate times, with the appropriate gaps in between administration.

Medicine administration records (MARs) were completed appropriately following the administration of medicines. Coding was used to indicate if people had refused their medicines, or if they were in hospital. Where people were prescribed as and when required medicines this was clearly documented and the time of any administration was recorded to ensure safe administration. Protocols were in place for the administration of these medicines so there was clear guidance to follow.

Topical MARs and body maps were used to support the safe administration of prescribed creams. If people had medicines administered on a patch, transdermal patch application records were used and identified were the patch had been applied on the body. This meant the patch would not be applied in the same place twice which supported safe administration.

We reviewed the personal emergency evacuation plans (PEEP). They had been reviewed monthly and clearly documented the risks associated with the evacuation of each person and what equipment was required to do so safely. On one person's PEEP we noted it said they could understand instructions, follow instructions and wouldn't present any challenging behaviour if evacuated by a stranger. However, throughout the person's care file we read information which contradicted this, including a behaviour rating scale which said the person was almost always confused and almost always disoriented. This meant relevant health and safety concerns in relation to their cognitive ability had not been considered as part of their PEEP.

We reviewed a fire risk assessment, which included assurances that risks were prevented by regular fire drills and annual training. We saw the maintenance staff member had conducted regular fire drills and ensured staff who were on duty signed to confirm attendance, however they had not collated who had attended within the required frequencies. We collated this on the inspection and noted that despite regular fire drills 17 out of 41 staff members had not taken part in a fire drill in 2017. The registered manager advised a large number were on shift the following day so a fire drill would be performed. Following the inspection the provider confirmed that 100% of staff had attended a fire drill. They offered assurances that staff who had been working at a sister home to support people who had temporarily moved there during refurbishment had completed a fire drill at their temporary place of work.

As well as fire drills the maintenance staff also reviewed and checked fire extinguishers, emergency lighting, fire equipment and fire doors on a monthly basis. Appropriate servicing of premises and equipment had also been completed within the required timeframes. All the windows were open during the inspection and we saw they were fitted with robust window restrictors so they only opened a safe amount.

The provider had a clear business continuity plan in place which included details for an emergency situation such as emergency accommodation, transport, contingency for contagious outbreak and staff shortages.

Care staff were proactive in recording incidents and concerns within care documentation but they were not always investigated appropriately or considered as a matter for investigation. For example, one person had a graze to their eye reported. The family had been informed and the graze was documented, however an incident form was not filled in to record this unexplained injury. For another person whilst supporting the person with personal care staff had noted a number of bruises. Staff had followed appropriate procedures and completed a full body map recording all marks identified. When we spoke to the registered manager about this, they explained the person was known to place themselves on the floor and move around. However, we noted some of the bruises documented on the body were not usual for this person. No internal investigation had been completed to identify if there was any cause for concern. The providers own management meeting minutes stated that where unexplained injury or bruising had been identified body maps should be completed and consideration given as to whether the incident was a safeguarding concern.

Each lounge/dining area on the first floor had a kitchenette area with a fridge, cupboards and tea and coffee making facilities. A care worker said, "The kettles are put safely away in a cupboard after use." We noticed this was not always the case. We also noticed there were not enough spaces at dining tables should every person choose to sit at a table for their meal. The provider confirmed that there was seating at dining tables for 24 people. Ten of the people currently residing within Belle Vue Nursing Home either chose not to dine at a table or due to their care needs ate their meals elsewhere. This meant at the time of inspection there was sufficient dining areas for people based upon their preferences that day; however should people's needs or preferences change dining areas may need to be reviewed to accommodate more people.

As part of calculating staffing figures each person had a dependency profile which was reviewed monthly. Areas considered included: mobility, orientation, memory, oral hygiene and feeding. The registered manager showed us how this was used to calculate the staffing needed. Rotas showed there was a nurse and six care staff during the day and a nurse and four care staff at night.

We heard mixed views about staffing levels. One member of night staff, and three staff on day shift told us there were not enough staff. Two visitors agreed with this. Other staff members told us there were enough staff, "most of the time."

Staff explained, and we observed there was always one member of staff stationed at the lift and a staff

member in each of the three lounge areas. This meant there were four care staff 'stationed' in specific areas. Staff confirmed this left two care staff and the nurse to support people with personal care. Care staff told us that 16 people currently needed to be supported by two staff. One staff member said, "Only a handful (of people) would know how to use the nurse call bell." They specifically mentioned one person who was nursed in bed and said, "They would have no capacity to use the nurse call so we do half hour observations. Two staff go together to observe and turn them." We observed one person asking to go upstairs to their room after lunch but they were told they couldn't as there were not enough staff to support them.

We spoke with the registered manager about this who said, "The staff at the lift is temporary as I need to ensure people are safe due to the risks of the building work." The building work had been ongoing since December 2016. They added, "We also have the nurse and the activities coordinator who can help." We had already observed that nursing staff were busy administering medicines for significant periods of time so were unavailable and the activities coordinator would not be able to fulfil their own role if they were needed to observe the lift area to maintain people's safety. It was also noted that on occasion ancillary staff, ie domestic staff were seated by the lift area.

We recommend the provider and registered manager review arrangements for the deployment of staff to ensure people's needs are met safely and appropriately. The nominated individual agreed with this.

One person said, "I'm happy to spend the day downstairs. I go to bed regular at 9.00pm. Staff go upstairs with me, I have a buzzer and pull it if I need staff. I also have a fire alarm in my room."

We spoke with people and relatives about whether they felt safe. Two people said, "I feel safe." One visitor told us, "I do think [person] is safe. We are very happy with their care, how staff look after him. His condition has deteriorated over the years he has been here, and staff have always kept an eye on him. He's not very stable and they make sure he has the bed guards up when he has a lie down, so he can't just get up. They look in on him frequently. He always has two carers to help him get dressed." Another visitor said, "I think [person] is very safe here."

Staff members were able to explain safeguarding to us. One staff member said, "Safeguarding is about making sure people are safe, being aware of where people are and if there's a confrontation between two people try to keep them apart so there's no risk to either person." Another staff member said, "Yes people are safe, everyone has to do their job properly and we manage challenging behaviour." A safeguarding file was in place and we saw that when concerns had been reported to the safeguarding team they were appropriately investigated and action taken, such as retraining and regular supervisions. In addition the staff induction had been reviewed to specifically include moving and handling plans.

Where risks had been identified risk assessments were completed and the results were fed into the care plans for that person and included how to eliminate the risk. For example, one person was at risk of weight loss. The risk assessment included factors that could eliminate further risk and help closely monitor the risk, such as being weighed weekly, receiving daily supplement drinks and ensuring the person was offered support with their meals.

A waterlow assessment was complete for people who were risk at pressure areas. The waterlow assessment helps staff to assess risk and includes consideration of mobility and skin integrity. One person we reviewed was at very high risk of pressure areas and we saw a detailed care plan was available to help eliminate these risks.

Safe recruitment practices were followed including an application form and interview. Two references were

sought and verified for any staff who had been successful at this stage alongside a Disclosure and Barring Service check (DBS). DBS checks are used to enable employers to identify people with a criminal record and make appropriate decisions to ensure only suitable people are employed to work with vulnerable adults and children. DBS checks were renewed on a three yearly basis and the registered manager provided evidence that Nursing and Midwifery Council checks (NMC) of nurse PIN numbers were completed monthly. The nominated individual said, "We have the least staff turnover here, we keep our nurses which allows stability and continuity for people."

When agency staff were used a full profile was received from the agency to ensure staff had the appropriate checks and training to support people.

Requires Improvement

Is the service effective?

Our findings

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, and whether any conditions on authorisations to deprive a person of their liberty are being met.

One person we reviewed had a lasting power of attorney in place for their property and affairs. A power of attorney is a legal document that gives a person authority to make decisions on another person's behalf. We saw that although the home was aware of the power of attorney and was complying with it, they did not have a copy of the legal document and therefore could not be assured they were acting legally. A copy of the legal document was sought during the inspection.

Mental capacity assessments were completed however they were not decision specific. The MCA says a person's capacity must be assessed specifically in terms of their capacity to make a particular decision. We found this was not always the case. For example, one person had a mental capacity assessment regarding their capacity to make decisions about their care and treatment whilst at Belle Vue. We also noted mental capacity assessments did not document who had been consulted as part of the process and instead recorded the one staff member who had completed the assessment. For example, we saw that one person had a capacity assessment for the use of bed rails. There was no recording of other people being involved to ensure that bed rails were in the best interest of the person, instead the documentation was completed by one staff member.

The providers managers meeting minutes from May 2017 identified that, 'the principles of MCA do not seem to be followed by some homes within the group. The first part of the process is an assessment of capacity to make the specific decision. If this identifies a lack of capacity then a MCA2 (best interest decision) for that specific decision must be carried out.' It provided examples of those who could be involved in the decision such as GP, relatives, and care home staff. It also stated, 'those that have been involved must be documented on the MCA documentation as evidence that it was an MDT (multi-disciplinary team) decision.' They specifically note, 'CQC view this, and correctly, as the home not following the principles of the Act (MCA) and residents not gaining appropriate consent to treatment which is a breach of Regulation 11.'

We observed that people's rooms were locked. One staff member said, "No one is in their room, everyone is in the lounge area apart from [person] and [person]. Because of their condition they can't be in their rooms

as they like to wander around." We commented to another staff member that we had not heard any nurse call bells. They said, "That's because no one is in their room all the doors are locked for the wanderers." This meant people were unable to access their private space unless they asked staff to let them in. Records providing consent for people's rooms to be locked when they were not using them had been provided by family members, most of whom did not have the appropriate lasting power of attorney in place giving them the legal right to provide consent on people's behalf.

These concerns are a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted the bathrooms all had a bolt at the top of the door. We asked the registered manager why. They explained it was due to risk. A toilet also had dementia friendly sign on it but was bolted. The registered manager said, "It's a staff toilet and visitor toilet – we needed somewhere for them to use." We asked if the dementia friendly signage would confuse people as they would recognise it as a toilet but be unable to access the space. They told us they would remove it.

One staff member said, "Some people have some level of capacity, its fluctuating. We ask permission and use distraction and reassurance." We observed staff did explain their actions to people and sought consent before providing care.

The registered manager provided us with an organisational training matrix which showed all staff had attended safeguarding and moving and handling training. Some staff needed to attend training in relation to DoLS, MCA, and dementia training. 44% of staff had attended training in challenging behaviour, which included the completion of communication and interactive training for some staff. Some additional person specific training was being provided by the behaviour team. An action plan identified the providers aim was to achieve 85% compliance with all training.

Staff told us they felt well trained. One staff member said, "We get training all the time, we've done dementia that was about different types and different communication. It includes challenging behaviour but we also do it separately, it's about how to talk to the person, how to reassure so we explain what is happening, guide people along and talk, tell them what we are doing. If it doesn't work get another staff member as it can change the approach. A new face, a different approach can work." Another said, "I have taken part in manual handling, infection control, dementia care, safeguarding and end of life training. I found that one really interesting as it is so sad and very important." A third told us, "We are all doing training next week for DoLS and MCA."

Staff said they attended supervision with either the registered manager or the nurse but there were mixed views about the support they provided. One staff member said, "You can voice your opinion, they listen and try to do things to act upon it. We all try to work as a team as it's a long day (12 hour shifts)." Two of the staff we spoke with explained to us that conversations within supervisions were not valuable or productive. They explained that they needed more focus on reflective practice and how they could develop their skills in supporting people living with a dementia. One staff member said, "We also have an appraisal every year, we do a self-appraisal and then have a meeting to discuss it further." An appraisal matrix showed that some staff had attended an annual appraisal in March 2016. The registered manager said, "Appraisals are being completed now, some staff don't need one as they haven't been in post a year but all the others are being done."

We spoke with the head chef about people's dietary needs. They said, "I think it's important that residents see the people who prepare the food and that we see the residents and get to know them." There was a

good selection of food offered, including homemade steak pie and fresh vegetables, a vegetarian option and noodles. People's specific dietary requirements were met, such as pureed meals, or soft diets. The head chef said, "We make soup fresh each day to make sure people get their vegetables. We also have a list of residents who require special diets like pureed food or soft food." We were shown new moulds which were to be introduced when presenting pureed foods for people and a product called 'Aerofoam' which creates foam from liquid which can then be used to freshen and moisten people's mouths who are receiving end of life care or who experience specific swallowing difficulties.

We completed an observation of lunch time and during this time, people were offered the choice of hot or cold drinks. We observed two people in one lounge were supported one to one with a meal. There was a mixed level of engagement from staff. One staff member commented to a person, "Open your mouth I cannot get it in." Whilst another staff member supporting a person gently held their hand and offered reassurance in a gentle tone of voice and asked the person, "Do you want some more? Here you go." We also noted two people who used walking aids, did not have them readily accessible at the dining room table. Instead their walking aids were positioned at the edge of the room near the wall so people were unable to leave the table without first asking the staff. Following the inspection the provider confirmed that this was to prevent residents and staff from tripping as detailed in the slips, trips and falls risk assessment.

We recommend the provider review the dining experience.

We saw that a variety of external professionals were included in the support and care people received. One person had a multi-disciplinary tool at the beginning of their care file which clearly documented the people involved in their care, for example the continence service, optician, dentist and podiatrist.

The home was very clean and domestic staff were present throughout the two days of inspection. Bathrooms and toilets were hygienic and in good order. A visitor said, "I think this home is very clean."

Good

Is the service caring?

Our findings

During the last inspection we rated caring 'Good' and this has been sustained.

We observed some warm and caring relationships between staff and the people they supported. There was reciprocal appropriate touch between people and staff. We observed staff often held people's hands to offer reassurance and comfort and people often initiated hugs with staff which were responded to appropriately.

One person who was not able to use speech to communicate with us presented in a calm and happy manner and seemed content. Their eyes had a 'sparkle' about them which made us think they were happy in their environment. Another person told us how much they liked the staff and how well cared for they felt. One person said, "The staff are nice, I really like (staff member), they are really good."

We observed staff maintained people's dignity and respected their choices. Personal care was provided in a discrete and appropriate manner. Staff explained how important it was that they explained what they were doing and that they gave people time to understand and process information before proceeding with any support. People were supported to be involved in decision making and staff showed respect to people when communicating with them. One staff member said, "I love working here." They added, "I love working with the residents. It's a good home." Another staff member said, "It's rewarding." They added, "At the end of the day I have helped someone, I really care." Another told us, "At the end of life if the person hasn't suffered and isn't in pain its good. We don't distress people."

Visitors were complimentary about how caring the staff were. A visitor said, "The staff are really kind and caring." Another told us, "Once I was outside the bedroom door when they were getting (person) ready and they were so caring and patient. They didn't know I was outside the room listening." Another visitor explained that two members of their family had lived at Belle Vue Nursing Home, they said, "We were very pleased with the way staff cared for them as a couple." They added, "My [person] and [person] were both here together and they were well looked after."

A further visitor said, "Staff look after [person] well. They are very caring and know him well." They added, "He cannot use the alarm point in the bedroom but I know that staff check on him regularly." We were also told by a visitor, "I know of several people who have been in this home and they were very happy here. This is why we chose this home for my relative."

We spoke with people's relatives about their involvement. One visitor said, "We attend meetings regularly with staff to discuss how the home is run. I find that very useful. We were recently asked if we could arrange our visiting either before or after mealtimes, rather than at mealtimes as it gets a bit confusing for residents. I agree with this though." Another visitor said, "My (family member) and (family member) were both here together and they were well looked after. I have no complaints about this place. We always attend the meetings with staff for (family members) care plans." A third visitor told us, "My [family] and I are always consulted on [person's] care plans and we know what is in them and sign them."

A monthly newsletter was produced which included information on forthcoming activities, events of interest for the month such as the Northumberland Plate and the Durham Miners Gala. There were also photographs of the activities people had enjoyed the previous month, including people baking and enjoying meals out.

Information on advocacy services was available for people and their relatives. Advocacy is a process of supporting and enabling people to express their views and concerns, explore choice, access information and promote rights and responsibilities.

Requires Improvement

Is the service responsive?

Our findings

We reviewed five peoples' care plans and the associated documentation as part of the inspection and found the content was varied. For one person key information about how to care for them and their current conditions were not stored in the same place. Care plan documentation only referenced one pressure sore, however the daily records indicated there was a further pressure sore and two skin wounds. Staff we spoke to about this person could tell us clearly their needs and how they were being cared for but this was not clear from the records we reviewed. Another person had two care plans for personal care which had conflicting evidence in relation to the number of staff needed to provide care. It was documented the person could become aggressive or hostile during personal care however there was no clear documentation about how to deal with aggression. The behaviour support plan was being stored in a separate file and although it had suggested interventions it did not answer the questions specific to personal care, for example how many staff.

For another person who was currently being nursed in bed their care plan documentation included information that they could be transferred, using a hoist and two care staff, to a comfortable chair. We spoke with the head of compliance about this who was able to confirm the person was being nursed in bed and was not currently able to use their comfortable chair. Care staff also confirmed the person received all their care and treatment whilst in bed. There were discrepancies in relation to the timeframes for positional changes for this person and the detail in relation to the change of position was not recorded.

In one person's daily notes we saw recordings from staff that they had been applying cream on the person's leg to treat their eczema. However, in reading their care plan there was no reference to the person having eczema and therefore no clear instructions for staff on expectations and how to manage this appropriately.

Peoples care documentation was stored in three different care files, despite each care folder having a purpose it was not consistent as to where to find information, therefore it was not always possible to access things in a timely manner. For example, the behaviour team had produced a care plan for one person to provide staff with some suggested interventions and communication examples. We saw they had noted this plan was not available in the care plan when they visited. At the time of the inspection we could not locate this in the care plan either. We raised this with the management team who reviewed the other care folders and found this stored with some daily recording charts. The care plan should have been clearly accessible for staff due to its content and supporting nature however, not all staff were able to locate the document when asked.

We noted that although external professionals were being involved and consulted in people's care, the advice and support they provided to individuals was not clearly documented. For example, one person had multiple wounds and was being supported by a tissue viability nurse. Records to show what support was offered at each visit were limited.

Staff were able to speak with us about people's needs however there was a reliance on staff knowledge of how to provide safe and appropriate care for people. There remains a risk that by following care

documentation staff would not be able to consistently provide people with the appropriate care and support. For example there remains a significant risk that if staff follow one person's care records they may try and support the person to get out of bed and into a chair, when their current care needs are such that they are nursed in bed.

These concerns are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the morning handover to care staff, and to the agency nurse and found this to be detailed and meaningful. One staff member said, "We have a daily handover with the nurse and all the staff together, we have a book downstairs with handover information in it. That's kept at reception as well. We get to know all the information we need, get to know before we do anything. Without this detailed handover it was difficult to assess how staff would be kept abreast of people's changing needs due to the failure to ensure care documentation was accurate and complete.

These concerns are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had a catheter insitu and the documentation as to what was required to support the person and ensure they were kept free of infection was clearly documented. We noted there was specific information such as the expected fluid intake per day. This level of detail meant that any care staff would be able to support the person consistently using the documentation provided.

During the last inspection we recommend that the service explores the relevant guidance in supporting people with dementia in meaningful activities. A newly developed sensory area was available on the top floor of the building. On exiting the lift this area was immediately available. We observed the main lighting was off so the sensory lights were more effective but this may have posed a potential risk for people. The sensory area was curtained off by the use of light drapes. The registered manager explained that people did not use the area unsupervised and so did not feel there was a risk. We were also told, "The drapes are normally tied up overnight and when not in use, we had them down so you could see the full effect."

The top floor also accommodated a shower room which was used by a visiting hairdresser twice a week. The registered manager said, "It's not used as a shower room anymore just as the hairdressers."

Activities included dominoes, ball games, knitting, baking, reminiscence, gardening, arts and craft, tai chi, and the sensory room. Some people also took part in going around the home with the activities coordinator and the ice-cream trolley which they had made. People clearly liked this very much and enjoyed the whole experience. In addition the Discovery Zoo visited the home as did entertainers, local school children, and the local police. A regular church service was also held for people who wished to attend. A relative said, "[Person] likes the activities put on by staff. She likes doing art and she went into the sensory room this morning. She really likes that."

A care worker said, "We have the Catholic Church and Church of England priests visit monthly and offer communion. This is well received and residents enjoy singing hymns and taking communion in the conservatory. It's a very happy time." The activities coordinator explained they had attended some training in dementia and meaningful activities and were researching this in their own time. They said, "I have spoken with the behaviour team about activities for specific people if there is limited engagement." They were keen to develop sensory activities for people including memory boxes.

There had been no complaints recorded however a policy was in place and included a procedure for the investigation and management of any concerns and complaints.

Requires Improvement

Is the service well-led?

Our findings

An established registered manager was in post who supported the inspection.

During the inspection we found some concerns which had not been identified by the registered manager or provider. As mentioned in the responsive domain, care documentation did not provide staff with current information in relation to people's needs. This meant there was a failure to maintain accurate, complete and contemporaneous records in respect of people's care and treatment.

We also found that although staff were proactive in recording incidents and concerns within the care documentation this was not always investigated appropriately or considered as a matter for investigation.

The documentation shown to the inspection team in relation to fire drills had not been updated to reflect the fact that some staff were temporarily deployed elsewhere, and as such were completing fire drills at their temporary place of employment. This meant the registered manager had failed to ensure accurate records had been maintained in respect of marking a distinction between staff place of work.

Concerns with regard to mental capacity assessments, best interest decisions and personal emergency evacuation plans and, fire drills, had not been identified by the providers own quality assurance and audit systems which included a managers quality audit tool which had scored 100% in May 2017.

Managers meetings had identified areas for improvement across the group of homes, specifically in relation to mental capacity and incident investigation, whilst this information had been shared within team meetings the actions identified had not been implemented fully.

These concerns are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines audits had been completed and were effective in identify some concerns such as missing signatures and 'as and when required' medicines not being recorded fully. Action plans were developed and had been effective in driving improvements.

The head of compliance had completed an audit in June 2017 which had identified areas for improvement. This had resulted in action plan being developed which identified the area of concern, the action point, the person responsible and a target date. Areas for improvement included training, safeguarding, medicines, infection control, nutrition management and skin integrity. All actions had been highlighted as completed or ongoing which meant there was continual monitoring. Some actions had a direct impact on care and treatment such as improving medicine management and nutrition management.

Staff meetings were held which include agenda items such as food and nutrition, bed rails, the people living at Belle Vue Care Home, accidents and incidents. Relatives meetings were also held and discussion included staffing levels, activities, meals, relative involvement and safeguarding.

We spoke with staff and visitors about the culture of Belle Vue Care Home. One visitor said, "[Registered manager] operates an 'open door policy.' We can speak to them any time we have issues. They are very approachable." One staff member said, "[Registered manager] is very supportive. He's supported me through my first year here and is very enthusiastic about the activities I put on for residents. If there's anything I need, I just have to ask." Other staff had raised that they did not find. Another staff member said, "We need more staff and more support from everyone, the manager and the nurses."

The nominated individual said, "The manager is a good, old fashioned leader. He leads the team well, is an innovator. Staff look up to him. Activities, care plans and reviews are all organised. We have a very good administrator. The staff are trained well, we invest in them. The manager was an outstanding leader finalist in our awards. We have an excellent kitchen. The strength is the staff, we cannot replace a service that is exceptionally well led and caring." They added, "The staff see residents as their family, they are very proud and passionate. It's a business that cares."

The provider and registered manager had been proactive in supporting people who had moved to another home within the provider group whilst their rooms where unavailable due to the refurbishment. The nominated individual said, "The lower floor is being refurbished because of the flood and the floors sinking. We haven't lost any resident to any other home, they moved to (sister home) with staff." They added, "This home is the pride of our group. It's the most secure in terms of people with dementia. Residents who other homes won't take, we take and manage them well." The registered manager was hopeful that all works would be signed off as complete so people could return to their home soon.

The provider was also proactive in liaising with a local University to offer placements for students completing health related courses, such as nursing students.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent There was a failure to ensure care and treatment was being provided with the consent of the relevant person. There was a failure to follow the principles of the Mental Capacity Act (2005) in relation to mental capacity assessments and best interest decisions. Regulation 11

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to do all that was reasonably practicable to mitigate risk. Relevant, and current, health and safety concerns were not always included in peoples care and treatment plans. There was a risk of unsafe care and treatment due to a failure to ensure the assessment, planning of delivery of care was based on care documentation that had been updated in response to peoples changing needs. Regulation 12(1), (2)(a), (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

governance

Systems and processes had not been operated effectively to ensure compliance.

There was a failure to ensure accurate, complete and contemporaneous records in respect of each person's care and treatment.

Regulation 17(1), 17(2)(c)