

Cloverform Limited

The Belfry Residential Home

Inspection report

The Belfry
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Essex
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Tel: 01268710116

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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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Belfry is a residential care home providing personal care to 11 people aged 65 and over at the time of the inspection. The service can support up to 12 people.

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

The provider did not have robust systems in place to assess and monitor risks to people's safety and welfare. People's care plans and risk assessments were not always up to date and did not provide staff with clear guidance about how to support people safely in a number of key areas including their mobility, eating and drinking and personal care. People's medicines were not always safely managed, and the provider's medicines audits had failed to highlight the errors found on inspection.

We could not be assured the service had adequate staffing levels in place to provide people with personalised care which reflected their individual needs and preferences. Staff had not received a comprehensive induction and training was not always completed or renewed in line with best practice. The provider had not always completed the relevant recruitment checks in line with best practice. We have made a recommendation about the provider's recruitment processes. Despite these concerns, people were generally supported by a consistent staff team and relatives spoke positively about the staff employed.

People's care was not always personalised and their involvement in their care planning was not evident from their care records. People's care centred on their physical health needs and people were not always supported to take part in meaningful social interactions or leisure activities of their choice. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider had safe infection prevention and control processes in place and the service was environmentally clean and homely. People were supported to stay in regular contact with relatives and the provider ensured visitors were welcomed into the service.

The provider encouraged people, relatives and staff to give feedback on the care provided and responded to concerns and complaints appropriately. A safeguarding policy was in place for staff to follow if they had any concerns people were at risk of abuse.

People's relatives spoke positively about the culture and management of the service and the provider had built positive working relationships with other health professionals in order to support people's health needs and improve their care.

The provider responded promptly to the feedback we gave during our inspection, putting measures in place to address concerns and make improvements.

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

Rating at last inspection

The last rating for this service was good (published 17 April 2018)

Why we inspected

We received concerns in relation to the safe management of medicines, the management of risks to people's health and safety, safeguarding people from the risk of harm and staff training and knowledge. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

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 can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key question. We therefore did not inspect this. Ratings from the previous comprehensive inspection for this key question were used in calculating the overall rating at this inspection.

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

We have found evidence that the provider needs to make improvement. Please see the safe, effective, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Belfry 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 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 people's safety, staffing and the oversight of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do 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.

The service was not effective.

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 ●

The Belfry Residential 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Belfry 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. 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 one person who used the service and two relatives about the care provided and we used observations to gather evidence of people's experience of care. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included three people's care and medicines records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance documentation. We spoke with one professional who has regular contact with the service.



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 Good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management; Using medicines safely

- People were not always protected from the risk of harm.
- People's care plans and risk assessments did not always reflect their current needs and contained contradictory information about how to support them. We found mobility, continence care and diabetes assessments which did not contain accurate information. This meant staff did not have the appropriate guidance in place to support people safely.
- The provider had not always assessed and managed risks relating to people's health. For example, where people had recently lost weight it was not always clear how this was being monitored as people were not being supported to check their weight regularly.
- People's medicines were not always safely managed. During the inspection we found errors in the amount of medicines in stock which had not been highlighted despite a recent medicines audit being completed.
- People's medicines had not always been accurately labelled when they had been opened and the protocols explaining how to support people with their 'as required' medicines, such as pain relief, had not always been reviewed to ensure they reflected how this medicine was being administered.

We found no evidence people had been harmed. However, the provider had not effectively assessed and managed risks to people's safety or ensured effective systems were in place to monitor the safe administration of medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the provider confirmed they were in the process of reviewing people's care plans and risk assessments to ensure information was up to date and reflected people's current needs.

Staffing and recruitment

- The provider did not have a robust system in place to calculate staffing levels in the service.
- Staff were responsible for meal preparation and domestic tasks as well as supporting people's care needs. The provider was not able to demonstrate how they had incorporated these additional responsibilities into their staffing calculations.
- A number of people living in the service required two members of staff to support them with their care. However, at certain times of the day only two members of staff were on duty. The provider was not able to demonstrate how they were assured other people were not left unsupported whilst staff were providing care to people in their bedrooms.
- During our inspection, we saw people waiting for support with their care. For example, one person waited

for twenty minutes for support to go to the bathroom as they needed two members of staff to support them and only one was available at that time.

- Staffing numbers recorded on the rota did not always accurately reflect the number of staff on shift. For example, on both days of the inspection, we found staffing levels were lower than the number supposed to be on duty. The provider told us this was due to staff shortages and a lack of available agency staff to cover the shifts.
- Staff told us people's needs had changed. One member of staff said, "Over time the residents needs have changed, and I know the managers are trying to get another staff member for us. I think because we have to cook, do the room cleans and washing of the clothes our time is taken away from sitting with the residents, sometimes more than I'd like."

We found no evidence people had been harmed. However, we could not be assured there were enough suitably qualified, competent and experienced staff to support people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the provider told us they were implementing a new system for calculating staffing levels and planned to increase staffing at certain times of the day.
- The provider had undertaken recruitment checks to ensure new staff were safely recruited. However, not all applicants had a full employment history recorded and disclosure and barring service (DBS) checks had not always been regularly renewed for existing staff in line with best practice

We recommend the provider considers current best practice guidance for the safe recruitment of staff

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place for staff to follow when reporting any allegations of abuse.
- People's relatives told us they felt people were safe and protected from the risk of abuse. One relative said, "I don't have any concerns for [person's] safety, they're well cared for and if staff have any concerns, they tell us."
- Staff had received safeguarding training; however, this had not always been updated in line with best practice.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- 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.
- We were assured the staff had all been vaccinated as required.

Learning lessons when things go wrong

- The provider had discussed lessons learnt from recent safeguarding incidents and shared feedback from

the local authority and CQC with staff in order to look at how to make improvements in the service.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's eating and drinking guidelines were not always up to date or accurate. For example, we saw information in one person's choking risk assessment which contradicted information in their nutrition and hydration care plan. This meant staff may not have access to the correct guidance to support people to eat and drink safely.
- Not all staff had received training in nutrition and hydration to support their understanding of people's needs in this area. However, staff generally knew people well and understood how they liked to be supported.
- People told us they did not always feel involved in making choices about what they wanted to eat. One person said, "I don't always get a choice at lunch but it's hard I suppose - there's too many of us to ask."
- The provider told us people were consulted about menu choices during the regular residents' meetings and this information was used to plan future menus. During the inspection, we observed staff offering people a choice about what they would like to eat.
- Staff told us they were aware of people's preferences and would always offer them something different if they did not want what was on the menu.
- Following our feedback, the provider confirmed they would review people's eating and drinking guidelines to ensure information relating to risks and preferences was accurately recorded.

Staff support: induction, training, skills and experience

- Staff had not always received a comprehensive induction when starting in the service. The provider told us they were aware this needed further development and were in the process of implementing a new, more in-depth induction for staff.
- The provider had not ensured staff training was renewed in line with best practice and staff had not always received training to support them to understand people's specific health needs such as diabetes and pressure care. This meant staff may not have the relevant skills and knowledge to support people safely.
- The provider did not have robust systems in place to check the skills and training for agency staff deployed in the service. On our first day of inspection, there were agency staff on shift; however, the provider had not received confirmation of their training prior to them starting work.
- Staff told us they felt supported by the registered manager and received regular supervisions to enable them to feedback and raise any concerns.

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

- People's capacity to consent had been considered by the provider. However, the assessments lacked detail about how the person had been supported to make decisions and assessments had not always been completed for all relevant decisions being made regarding people's care.
- Staff asked people for their consent prior to offering them care and provided people with choices about how they would like to be supported.

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

- The provider told us they completed an initial assessment of people's needs and used this information to develop their care plan. However, this assessment was not visible in people's care plans and it was not clear how people and their relatives had been involved.
- The provider was not able to demonstrate how people's protected characteristics had been considered during the assessment process to ensure their individual needs could be met.
- Despite the lack of documentation, relatives told us they had been consulted about people's needs. One relative said, "I was fully involved in every discussion about [person's] care."

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

- The provider worked closely with other health professionals to support people with their care needs. This included making referrals to the speech and language therapist and the dementia care team.
- People were supported to access healthcare services such as the GP and podiatrist when needed and staff kept a record of people's appointments in their care plans.

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

- The provider had worked with the dementia support team to look at how the environment could be adapted to better meet the needs of people living with dementia.
- One health professional told us, "We are currently working with The Belfry on a new idea promoting biodynamic lighting in dementia care. The manager and her team have welcomed this and were keen to get on board." This technology can be used to improve people's quality of sleep and support their wellbeing.

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 Good. At this inspection this key question has now deteriorated to Requires improvement. 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

- The provider was not able to demonstrate how people were being supported to engage in meaningful pastimes of their choice.
- We observed staff supporting people with task-based care such as eating and drinking and personal care needs. However, because staff were busy supporting people with their physical care needs, there was very limited conversation or social interaction.
- The provider told us they had previously employed a member of staff who was responsible for supporting people with hobbies and leisure activities; however, this member of staff now provided care and there was nobody allocated specifically to supporting social activities.
- Following our feedback, the registered manager told us they were reviewing staffing allocation and duties to enable staff to have more time to spend with people taking part in leisure activities.
- People were supported to maintain regular contact with their relatives and during the inspection we saw a number of relatives visiting and spending time with people.

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

- People's care plans were not always personalised and did not contain clear guidance about people's needs or preferences. Information was contradictory and it was not always clear what guidance staff should follow.
- People's involvement in their care planning was not always clear from the documentation we viewed. However, relatives told us they were kept updated and were consulted about people's care. One relative said, "I'm definitely involved and if I make a suggestion, they will act on it."
- Despite the gaps in people's care plan documentation, people were generally supported by staff who knew them well and were able to tell us how they liked to be supported.

End of life care and support

- People had care plans in place to record their end of life care wishes. However, these did not contain enough detail about their what their choices were or any cultural or spiritual preferences they may have.
- Following our feedback, the registered manager confirmed they would review people's end of life care plans to ensure they reflected people's personalised wishes.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and had recorded when concerns were raised, and the action taken in response. The registered manager had given feedback to the person raising the concerns to

ensure they were satisfied with the outcome.

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.

- The provider had considered whether people had any sensory or communication needs during their initial assessment. The provider had adapted how information was given to people depending upon their needs and preferences.

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 as Good. At this inspection this key question has now deteriorated 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

- The provider's processes for monitoring the quality and safety of the service were not robust and had failed to identify the concerns we found during the inspection.
- The provider was not able to demonstrate how they ensured they had clear oversight of people's care documentation or the safe management of people's medicines.
- We were not assured the provider had a robust system for ensuring suitable staffing levels were deployed or how people were supported to engage in meaningful pastimes.
- The provider's systems for monitoring staff training and development had not adequately highlighted training which was out of date or incomplete.

We found no evidence people had been harmed. However, the provider did not have robust processes in place to monitor the safety and quality of the service. This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had informed people and relatives when incidents happened. One relative told us, "They always notify me of any incidents and involve me in discussions."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to feedback on the service through regular residents' meetings and annual feedback surveys.
- Relatives spoke positively about the culture and management of the service. One relative said, "I feel very positive about the care [person] receives and I would definitely recommend the service to others."
- Staff were encouraged to give feedback via a suggestion box in the service and through regular staff meetings.
- The provider had received a number of compliments from relatives and health professionals regarding the care people had received. The registered manager told us they shared these with staff and discussed their positive achievements.

Continuous learning and improving care; Working in partnership with others

- The provider had developed positive working relationships with other health professionals in order to improve people's care. One health professional told us, "I have found the staff professional, friendly, and very caring. Whenever I have made recommendations, they have followed them up."
- The provider had engaged with the local authority to implement an action plan of improvements for the service. At the time of the inspection, this was still ongoing. The provider was prompt to respond to our feedback during the inspection and had started to address the concerns raised.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not effectively assessed and managed risks to people's safety or ensured effective systems were in place to monitor the safe administration of medicines.</p> <p>This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust processes in place to monitor the safety and quality of the service.</p> <p>This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We were not assured there were enough suitably qualified, competent and experienced staff to support people's needs.</p> <p>This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

