

A Kilkenny

# Belper Views Residential Home

## Inspection report

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Belper  
Derbyshire  
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Date of inspection visit:  
19 June 2018

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## Ratings

Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

The inspection took place on 19 June 2018 and was unannounced. At the last inspection we rated the home overall as 'Requires Improvement'. There were also regulatory breaches in consent and good governance. Following the last inspection, the provider was asked to complete an action plan to show what they would do and by when to improve the key questions of effective to at least 'Good'. The home had been rated as 'Requires Improvement' at the last three inspections. At this inspection we found that due to a range of breaches and the 'Well-led' domain not being consistently maintained the rating for the service remains 'Requires Improvement'; with 'Inadequate' in the 'Well-led' domain.

Belper Views Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provided accommodation over two floors. On the ground floor there are two lounges, a conservatory and access to a secure garden.

The service was registered to provide accommodation for up to 25 people. At the time of our inspection 20 people were using the service.

Belper Views has a registered manager. 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.

Audits had not always been completed to highlight when changes were required to reflect improvements. Care plans were not always up to date to reflect the care being provided.

People were not supported to have maximum choice and control of their lives and staff did not supported them in the least restrictive way possible; the policies and systems in the service did not supported this practice.

Staff knew how to protect people from abuse. Lessons had been learnt from events following concerns in relation to infection control. This was now managed safety. People's wellbeing had been supported by a range of health care professionals. The home was friendly and welcoming and people could personalise their space.

People felt the staff were kind and caring and provided support when they needed it to maintain their independence. Their dignity was respected and staff considered people's needs. There was a range of activities on offer to provide interest and stimulation to people, which linked to their life history. There had been no complaints since our last inspection; however peoples and relative felt able to raise concerns if required.

People's views were considered and partnerships had been developed with a range of partners to support wellbeing and ongoing health. Medicine was managed safely and there was sufficient staff to support people's needs.

The provider had displayed their rating as required at the home. The provider currently had no website linked to this location. We had received notification about events and incidents relating to the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Good 

The service was safe

There was sufficient staff to support people's needs at different times of the day. Risk assessments in relation to equipment had been completed.

People's medicine was managed safely and areas of the environment were protected from infection.

The provider used events to learn and make improvements  
People were protected from harm and there was robust recruitment processes.

### Is the service effective?

Requires Improvement 

The service was not always effective

People were not always supported with an assessment to support their decision making. People were able to make choices about their meals and there were plenty of refreshments.

Staff received training to support their roles and develop their learning.

People's wellbeing was considered and referrals made to health care professionals. The home was friendly and welcoming and people could personalise their space.

### Is the service caring?

Good 

The service was caring

People had established relationships with staff and felt they were kind and caring. Independence was encouraged and dignity was considered to show respect for people.

Advocacy information was available however no one was currently using this service.

### Is the service responsive?

Good 

The service was responsive

Care plans included details about people's history and care needs.  
This included how they communicate.

People received stimulation and the opportunity to join in activities.  
A complaints policy was available and people knew how to raise concerns

**Is the service well-led?**

**Inadequate** ●

The service was not always well led

Audits had not always been used to constantly drive improvements. The home had not sustained improvements from previous inspections were improvements had been required.

People's views were considered and staff felt supported by the registered manager. Partnerships had been developed.

# Belper Views Residential 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.

Our inspection was unannounced and the team consisted of one inspector. We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with them in communal areas.

We also spoke with two members of care staff, the activities person, the deputy and the registered manager. The owner was present for the feedback. We also spoke with two health care professionals during the inspection and have included their comments. We looked at the care records for four people to see if they were accurate and up to date. In addition we looked at audits completed by the home in relation to falls, incidents and infection control, the meetings and feedback events and recruitment folders for three staff to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

Procedures were in place to ensure people were protected from the risk of harm. One person said, "I feel safer here than when I was at home." A relative said, "People are safe here and staff treat people as an individual in a positive way." We saw staff had received training in safeguarding and were able to explain the types of concerns they would report. Staff felt confident that action would be taken if they raised any issues.

People told us they when they required equipment for their care this was provided by staff who knew how to use it safely. One person said, "Staff are very patient and guide me on what to do." We saw equipment being used and this was done safely and on an individual basis.

The home was maintained. We saw that checks had been completed and there was ongoing maintenance. When rooms became vacant they received refurbishment and decoration. The cook told us, any repairs were sorted quickly and any requests for equipment provided. For example, a new cake mixer, fridge and freezer.

There was sufficient staff to support people's needs. One person said, "There is always staff around when you need someone." We saw when people requested support staff were available to assist them. There was a consistent team, many who had worked at the home for many years.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

Medicines were managed safely. We reviewed how medicine was stored and the stock ordered to ensure the home had the correct amounts to support people's prescriptions. People's level of pain relief was managed. For example, one person received pain relief half an hour before any medicine interventions of their dressings to reduce the pain and discomfort. We also saw how one person had expressed they had pain and staff supported them to receive some pain relief.

When people require medical support this was requested. We saw that medicine reviews had been requested when a person showed signs of drowsiness. This was completed and the person returned to their brighter self.

People were protected from the risk of infection. We saw cleaning schedules were in place. The home had received a five star rating from the food standards agency. The food hygiene rating reflects the standards of food hygiene found by the local authority. The rating is from one to five, with five being of a high standard. We saw how lessons had been learnt from situations. For example, following an influenza outbreak the registered manager had purchased automatic hand wash and paper towel dispensers. We saw these had been placed all around the home to encourage hand hygiene to reduce the risk of infection. Since this initiative there had been no further outbreaks.

## Is the service effective?

### Our findings

At our last inspection in February 2017 we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured they had followed the requirements of the Mental Capacity Act. At this inspection we found that the required improvements had not been made.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

Some people living at the service lacked the mental capacity to make decisions. We found they had not received an assessment to consider how their decisions could be made. For example, some people were not able to agree that it was in their best interest to live at the home, they had not received an assessment or a referral made to the local authority to reflect they were being restricted in their best interest. Although staff had received training in this area, they still lacked the understanding to implement MCA as required.

This demonstrates a continued breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training to support their role. Each staff member had completed the care certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff told us it had made a big difference in the way they approached people who had behaviours which could be challenging. One staff member told us, "The training gave some good examples and tips which we have been able to use." The cook told us they had been supported with all their training needs and they were also to attend a new course on allergies.

People enjoyed the meals. One person said, "I enjoy the food, there is a choice I have a lovely salad." They added, "There are plenty of drinks and I have a fresh jug of water every day." Another person commented, "The food is all homemade." There was a four weekly menu which had been prepared by the cook in consultation with people. The cook told us, "The first thing I was asked to re-introduce was rice pudding. We have that once a week as it is nutritional and people really enjoy it." All dietary needs were considered and catered for. When people's needs changed these details were shared with the cook so that the appropriate meal could be prepared. For example, a softer consistency to reduce the risk of choking. We saw people were given choices and alternatives offered when required. People's independence was promoted with the



use of different crockery. Drinks were provided throughout the day. There was a small kitchen which staff, people and relatives could help themselves to drinks throughout the day. This showed that peoples nutritional and hydration needs had been met.

We saw that people received care from a range of health care professionals. A relative said, "Staff are quick to call the district nurse if needed." Another relative said, "Staff are on the ball for people's health needs. When [name] was unwell they called in the nurse practitioner and the GP."

A health care professional we spoke with said, "Staff are friendly, they help when we need it and keep us informed on any change." They told us how staff kept them informed of any changes to peoples pressure care needs to reduce the possibilities of sore skin.

Health care professionals had been surveyed to reflect on their view of the homes practice. An optician commented, 'The home is lovely and caring and it's a joy to come here.' A health care professional we spoke with said, "Staff know when to inform of changes and ask for support." They added, " When we provide guidance this is followed." They told us about the advice they provided during the homes influenza outbreak and how this had been received by all the staff and followed.

The home environment had been improved. In the dining area the floor had been replaced with laminate and the carpet in the lounge was also being replaced. People had been involved in choosing the carpet colour. People had been able to personalise their space and we saw that where people sat in familiar places they had items of personal reference within easy reach. There was also access to a secure outside space which had seating and shading.

## Is the service caring?

### Our findings

People told us they had established positive relationships with the staff. One person said, "Staff are all cheerful and have a bit of fun with you." Another person said, "I enjoy being here, I get on with everyone." We saw that friendship groups had been established and these were supported by staff. People sat in familiar chairs and areas in the lounge and dining areas. One staff member said, "I enjoy developing relationships with people and their trust." They added, "Seeing people respond positively to things is so pleasing." Another staff member said, "It's like a family, we do things for each other." A health care professional said, "It's a caring home and feels homely." They added, "People are able to maintain their own personality here."

People were supported on an individual basis. One relative said, "[Names] often has moods which require stimulation, staff always provide it to reduce the impact of their moods." We were also told by a relative, "When [name] refuses to eat, the staff make them their favourite sandwich and encourage them to eat."

People's independence had been encouraged. Some people enjoyed the sports on the television with an alcoholic drink; this reflected how they used to enjoy their leisure time. We saw staff had promoted this and the favourite tipple had been added to the weekly shopping list, so they could have a drink when they wished. Other people were encouraged with their daily living, for example assisting with setting the tables and washing the pots.

The registered manager had considered people's privacy and dignity. We saw that the bathroom door had been widened to enable easier access of people who required support from equipment.

We saw when people were moved respect was shown to ensure their dignity was maintained. People told us when staff entered their room, they knocked beforehand to gain permission.

Relatives were welcome to visit anytime and were able to make themselves refreshments in the small kitchette. The manager was aware of lay advocacy support, however no one was currently accessing this support. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes.

## Is the service responsive?

### Our findings

Prior to moving to the home each person had an assessment to consider their needs. Once in the home a form called, 'Getting to know you' was completed. This reflected on information about people's life, family links or people or events which were important to the person. One staff member told us, "[Name] used to work on a farm and they give us lots of tips on cleaning." One relative said, "Staff know people really well, my relative is happy here and that's so important to us."

One staff member said, "I feel I know people here really well. Some like a laugh, some a dance, you get to know peoples ways." A health care professional told us, "Staff know people really well. They are able to identify with their needs." Another health care professional said, "Staff know people inside out here." The care plans were divided into sections to cover different areas of needs; this was to aid staff when referencing aspects of care. The registered manager told us they planned to review some of these areas so that the plans could reflect a more person centred approach.

People's communication needs had been considered. For example, one person was living with dementia struggled when engaging in conversations. Staff had developed a book of photos which staff could use to prompt communication or help with decisions. This supported the Accessible Information Standards (AIS) is a framework put in place from August 2016. This is a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

We saw that information about peoples changing needs had been shared when staff commenced their shift. This included people's mood or daily events. For example, if a person had not slept well or not eaten or any changes in guidance following a health visit. This was another area the registered manager was reviewing so that the handover was more detailed and covered each person's needs.

People were supported with participating in areas of interest to them. One person said, "There is always something going on here and we go out too." We saw that the activities staff member used knowledge about people's lives to reflect an activity or event. For example, one person grew up in the next village and the activities person had taken them for a drive around the area. Other people have been taken to their favourite place. One person was taken back to the public house they used to clean in. The activities staff member said, "People's needs shape what I do." We saw other activities within the home and some people benefited from one to one session. On the day of the inspection people enjoyed a quiz and a game of bingo. The activities staff member told us, "I love working here; I feel I can use my skills and support people."

The provider had a complaints policy and accessible to people in the homes guide for people. . People and relatives told us, "I would contact the staff or manager if they had any concerns." Another relative said, "I have no complaints, I have a good relationship with staff and can talk things over with them." There had been no formal complaints since our last inspection.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we

have not reported on this. However, we discussed with a health care professional about when care had been provided. A health care professional told us, "When people have been end of life staff sit with them. Any loss is a loss for everyone here as they really care." We saw several thank you letters which referenced the support which had been provided when a person was at the end of their life. One card read, 'Thank you for sitting with [name] in their last days. The rosary beads and bible were really appreciated and will never be forgotten.'

# Is the service well-led?

## Our findings

At our last inspection in February 2017 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not put measures in place to support the management of the home. At this inspection we found that systems were not in place to monitor and improve the quality of the service. After the last inspection we asked the provider to complete an action plan in relation to their breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This action plan had not been completed and the home remains in breach of this regulation; measures had not been taken to comply with the MCA.

The provider had not ensured that there was adequate management cover in place at Belper Views and this had a negative impact on the Well-Led aspects of the service. We observed that the registered manager and deputy spent most of their time on care duties within the home. This meant that audits and other elements in relation to the running of the home had not always been completed. For example, we saw that a falls audit had been introduced twelve months ago. However, this was done on an annual basis. The audit had not included details of the falls to reflect on times, locations and whether witnessed. This did not enable ongoing monitoring of falls in a shorter time to consider trends and analysis. We saw other audits for medicines and infection control had not been completed for the last three months. This meant we could not be sure any areas of concern would be recognised.

The provider had not shown oversight of the home. Staffing and management requirements had not been discussed with the provider to address the management requirements. In addition to this the domestic staff member had been unavailable for several weeks. Some arrangements had been made to cover aspects of this role; however schedules had not been completed to confirm that areas of the home had been cleaned. There was no immediate risk to infection; however ongoing areas not cleaned could result in an increased risk. We discussed this with the provider who agreed to make the cover arrangements more robust.

The registered manager received support from the provider; however they did not have regular meetings to consider the running of the home. We discussed this with the provider during our feedback session and they agreed to consider how they could be more involved in the development and improvements of the home. This links to the lack of oversight by the provider to work with the registered manager to ensure audits and ongoing checks to support the regulations had been completed.

Care plans did not always contain up to date information. For example, when a person's needs increased and they required different equipment to support them to move. Despite the incorrect recording, staff were aware of people's needs and ensured the correct equipment was in use. We discussed these with the registered manager who confirmed they were in the process of updating the care plans. However there was no documented improvement to provide timescales of when these improvements would be made.

Care plans had been audited; however they had not identified that these audits were not consistently effective in identifying and addressing deficiencies. For example, we identified that one person's care plan lacked detailed information about how best to support the person when they became anxious or distressed.

We saw that some risk assessments had not been completed and these had not been identified as part of the audit process. This failure to implement an effective system for auditing care plans resulted in care plans which did not always accurately reflect some people's current needs and this could place some people at risk of inconsistent care.

Staff had the information about people's needs and we did not observe any impact on the day of the inspection. However we could not be assured when information was required it would be available when changes had occurred or when new staff commenced their role.

This demonstrates a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overall rating for this service is requires improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on three consecutive inspections. The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved. This is reflected in the 'Well-Led' domain being rated as 'Inadequate.'

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation requires the provider to give us information about how they plan to improve the quality and safety of services and the experience of people using services.

Despite these concerns people, relatives and professionals felt the care which was provided was individual and caring. Partnerships had been established with health professionals. We saw that a nurse practitioner visited weekly and a GP called monthly. Other professionals were involved when required along with community links with the local people and churches.

Staff felt supported by the provider and the registered manager. One staff member said, "You can ask if you have any problems, they are supportive and do care a lot so know the people." Another staff member said, "The management are approachable and support us." We saw that supervisions had been completed on a regular basis.

People's views had been considered. We saw that in the last survey people had commented on the loss of the homes cat. Five people all requested a new cat. We saw this was organised by the registered manager. People we spoke to told us, "I love the cat; I have his treats next to my chair." A staff member told us about one person's response to the cat. They said, "Their eyes light up and you get a smile, when they see or touch the cat." We saw the registered manager had completed a risk assessment in relation to the cat and this included consideration of people who may have an allergy.

The home was displaying their rating and information displayed relating to the provider's registration. The provider had currently got a website in connection with the location. The registered manager had sent us notification when events or incidents had occurred; this is so that we can monitor the action that had been taken.

At our last inspection in February 2017 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not put measures in place to support the management of the home. At this inspection we found that systems were not in place to monitor and improve the quality of the service. After the last inspection we asked the provider to

complete an action plan in relation to their breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This action plan had not been completed and the home remains in breach of this regulation; measures had not been taken to comply with the MCA.

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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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not considered people having consent to their care in line with legislation and guidance. People had not received an assessment or provided with the support to ensure that decisions were being made in their best interest when they were unable to make decisions themselves.</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 established systems and processes to ensure the safety of the services being provided. These services had not been assessed, monitored and ongoing improvements made. Risks had not been reviewed placing individuals and others at risk of harm. There was limited provider oversight in relation to the requirements of the home and the regulations.</p>