

Belong Limited

# Belong Newcastle-under-Lyme

## Inspection report

65 Lower Street  
Newcastle-under-Lyme  
ST5 2RS

Date of inspection visit:  
05 March 2020

Date of publication:  
07 September 2020

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Belong Newcastle-under-Lyme is a purpose-built care village. There are six separate households, each able to accommodate 12 people who require differing levels of care and support. At the time of the inspection there were 56 people living at the service who were receiving personal and nursing care across all six households.

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

Medicines were not always managed in a safe way. People's care records did not always identify or highlight people's specific needs and risks in relation to medicine administration. There were some issues with the safe ordering, dispensing and the storage of medication.

Staffing dependency tools were used to determine staff levels, however some people and staff told us they felt it would be beneficial if staff numbers were increased.

The quality assurance processes were not always completed in a timely manner and therefore failed to effectively address risk.

People were safeguarded from abuse as staff were trained to recognise and respond to safeguarding concerns.

There were effective infection control measures in place to reduce the risk of cross infection. Accidents and incidents were reported, and information shared amongst staff to prevent reoccurrences.

People and staff felt the management team were approachable and people, relatives and staff were engaged with the service. The provider worked well with other agencies and organisations to improve care for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published 26 June 2019)

### Why we inspected

We received concerns in relation to the management of medicines, record keeping and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions 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. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belong Newcastle-under-Lyme on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to Regulation 12 (safe care and treatment) and regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) at this inspection.

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

#### Follow up

We will request an action plan for the provider to understand what they will do to 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Belong Newcastle-under-Lyme

## **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 undertaken by two inspectors, one assistant inspector and a medicines specialist advisor.

### Service and service type

Belong Newcastle-under-Lyme 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

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people and four relatives about their experience of the care provided. We spoke with 14 members of care staff, the registered manager, the general manager and a support manager.

We looked at 17 care records. This included people's medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

### Using medicines safely

- Medicines were not always stored, administered and recorded safely.
- Controlled drugs were not always stored in accordance with legal requirements. Some bottled medications were not always labelled when opened and one bottle had passed its expiration date. Some staff informed us they were unaware of expiration guidelines.
- The ordering and dispensing process was not robust. Some prescriptions were not checked when they were received from the pharmacy. We found medicines did not always have clear administration guidelines on the labels. This meant people were at risk of receiving the incorrect dosage of medication. People were at risk of not receiving their medicines on time or as needed.
- Information about people's allergies to medicines was not recorded consistently. Care plans and medication administration records (MAR) did not always contain the same information about people's allergies.
- Guidance for staff to safely administer medicines through specialist feeding tubes was inconsistent and did not follow best practice guidelines.
- Transdermal patch application records were not always in place for staff to follow. This exposed people to unnecessary and avoidable risk of harm.
- Some care records lacked detail about the preparation of covert medicine for administration. Staff were not always sure about the correct way to administer medicines in a covert way. The incorrect administration of covert medicines can alter therapeutic effects and properties of medicines and therefore placed people at risk of harm.
- Room temperature and refrigeration monitoring recording was inconsistent. Where temperatures outside the recommended range had been identified, this had not always been recorded and thermometers were not always reset. Staff did not always know what actions to take to ensure medicines were suitable for continued use. The incorrect storage of medicines meant people were at risk of receiving out of date or ineffective medication.

Medicines were not always managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Other risks relating to people's health and well-being were managed effectively and the risk assessments we reviewed in relation to people's health care and well-being were completed with detail. For example, people who required support to eat and drink had specific charts in place with specific details about

individual nutritional requirements.

- Staff were aware of people's needs and associated risks and were able to tell us what actions they took to manage the risks in an appropriate and safe way.

#### Staffing and recruitment

- People gave us mixed feedback on staffing. One person said, "There is not enough staff; when there is holidays and sickness, this does impinge on staff quite a bit." One other person told us, "There are enough staff here but sometimes we do have to wait if staff are busy with other people but generally this is ok."
- The provider had systems in place to determine the people to staff ratio and the corresponding numbers of staff were in place at the time of the inspection. The provider used their own funding resources to support people who required more individualised support and we observed people were in receipt of this 1:1 care where it was required. A relative said, "[Relative's name] does not always receive the support they need all of the time due to staffing issues." We raised this with the general manager who said they would look into this further.
- Newly recruited staff were subject to reference checks and the Disclosure and Barring Service (DBS) check to determine their suitability to work with others. The DBS helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- On the whole, people told us they felt safe as they were confident in staff to keep them safe from harm. One person said, "I feel safe as there are staff around and I definitely feel safe at night." However, some people were concerned about other people coming into their bedrooms and chose to keep their bedroom door locked as this made them feel safer. We brought this to the registered manager's attention for this to be discussed further with people.
- Staff knew how to recognise signs of abuse and knew how to report their safeguarding concerns.

#### Preventing and controlling infection

- The households along with the other communal areas of the Belong village were clean and odour free.
- Staff wore personal protective equipment to mitigate the risk of the spread of infection.

#### Learning lessons when things go wrong

- The provider had systems and processes to learn from experiences when things went wrong. Accidents and incidents were logged electronically and reviewed to look for themes and trends to prevent reoccurrences.
- Accidents and incidents were reviewed at senior level and information shared with all staff for learning and action points. The information was shared with all staff across Belong villages.



# 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; Continuous learning and improving care

- Quality assurance processes were not always effective in addressing risk in a timely way.
- Medication and care plan audits were not always carried out in line with the provider's policy. This meant any issues or shortfalls were not identified at the time of the occurrence.
- On some audits we reviewed, errors had been identified but there was no record of actions taken to address them. This meant practices could not be evaluated to improve practice.
- Care plan and medication audits were sent on a four-weekly cycle to the registered manager for review. However, these were sent as completed documents at the end of each month despite our findings highlighting these were not always completed on a weekly basis. Therefore, the registered manager was not aware of the gaps in recordings we had identified part way through the audit process.

This impacted on the provider's ability to consistently improve and sustain quality and safety for people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and staff understood their roles and responsibilities. The rating from the previous inspection was displayed and notifications about important events were reported to us as per regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a set of values and adopted an ethos of 'a home for life' for people who resided at the service. The general manager said, "People with all different needs live together on households. It creates a homely and nurturing environment, particularly for people with dementia." However, some feedback we received evidenced not all people felt they were able to fully integrate communally because of the increased needs of other people living at Belong. We shared this feedback with the general manager.
- There was an open culture where people and staff felt valued by the management team. One person said, "Oh yes, we can approach the manager anytime. They will sort any problem out for me; everyone is treated great." A staff member told us, "I like [name of registered manager]. They are supportive. I have been to them with professional and personal issues and they will always try and help; they helped us sort additional support for one person so we could have time to provide better care." One staff member also spoke positively about a households lead. They said, [name of household lead] is fantastic. They give me lots of

praise and always helps me when need it."

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 registered manager understood their obligation under the duty of candour and spoke with us about how they would respond when something went wrong.

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

- There were mechanisms for people, their relatives and staff to engage with the service and contribute to the day-to-day running of the service. One person told us, "There are residents meetings and we see the feedback. I also filled in a questionnaire and I saw the results of this too." A relative told us, "We had a relative meeting recently. We discussed different issues and we contributed, and the staff listened and took minutes. We also discussed having an all-household meeting to see how other households operates and how their relatives feel; an opportunity to share tips and ideas."
- Regular team meetings meant staff could discuss their ideas and share any concerns as a team. Staff received individual supervision to talk about their needs, practice and development.

Working in partnership with others

- The provider worked alongside other agencies, organisations and professionals to improve the quality and continuity of care for people.
- The provider employed 'admiral' nurses to work across their services. Admiral nurses provide specialised dementia care and advice to people and their relatives.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed in a safe way.

### The enforcement action we took:

We issued a warning notice to the provider. We have requested the provider provides us with an action plan of how they will address the concerns we raised. We have given the provider a date at which they must become compliant with the regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance processes were not always effective in addressing risk. This impacted on the provider's ability to consistently improve and sustain quality and safety for people.

### The enforcement action we took:

We issued a warning notice to the provider. We have requested the provider provides us with an action plan of how they will address the concerns we raised. We have given the provider a date at which they must become compliant with the regulation.