

Lillibet Healthcare2 Limited

# Belgravia Care Home

## Inspection report

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09 June 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Belgravia Care Home is a care home providing personal care to 24 people at the time of the inspection. The service can support up to 25 people with a variety of needs, including people living with dementia and/or mental health challenges.

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

Some areas of the home required cleaning and not all window restrictors met the guidance of the Health and Safety Executive. Audits and checks did not consistently drive improvement.

People's medicine management required improvement and two care records would have benefitted from more information. We have made a recommendation regarding the safe management of medicines and person centred care records.

People told us they felt safe and they were supported by staff who helped them quickly if they needed this. One person commented, "I don't need a lot of help but if I do, staff are there for me." Checks were completed to help ensure prospective staff were suitable to work with vulnerable people. Risk assessments were carried out to help minimise the risk of avoidable harm and staff knew the help and support people needed. A person told us, "I trust the staff, they look after me."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who were caring, competent and knowledgeable about people's needs. Staff told us training and supervision was arranged to ensure they had the skills to carry out their role. People told us they were happy at the home and they felt cared for. They explained the food was good, enjoyable activities were arranged, and they were supported to access medical advice if they needed this.

People were treated with dignity and respect and staff we spoke with us told us how they respected people and ensured their privacy and dignity was maintained. Care was person centred, met people's needs and expert health advice was sought if this was needed.

Staff told us they felt supported by the management team and they were able to approach them if they needed support and guidance. People told us the management team were approachable and they could talk to them if they wished to.

People were consulted and asked their views on the service provided. Surveys had been completed by people who lived at the home. People told us they were happy at the home and were confident any

comments or complaints they made would be listened to.

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

#### Rating at last inspection and update

This service was registered with us on 15 March 2021 and this is the first comprehensive inspection. We carried out a focused inspection between 11 August 2021 and 16 August 2021 to look at the domains safe and well-led. We did not provide an overall rating for the service.

#### Why we inspected

This inspection was carried out to check the safety and quality of care people received and provide an overall rating for the service.

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 have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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 Belgravia Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed. We have identified breaches in relation to the appropriateness of window restrictors and effectiveness of audit system.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details can be found in our well-led findings below.

**Requires Improvement** ●

# Belgravia Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

Belgravia Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Belgravia Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced, the second day was announced.

Inspection activity started on 23 May 2022 and ended 09 June 2022. We visited Belgravia Care Home on 23 May 2022 and 09 June 2022.

### What we did before the inspection

What we did before inspection We reviewed information we had received about the service. This included information we had received from the public and notifications sent to us by the provider. This information helps support our inspections. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with six people who used the service about their experience of the care provided and three relatives. We spoke with seven members of staff including the owner, registered manager, acting manager, three care staff, the housekeeper and the maintenance person. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

- The provider had failed to ensure all accessible windows had adequate window restrictors in place. For example, we found two occupied rooms were fitted with restrictors which did not comply with the Health and Safety Executive Guidance 'Falls from windows or balconies in health and social care.' This placed people at risk from avoidable harm from falls at height as restrictors were not tamperproof and windows could be opened to more than 100mm.
- Moving and Handling equipment was not always checked by a competent person to ensure its safety. Slings which are used with hoists to support peoples' mobility were not subject to the required six monthly checks. Lifting Operations and Lifting Equipment Regulations 1998 requires that all lifting equipment is subject to an examination by a competent person every six months.

This was a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were placed at risk of avoidable harm.

On the second day of the inspection we were told tamperproof window restrictors which limited window opening to 100mm had been fitted to windows requiring this equipment. We checked a sample of rooms and found this had been done.

Prior to the inspection concluding we were informed lifting equipment had been examined by competent person and serviced. This included the passenger lift.

### Using medicines safely

- Medicines were not consistently managed safely. The temperature of the area where the medicine trolley was stored was not being monitored to ensure the temperate stayed within a safe range. In addition, the medicine trolley was not secured to the wall.
- We observed poor practice when we observed a medicine being prepared for administration.
- The stock count of three medicines did not match the amount recorded as remaining.

We recommend the provider seeks and implements best practice guidance in relation to the safe management of medicines.

We discussed our concerns with the acting manager and registered manager. They carried out an investigation and contacted an external agency to resolve the issues found.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured staff were trained in safeguarding. Staff we spoke with could explain examples of abuse and said they would raise any concerns with the provider, registered manager or the local safeguarding authority to ensure people were protected.
- People told us they felt safe and they trusted staff. People said they felt comfortable at the home and they would speak to staff or the management team if they wanted to do so.
- Risk assessments of nutrition, skin health, falls and skin integrity were carried out. Staff could explain the help people needed to support their safety

## Staffing and recruitment

At the last inspection we recommended the provider consider the use of a formal tool to help assess the number of staff required to meet people's needs.

- The provider had introduced a formal assessment tool to inform their decision making in relation to staffing. People told us they received help when they needed it and staff raised no concerns with the staffing arrangements. During the inspection, call bells were answered quickly and staff were patient with people.
- The provider followed procedures to help ensure prospective employees were suitable to work with people who may be vulnerable. References and Disclosure and Barring Service (DBS) checks were carried out prior to prospective employees starting to work at the home. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

## Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. Throughout the first day of the inspection we observed a member of staff walking through occupied communal areas with their mask under their chin.
- We were not assured that the provider was preventing visitors from catching and spreading infections. The providers policy said temperature checks of visitors should be carried out before visitors entered the home. This was not carried out on the first day of the inspection.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Areas of the home would have benefitted from cleaning. Not all areas had foot operated bins when these were required. In addition, clean laundry was found to be hanging over a red mop bucket and mop, near washing machines. These practices did not minimise the risk and spread of infection.

We referred our concerns to the local infection prevention team and discussed our findings with the management team. Action was taken to resolve the issues we identified. An external cleaner was contracted to carry out cleaning. On the second day of the inspection we found the home had been cleaned, additional daily cleaning tasks had been introduced and our temperature was checked on entering the home. In addition, resources such as foot operated bins had been purchased.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was 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.
- People were supported to maintain contact with others. Visits to the home were enabled and people and



visitors confirmed this.

#### Learning lessons when things go wrong

- The registered manager carried out checks of accidents and audits to identify if things could have been done differently.
- Staff referred people to health professionals if analysis of risk indicated specialist advice was required.

# 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 our last inspection we did not inspect and rate this key question. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care records were not consistently accurate. For example, one care record, saw specific instruction to support a person's safety when drinking was recorded within a care plan, but not within the person's care summary. The care summary was provided to other health professionals in the event of an emergency. In a second care record, there was a lack of information in the person's care plan to guide staff on the action to take in response to a change in mood.

We discussed this with the acting manager who said they would review records to ensure they contained consistent information. We recommend the registered provider seeks and implements best practice guidance on the recording of person-centred information.

- People told us they considered the care to be good. One person shared how they were supported by staff and this was a positive experience for them. They said that because of staff support they were. "More at ease now." A further person described how the staff cared for them when they were ill, they shared staff had been kind and attentive. They told us, "They popped in to see me and have a chat."

Staff support: induction, training, skills and experience

- The provider ensured staff undertook sufficient training to help them deliver person-centred and effective care. Staff completed an induction on starting to work at the home and this included shadowing an experienced member of staff so they gained knowledge and learnt people's needs and wishes.
- Staff told us they received training to enable them to maintain their skills and competence. Staff told us they had supervisions, and they were able to discuss any concerns, training needs or seek clarity on anything they wished.

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

- Staff supported people to choose what they wanted to eat, and this was provided for them. People told us they were happy with the food and they could ask for an alternative if they wanted. One person described the food as, "Good." A further person said, "I have scrambled egg for breakfast every day because I like it."
- Staff helped people to eat and drink if this was required. Staff focused on the person they were helping and gave gentle encouragement and support.
- People were assessed for the risk of malnutrition and the outcome was recorded within care records.
- Staff offered people regular drinks and snacks throughout the day. Hot and cold drinks, biscuits and snacks were available between meals.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. Assessments of people's mental capacity were undertaken for specific decisions and records of these were kept.
- Staff had completed training on the MCA and DoLS. They understood their responsibilities in relation to these and how it affected the people they supported.
- People told us staff asked for their consent before they supported them. One person shared, "They don't do anything I haven't agreed with."
- There was a system in place to ensure if changes were made to people's restrictions, this information was shared with other relevant agencies.

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

- People could personalise their rooms with their own belongings if they wished to do so.
- Equipment was provided in private rooms, en-suites and communal toilets to support people's independence.
- Some areas of the home would have benefitted from decoration. We were told this was being planned.

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

- Staff referred people to specialist professionals for support and guidance. If people had specific nutritional needs these were known by staff and accommodated.
- In the case of an emergency, person centred records were in place which were provided to health professionals to support decision making.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we did not inspect and rate this key question. At this inspection this key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people with dignity and respect and had a caring approach. Staff initiated appropriate contact and conversation with people and were gentle in their manner.
- People told us staff were caring. One person described staff as, "Friendly." A further person described staff as, "Lovely. They'll do anything you ask." A third person said of staff, "Everyone is my friend, I like them all."
- Staff said they supported people's rights to live individual lives and people told us they were supported to follow their own preferred routines. One person told us how they could have personal care when they wanted. A further person said, "I have my own routine and I like it like that. The staff fit in with that."
- Care records recorded people's preferences and wishes, guidance for staff on how wishes and needs could be met was recorded.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to decide their care needs and when appropriate, relatives were engaged in the care planning process.
- Staff asked people their opinions and views. We saw staff asked people to make day to day decisions such as where they wanted to sit at lunchtime, what drink they wanted and what they wanted to do.
- The involvement of local advocacy services if people needed support to express their views or make decisions was enabled.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff knocked on doors before they entered people's private rooms and we noted conversations were discreet when people's needs, and wishes were being discussed.
- Staff spoke with care of the people they supported. We were told, "It can be quite lonely living in a care home. I like making it less lonely." And, "I love what I'm doing. Being part of their day."
- Records were stored securely to protect personal and private information.
- People were supported to maintain their independence. For example, people were given choices and encouraged to make their own decisions.

# Is the service responsive?

## Our findings

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

At our last inspection we did not rate and inspect this key question. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's individual needs were assessed, and care records reflected people's preferences and wishes. People told us they were able to influence their care and for example one person told us they had made decisions relating to their care and as a result this had benefitted them.
- One person shared how they had become ill and staff had quickly obtained professional medical advice to ensure they had the support and treatment they required.

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 service met people's communication needs. These were considered and documented to ensure staff could meet people's individual needs and preferences. Staff interacted with people in a way that met their individual needs.

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

- Staff supported people to engage in meaningful activities. People consistently told us they enjoyed the activities and they were encouraged to take part. We were told, "We go down to the games room and do activities. Bingo, cards, it keeps us busy." A further person shared with us that they would not like to live anywhere else as "I have friends, like the staff and am looked after."
- Staff supported people to maintain and develop relationships that were important to them. Arrangements were in place to enable people to have visitors.

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly. People we spoke with told us they were happy with the service provided and they would speak to the management team if they had any concerns.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. Documentation was in place to support people to document their wishes.

# 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 our last inspection we did not inspect and rate this key question. At this inspection this key question has been rated 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

- The registered manager and management team carried out audits and checks at the service. These did not always drive improvement. For example, the audit system had not identified the window restrictors did not meet HSE guidance, some lifting equipment needed checking by a competent person, care records required some improvements or infection prevention needed improvement to minimise the risk and spread of infection.

This was a breach of Regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded quickly to our feedback and additional audits were introduced to help identify shortfalls and drive improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 worked openly and transparently, and supported people and staff to raise compliments, concerns and their views with them.
- People told us they felt confident in the registered manager at the home and they were able to share their views with them. One person said, "I can say what I want."
- Staff said there was teamwork and the registered manager was supportive, approachable and open.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people and others acting on their behalf to enable them to influence the service provided. Documentation showed people and relatives were involved in decision making about the care provided.
- Records showed meetings were held where people could discuss their views and give feedback. Action was taken to make changes when this was possible.
- The registered manager worked with other agencies to help people achieve their best outcomes.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Some windows were not fitted with appropriate window restrictors. Lifting equipment was not always examined by a competent person in accordance with relevant legislation. Regulation 15 (1) (b) (c) (e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Audits and checks did not consistently drive improvement. Regulation 17 (1) (2) (a) (b) (f) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014