Kross Investments Limited

Belton House Retirement Home

Inspection report

2 Littleworth Lane
Belton In Rutland
Oakham
Leicestershire
LE15 9JZ

Date of inspection visit:
20 November 2018

Date of publication:
04 January 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was our first inspection of Belton House Retirement Home since the new provider took over in November 2017. Belton House Retirement Home 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.

Belton House Retirement Home provides personal care and accommodation for up to 22 older people some of whom have dementia. On the day of our inspection there were 20 people living at the service.

We inspected on 20 November 2018. Our visit was unannounced. This meant the staff and the provider did not know we would be visiting.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The quality assurance systems in place identified areas that needed improving. The registered manager had developed an improvement plan to enable the service to prioritise areas for action. Whilst we found the registered manager had implemented improvements that impacted positively on people, further improvements were required and we could not be assured these would be sustained or were embedded in practice.

Records kept for people who were at risk of not getting the food and drink they needed to keep them well, were not always accurate or up to date.

People had not always received their medicines as prescribed by their GP. Current systems in place to audit the medicines held, needed reviewing.

People did not always feel safe living at Belton House Retirement Home because other people living at the service sometimes entered their bedrooms uninvited.

Whilst the staff team had received training in infection control, they had not always followed the providers infection control policy for the effective disposal of continence products.

People's care and support needs had been assessed prior to them moving into the service and the risks associated with their care and support had been identified.

People had plans of care in place, though not all were up to date or accurately reflected people's current care or support needs.

People felt on the whole there were sufficient numbers of staff on duty with the right skills and knowledge to meet their care and support needs.

The registered manager followed the provider's recruitment process. Appropriate checks had been carried out on new members of staff to make sure they were suitable to work at the service.

On the whole, people were provided with a comfortable place to live and there were appropriate spaces to enable people to either spend time on their own, or with others.

People told us the staff team were kind and caring and treated them with respect. Observations made during our visit confirmed this.

The staff team supported people to make decisions about their day to day care and support and they were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been completed to ensure any decision made on behalf of a person had been made in their best interest. Consent to people's care and support was always obtained.

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

People had access to relevant healthcare services such as doctors and community nurses and received on-going healthcare support.

The staff team felt supported by the registered manager and the management team and told us there was always someone available to talk with should they need support or guidance.

People knew who to talk to if they had a concern of any kind. A formal complaints process was in place and this was displayed for people's information.

A business continuity plan was available to be used in the event of an emergency or untoward event and the registered manager made sure lessons were learned when things went wrong to improve the service provided.

The provider and registered manager were aware of their registration responsibilities including notifying CQC of significant incidents that occurred at the service.

At this inspection, we found the service to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The actions we have taken are detailed at the end of this report.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People did not always feel safe living at Belton House Retirement Home because people entered their bedroom uninvited. Risks to people's care and support had been assessed.

People felt on the whole there were sufficient numbers of staff on duty to meet their care and support needs.

People did not always receive their medicines as prescribed by their GP.

Staff had received training in infection control however, best practice was not always followed.

lessons were learned and improvements made to the service when things went wrong.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Records did not always demonstrate that people had received the required food and drink they needed to keep them well.

People's care and support needs had been assessed and the staff team had the skills, knowledge and support they needed to be able to meet those needs.

People's care and support needs were met by the adaptation, design and decoration of the premises.

Mental capacity assessments had been carried out when required and the staff team understood the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were treated with kindness.

People's care and support needs were met in a caring way.

People were treated with dignity and respect and were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People had plans of care in place though not all were adequately detailed. The staff team knew people's care and support needs.

People were enabled to take part in social activities.

A formal complaints process was in place and people knew what to do if they were concerned or unhappy about anything.

People's wishes at end of life were being explored.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Monitoring systems used to check the quality of the service being provided had not always identified shortfalls within the service.

People had been given the opportunity to share their thoughts on how the service was run.

The staff team working at the service felt supported by the registered manager.

Belton House Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 November 2018 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was people living with dementia.

Before the inspection we reviewed information we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the health and social care commissioners who monitor the care and support of people receiving care at Belton House Retirement Home to obtain their views of the care provided. We also contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

We were able to speak with eight people living there and three relatives. We also spoke with the registered manager, the deputy manager, the chef, one support worker, two senior support workers and the activities coordinator.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included two

people's plans of care. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for two support workers and the quality assurance audits the management team had completed.

Requires Improvement

Is the service safe?

Our findings

Whilst the majority of people told us they felt safe living at Belton House Retirement Home, four people explained they were at times concerned that other people who lived there walked into their bedrooms uninvited. One person explained, "I feel safe here. The staff check on me twice during the night so I know someone is around keeping an eye on things." However, other comments included, "The thing I am not happy with is [person] walked into my room and just stood there. It has happened three times now so I have to lock my room when I am in there. I spend a lot of time in my room and I only feel safe when I lock the door now." And, "[Person] comes into my room and just stands there looking at me. I shout at them. I have spoken to the staff about it and they have told me to ring my call bell but by the time people come to me [person] has gone. I feel frightened when [person] comes in so I will have to lock my door now." We shared these concerns with the registered manager who assured us they would be looked into. They informed us following our visit that they were in consultation with the people using the service and their relatives to resolve this.

People's medicines hadn't always been given as prescribed by their GP. When we checked the stock of medicines held for one person against the medicine administration records (MARs), we found the records did not tally. This meant whilst a staff member had signed to say the person had received their medicines, this had not always been the case.

The medicine trolley was disorganised and it was not always easy to find people's medicines. Whilst the medicines for people who were living at the service permanently were ordered on a monthly basis, people on respite stay brought in their own medicines. This proved difficult for the management team to organise or audit. This resulted in the numbers of tablets held for two people not corresponding with the records kept. The deputy manager explained they would increase the medicine audits to address this.

MARs contained a photograph of the person to aid identification and a record of any allergies was included. Protocols were in place for medicines which were prescribed to be given only as required. These gave clear instructions as to when and why the medicines were to be given. Staff members responsible for supporting people with their medicines had received the appropriate training and their competency had been checked to make sure they continued to support people safely. We observed one senior member of staff supporting people with their medicines. They ensured all the necessary checks were completed; they supported the people to take their medicines appropriately and ensured the medicines had been taken before completing the MAR. One person told us, "The staff take care of my medication. They are not always on time but they do wait while I take it."

The temperature of the room in which people's medicines were stored was taken and recorded daily. We did note the temperature on four occasions was recorded as 26c. Some of the medicines being stored stated 'do not store above 25c'. This meant they were not being stored in line with the manufacturers guidelines. We shared this with the deputy manager for their information and action.

Personal protective equipment (PPE) was provided such as gloves and aprons and guidance on effective

hand washing was available. The staff team had received training in infection control, however not all were following the provider's infection control policy. On the day of our visit we found a soiled incontinence pad in the laundry room, this had not been placed in a waste bag or in the clinical waste bin. When we visited a person's room after lunch we found two soiled incontinence pads on the floor. The room had a very strong smell of urine and it was evident the room had not been attended to that day.

Some areas of the service including the communal stairwell needed cleaning. The registered manager acknowledged this. They explained cleaning duties were normally carried out by the night staff. They had recently employed a new member of staff to support the cleaning team.

Staff members were aware of their responsibilities for keeping people safe from avoidable harm. They had received training in the safeguarding of adults and knew the process to follow if they were worried about anyone. This included reporting their concerns to the management team. One staff member told us, "I would report anything to the manager or the deputy." The management team knew the procedures to follow when a safeguarding concern had been raised with them. This included referring it to the local authority and CQC.

Risks associated with people's care and support had been assessed and where risks had been highlighted these had been properly managed and monitored. Risks assessed included those associated with people's mobility and for people at risk of choking, their swallowing ability.

Whilst staff members felt there were suitable numbers of staff available to meet people's needs, people using the service felt the staff team could be stretched at times. One person told us, "The staff levels seem to vary. Some days they seem run off their feet and others they are not so busy. They find other things to do though, they don't sit and chat to each other." Another stated, "The staff always seem so busy. Sometimes you have to wait for them to come to you, but it hasn't caused me any problems." The registered manager explained a dependency tool was used to determine staffing levels and they had the flexibility to increase staffing levels when needed. For example, we noted when one person had been unwell at night, they had increased the numbers of staff in order to provide one to one support until their health improved.

An appropriate recruitment process had been followed when new staff members had been employed. Previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. A DBS check provided information as to whether someone was suitable to work at the service.

The staff team were encouraged to report incidents that happened at the service and the registered manager made sure lessons were learned and improvements made when things went wrong. This included making changes to the way the staff team carried out their routine checks following a falling incident.

Requires Improvement

Is the service effective?

Our findings

For people identified at risk of not having enough to eat or drink, monitoring charts were used to document their food and drink intake. The records we looked at were not all up to date. For example, one person's records showed they had lost 3kg of weight between September 2018 and November 2018, whilst the registered manager assured us this had been discussed with the GP, this conversation had not been recorded. The person's food and drink records were not up to date. They showed they had been given 200ml of coffee on the 16 November 2018 then nothing else had been recorded as being given until breakfast on the 17 November 2018. Nothing had been recorded as being given on 11 November 2018 and only 100ml of water was recorded as being given on 14th November 2018. Whilst we were assured the person had been provided with the food and drink they needed, records did not demonstrate this.

People told us the meals served at Belton House Retirement Home were good. One person told us, "The food is pretty good, you get a choice of meals and they will get you something else if you don't like it. The chef is pretty obliging." Another explained, "I like the food. I have my breakfast at 9.30am so I don't want lunch at 12.00pm so they let me have it at 2.00pm which suits me better."

The chef, had information about people's dietary needs. They knew about the requirements for people who needed a soft or pureed diet and for people who lived with allergies. One person explained, "I am on a special diet and they cater for that really well. They found out about my diet before I came here so they catered for me straightaway."

On the day of our visit we observed the dining tables were set with tablecloths, napkins, condiments, cutlery and a floral decoration and the radio was playing quietly in the background. Before the lunchtime meal was served staff members put on appropriately colour coded disposable aprons and gloves. They provided the people using the service with an apron where required to protect their clothing. We did note the meals were served up in the kitchen and people were not offered the opportunity of not having certain accompaniments. For example, the chocolate sponge was served with sauce already over it and people were not offered the choice of a pudding without sauce. The tray of puddings was also brought from the kitchen before people had finished their first course and it was left in the dining room, uncovered and unheated until people were ready for it.

People's individual and diverse needs had been assessed prior to them moving into the service. A comprehensive pre- admission assessment had been completed to ensure people's needs could be met by the staff team. A relative explained, "They asked me lots of questions, it has taken [person] a while to settle but they have, the staff have been so kind." It was evident during our visit the staff team knew the needs of the people they were supporting well. One person explained, "The staff look after me really well and seem to be interested in me."

The staff team were supported by a range of health care specialists and care, treatment and support was provided in line with national guidance and best practice guidelines. Support had been obtained from community nurses and GP's. This enabled the staff team to support people effectively.

People had access to healthcare services and received on-going healthcare support. The staff team were observant to changes in people's health and when concerns had been raised, support from the relevant healthcare professionals had been sought in a timely manner. People told us they were supported by GP's, chiropodists and health visitors. Records seen confirmed this.

People received care and support from a staff team that had the skills and knowledge to meet their individual needs. The staff team had received an induction into the service when they first started working there and had the opportunity to shadow experienced members of the staff team. One staff member explained, "I had three days with the trainer and three shadow shifts." Appropriate training had been provided and this was being refreshed as required. This included training in moving and handling, health and safety, the safeguarding of adults and equality and diversity.

The staff team were supported through supervision and appraisal and they told us they felt supported by the management team. One staff member explained, "You can talk to them [management team] I never feel scared to go and talk to them. [Registered manager] is very calm, you can ask for advice, he is always available."

People had access to suitable indoor and outdoor spaces and there were spaces available for people to meet privately with others or to simply be alone. The provider was in the process of creating en-suite facilities for the remaining seven rooms currently without this facility. The staff were working hard to try to ensure the least disruption possible whilst this work was being carried out. One person explained, "I like having an en-suite, it is much nicer to have your own bathroom."

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 with appropriate legal authority. 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 registered manager was working within the principles of the MCA. The staff team had received training in the MCA and DoLS and those spoken with understood their responsibilities within this. People were encouraged and supported to make decisions about their care and support on a daily basis.

Good

Is the service caring?

Our findings

People told us the staff team were kind and caring and they looked after them well. One person told us, "The staff are pretty good, they are very caring and will always help you." Another explained, "The staff are very good, they can't do enough for people. Look at that carer, she is kindness itself. She is like that with everyone."

Relatives agreed with what people told us. A relative of a person staying on respite explained, "The staff have been amazing, I can't tell you how much trouble they have gone too. If [person] was staying here, we would have complete piece of mind. I trust them because the residents come first."

The staff team had the information they needed to provide individualised care and support. They were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences.

We observed support being provided throughout our visit. We saw the staff team reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way. Various members of staff sat in the lounge talking to people about their life and interests and current affairs. They took a genuine interest in the people living there. One person explained, "When I didn't feel well, the carer sat with me and reassured me."

We observed a staff member asking a person if they were ready for lunch. Two staff members used a hoist to move the person. They explained what they were doing and thanked them when they had their feet and hands in the right position. The support was offered in a calm and caring way.

People told us the staff team were respectful and maintained their dignity when they supported them. One person explained, "They leave me to change my underwear in private. I appreciate that."

Staff members gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "When you go to their bedrooms, you first knock on the door and ask permission to go in. You close the curtains and doors. Some like to shower, some like to bathe, some don't like to do either. It is their choice."

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available to them. This meant people had access to someone who could support them and speak up on their behalf if needed.

People told us their relatives were made welcome and were able to visit at any time. One person explained, "My daughter comes to see me. Other relatives come later because they are working but the staff don't mind." Another told us, "Two of my old friends are coming this afternoon. We will sit in my room and chat, it is more private there."

Good

Is the service responsive?

Our findings

People were involved in the planning of their care with the support of their relatives. One person explained, He [registered manager] visited me in hospital before I came here."

Plans of care had been developed for each person utilising information that was known to the staff team and from information supplied by the person or their relatives at the time of admission. The plans of care seen during our visit varied in content with some being more comprehensive than others. Whilst some had the personal detail they required to show the staff team the individual support they needed, others did not. For example, one person was supported with their catheter care. This information was not included in their plan of care. The registered manager and management team acknowledged this. They had been in talks with the local council as to what improvements were needed and they were in the process of updating each person's plan of care. The updated plans of care seen were more comprehensive and personalised.

Whilst not all the information was included in the plans of care, the staff team knew the care and support people needed and ensured this was provided.

We did note for one person who had been at the service for over one month, the staff team were still following the short-term plan of care. The registered manager explained once a person's stay became permanent then a full plan of care would be produced. A meeting had been arranged for the day following our visit to discuss the person staying permanently, with them, their family members and their social worker.

People's plans of care included information about their past lives, their spiritual needs and the hobbies and interests they enjoyed. Whilst not everyone could remember having these conversations we heard staff members talking to people about the things they enjoyed throughout our visit.

People were supported to follow their interests and take part in activities. The provider employed an activity coordinator for 37½ hours a week and they provided people with opportunities to engage in activities on a group or one to one basis. One person told us, "I like the activities. I love the dancing and singing. I am lucky because I can get out and about and the grounds are lovely to go into." Another explained, "I like the exercises we do in the mornings." Another stated, "I don't go in for the activities but the activities lady comes into my room and does exercises with me which I think is good."

On the morning of our visit, people were supported to attend a singing session at a local community event and balls games were also enjoyed. In the afternoon the activities coordinator played Abba music in the lounge and several people were up dancing and singing along, and the staff team were joining in. The staff team tried to encourage other people and they held the hand and sang with one person who was unable to stand. One person told us, "Isn't this lovely. This isn't put on for you, this happens all the time. It is so lovely to see everyone happy."

The service looked at ways to make sure people had access to the information they needed in a way they

could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. This included making the complaints procedure available in easy to read picture form. The staff team knew people well and knew how each person communicated.

A formal complaints process was in place and people we spoke with knew who to talk to if they were unhappy about anything. One person told us, "The Manager is about most days. I would speak to him or any of the senior staff if I needed to."

How people wished to be cared for at their end of life had been explored in some of the plans of care seen, though they lacked people's individual personal wishes. The deputy manager acknowledged this and was in the process of updating the plans to ensure they reflected the support people desired. For people not wanting to be resuscitated, Do Not Attempt Resuscitation forms were in place within their records informing the staff team of their wishes.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. 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.

Whilst the registered manager was monitoring the quality and safety of the service, the audits carried out had not identified the shortfalls found during our visit. This included discrepancies within the medicine records and food and drink records. There was also a lack of information within some people's plans of care. This included for one person, the support they required with their catheter care. We were told the audits would be increased to reduce the chance of these shortfalls reoccurring.

Regular audits to monitor the environment and the equipment used to maintain people's safety had also been carried out to make sure people were provided with a safe place to live. We did note the curtains in the main lounge needed rehanging and one of the sofas was stained and had a missing cushion.

Whilst we found the registered manager had implemented improvements that impacted positively on people, further improvements were required and we could not be assured these would be sustained or were embedded in practice.

These matters constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Staff members felt supported by the management team. They told us there was always someone available they could talk to if needed. One explained, "I can talk to management, there is always someone available, I would recommend working here." Another told us, "They [management team] listen to us."

People told us the service was well managed and the registered manager and the staff team were open and friendly. One person told us, "I don't think there is anything to be improved. I feel very blessed to be here." Another explained, "I only see the manager when I need to. He seems to run everything well." Another stated, "I think [registered manager] does a good job. He pops in each day and says hello."

Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions, daily handovers and day to day conversations with the management team. One staff member told us, "We have a team meeting every month which we can talk at and share our thoughts."

The registered manager made themselves readily available to the people using the service and their relatives. People had been given the opportunity to share their thoughts of the service being provided. This was through annual surveys and formal meetings. At the last meeting held on 27 August 2018 items discussed included the food provided, activities offered and feelings about the staff team. Positive

comments were received. One person had suggested arranging a library van to visit to bring large print books to the service. The registered manager explained they had yet to look into this but it was something they intended to do.

The registered manager worked openly with stakeholders and other agencies. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

This was a first ratings inspection of the service. The provider understood their responsibilities for ensuring that once rated, this rating would be displayed. The display of the rating poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and other interested parties.

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 17 HSCA RA Regulations 2014 Good governance The systems used to monitor the service were not sufficeintly effective.