

Countrywide Belmont Limited

Belmont House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Belmont House Care Home is a residential care home providing personal and nursing care to 90 people aged 65 and over at the time of the inspection. The service can support up to 106 people.

Belmont House Care Home accommodates people across five separate units spread over three floors, each of which has separate adapted facilities. All the units provide care to people living with dementia, three of the units provide nursing care.

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

Since the last inspection the provider and registered manager had reviewed their systems and had made changes. They had worked closely with professionals to review their medicine systems. New quality assurance checks had been developed and were used to identify actions required and drive improvements.

People, their relatives and staff felt engaged in the running of the service. Changes were communicated effectively.

People felt safe living at the service and were satisfied with the support they received to take their medicines. Risks to people were well-managed, supporting them to be safe.

People achieved good outcomes through effective coordinated support by the staff team and healthcare professionals. 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 formed close, supportive relationships with staff. Staff were able to anticipate their needs and recognised their abilities and limitations, promoting their independence.

Care plans were person-centred, including information about people's preferences and routines. Staff provided responsive care, adapting this as people's needs changed. People and relatives felt their feedback was welcomed and were confident any concerns would be acted on appropriately.

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

Rating at last inspection and update

The last rating for this service was requires improvement (18 May 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Belmont House 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 Care Act 2014.

Inspection team

On day one of the inspection three inspectors and two Experts by Experience visited the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two, two inspectors were present. Days three and four of the inspection were attended by one inspector.

Service and service type

Belmont House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

On the ground floor, Courtyard Suite provides residential care for up to 30 people and Garden Suite provides nursing care for up to 14 people. On the first floor, Park Suite provides residential care for up to 17 people and Promenade Suite provides nursing care for up to 26 people, both of these units specialise in supporting people who may be living with dementia. On the second floor, Springwater Suite provides nursing care for up to 14 people.

The service had a manager registered with CQC. 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 on day one. We told the provider we would be visiting on the other days.

What we did before the inspection

We reviewed information we had received about the service, including notifications for events the provider is required to tell us about. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 14 people who used the service and eight relatives about their experience of the care provided. We spoke with 17 members of staff including the provider, registered manager, deputy manager, nurses, unit managers, senior care workers, care workers, the chef and a maintenance worker. We spoke with professionals who work with the service including five healthcare professionals, an advocate and an environmental health officer.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medicine records. We looked at two staff recruitment files and three staff supervision files. A variety of records relating to the management of the service, including quality assurance checks and health and safety records were reviewed.

After the inspection

We reviewed a range of policies and procedures relating to the management of the service. We looked at training data and meeting minutes.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection the provider and registered manager had failed to ensure the proper and safe use of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

At this inspection we found sufficient improvements had been made and the provider was no-longer in breach of this regulation.

- Medicines were safely received, stored, administered and returned when no-longer required.
- The registered and deputy managers shared communications with staff to improve medicine systems and arrangements to support the safe and proper use of medicines.
- People were happy with the support they received to take their medicines. One person said, "I get my medicines regularly and staff stay with me until I take it."
- When medicine errors occurred, these were addressed and investigated properly.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Accidents and incidents were responded to appropriately. They were used as an opportunity to make improvements. The registered manager monitored any trends and patterns.
- Staff were aware of their safeguarding responsibilities and identified and raised concerns to keep people safe.
- People felt safe living in the service. They pressed their call bells for help when needed. Comments from people included, "I feel safe and when I press my buzzer they [staff] come quickly" and "I feel safe with no worries."

Assessing risk, safety monitoring and management

- Risks to people were documented to show the level of risk and control measures in place to keep them safe.
- Positive behaviour support plans did not always link to 'as and when required' medicine protocols to show strategies used to support people before these medicines were used. The registered manager made improvements to address this.
- Relatives told us risks to people were managed well. One relative said, "If people get bed sores they quickly treat them."
- The environment and equipment were checked for safety.
- Fire safety was managed effectively. Fire drills were planned to ensure all members of the staff team

attended.

Staffing and recruitment

- Staffing levels were monitored closely by the registered and deputy managers to make sure there were enough staff to keep people safe. One staff member said, "Having an extra member of staff gives us more time to spend with people, this makes a difference."
- A dependency tool was used to help the provider identify and evidence safe staffing levels. The dependency tool did not show the mix of skills staff needed to support people with high level or nursing needs. The provider agreed to review this.
- The provider followed safe recruitment processes When nursing staff were employed additional checks were used to assess their clinical experience.

Preventing and controlling infection

- The environment was clean, free of malodours and well-maintained.
- Outbreaks of infection were managed effectively to prevent them spreading. A relative said, "They are very good at containing outbreaks."

Is the service effective?

Our findings

Effective– this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

- Assessments were completed before people were admitted to the service to ensure their needs could be met.
- Careful consideration was given to ensure people lived on the unit most appropriate to their needs. One member of staff said, "We support people to move to better environments in the building for their needs if required."

Staff support: induction, training, skills and experience

- Staff inductions were specific to their roles and help them familiarise themselves with the service. Competency checks were used to evidence effective practice.
- Opportunities were available to support staff professional development, including training, working in other units in the home and supervisions to enhance their knowledge and skills. Nursing staff were supported to maintain their knowledge and professional registration.
- Additional dementia training was planned to help staff communicate effectively with people living with dementia.
- Staff were supported to learn specific clinically delegated tasks, such as checking the blood sugar levels of people with diabetes and administering their insulin. This ensured people received consistent support. A healthcare professional said, "The project has been fantastic, the registered manager has been really good and did the training too."

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

- Kitchen staff met with people prior to them moving into the service to understand their food and drink preferences. The chef told us, "I go and see people and speak to family and try to make what they would eat at home."
- People's dietary needs were supported effectively. Kitchen staff were aware of how to make suitable and appetising meals for people on specialist diets. A healthcare professional said, "Staff have balanced meeting [person's] preferences and creating a meal plan that meets their dietary needs."
- Show plates were used to help people choose their meal options. This is known to be effective in supporting the nutritional needs of people living with dementia, helping them make meaningful choices.

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared effectively with people's representatives. One relative said, "They are good at keeping me updated with changes in medication, I'm told if anything has happened."
- Information about people's needs, risks and any monitoring required was shared amongst the staff team.

Supporting people to live healthier lives, access healthcare services and support

- Staff had excellent working relationships with healthcare professionals and were proactive in identifying where people required specialist health support.
- Staff recognised the value of working together, this achieved positive outcomes for people.
- Healthcare professionals were confident that their advice was followed to help improve and maintain people's health. A healthcare professional said. "I would rate this home highly, we make our recommendations and these are followed."

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

- Spaces in each of the units in the service had been adapted to the needs of the people living there and were dementia friendly.
- People enjoyed having access to outside space and watching the wildlife.
- People were able to personalise their rooms. This included having their own furniture and bedding. A person told us, "The nicest thing here is having my own room with my own furniture."

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.

- Staff understood how to assess people's capacity to make decisions and recognised where this may fluctuate or change due to people's health deteriorating.
- Records showed how people's representatives and other professionals had been consulted to make decisions in their best interests.
- DoLS were applied for when required. Managers followed conditions issued as part of these.

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

- Positive feedback was given by people and their relatives. One person said, "The care is very good, it's excellent really."
- People formed close, supportive relationships with staff. One person said, "The staff are the nicest thing here and it makes it all worthwhile."
- People were listened to and given time to express their emotions. A healthcare professional said, "Staff know people's demeanours and how they will react to things." This helped support people's emotional wellbeing.
- Staff engaged with people in friendly, gentle and kind ways. One person enjoyed completing a puzzle each day, they asked staff for clues and answers and received a positive response from all the staff.
- Staff were attentive, anticipating where people may be uncomfortable and positioned cushions under their guidance to provide support. A staff member said, "The little things we do are so important; thoughtfulness is so important."

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

- People were supported to make decisions for themselves. Staff recognised and respected where they may make unwise decisions.
- Staff took time to explain people's care and included them in how this was provided. One staff member described how this explanation helped reassure a person with anxiety.
- People were referred to an advocate when they required support to be involved in decision-making. The provider worked with advocates to involve them in people's care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. One relative told us, "My family member retained their dignity throughout everything, including at the end of their life."
- Staff respected people's privacy and waited for their permission before entering their bedrooms.
- Staff promoted people's independence, recognising where they were able to meet their own needs and times when additional support may be needed. One person was able to manage their catheter care during the day but as they tired assistance was required. Another person said, "Staff are very good, they understand my abilities."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 needs were understood. Staff observed people to identify any concerns and addressed these responsively. For example, people showing symptoms of pain were given pain relief medicines.
- People's care plans were person-centred, describing their care needs and how they would like support. For example, one person chose to wear makeup and jewellery each day, their care plan detailed this.
- The provider's care plan system made it difficult to see the up to date information about people's needs. The registered manager was working with the provider to address this.
- Regular reviews were used to monitor any changes in people's needs.

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.

- People's communication needs were understood and supported. One person was visually impaired, their care plan documented the lighting and equipment needed to support them.
- Where people spoke other languages, staff had learnt key words to communicate with them. People responded positively to this.

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.

- A range of activities were provided, enabling people to pursue their interests and practice their religions. People's participation in activities was monitored to ensure they were engaged.
- Staff identified people at risk of social isolation. Where people were unable to join in activities in communal areas alternative arrangements were made to provide them with stimulation. One relative said, "The singers come and say hello and sing to [person] in their room as [person] cannot get out of bed."
- Relationships with people and their family members were supported. We observed a couple sharing a bottle of wine and enjoying each other's company.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise complaints. They were confident any issues raised would be dealt with responsively. One person said, "The registered manager cares, if you take a problem to them they will resolve it. They won't sweep things under the carpet."

- Complaints were responded to appropriately to address the issues highlighted and improve care.

End of life care and support

- People and their relatives were asked about their end of life preferences. Staff knew where to access this information and ensured people's wishes were upheld. One relative told us, "I was asked about any specific requests for my Mum's end of life. I asked that she wasn't left alone and I was 100% confident this would happen."
- Relatives praised the comfortable, dignified experiences their family members had at the end of their life. One relative had written, 'We cannot thank you enough for your care for our father in his final weeks, it has been a true relief and reassurance that he has been so cared for and loved with you there.'

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection systems and processes had not been operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

At this inspection we found sufficient improvements had been made and the provider was no-longer in breach of this regulation.

- The provider and registered manager demonstrated a commitment to ensuring the service was of a high quality and lessons were learnt following the service's previous rating.
- Staff were dedicated to providing high quality care. One member of staff told us, "We have a reputation for good care, this is something to be proud of, we have a high standard."
- Managers displayed an open approach and listened to people, their representatives and staff when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had made improvements to the service, including medicine systems.
- The registered manager communicated all relevant incidents of concern both internally to the provider and externally to the local authority and CQC as required by law.
- Staff performance was managed appropriately in-line with the provider's processes. This ensured standards were maintained in the service.
- Staff spoke highly of their colleagues and recognised everyone's contribution to supporting people's wellbeing.
- The staff team felt valued and recognised the positive impact they had on people's lives. A member of staff said, "We leave the shift feeling we have made a difference."
- The registered manager and deputy manager supported staff. One worker told us, "I am very very supported by the managers."

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

- Residents and relatives meetings provided an opportunity for people and their representatives to be involved with the service and changes planned. A relative said, "The opportunity is there for us to say what we'd like."
- Annual surveys were used to gather the views of people using the service, relatives, other professionals the provider worked with and staff. The survey results showed very positive responses. The registered manager used this information to make changes.
- Meetings within each unit and all the heads of department were used to engage staff in the running of the service. Staff felt involved, one member of staff told us, "If we need to improve things the management really listen."
- Quality assurance checks were shared with staff to include them in the running of the service and improvements.

Continuous learning and improving care

- Managers had a clear oversight of issues within the service, including people at risk. They used this information to identify patterns and trends and ensure continuous learning and development in the service.
- A robust system of audits had been implemented to support and monitor quality and safety across the service.
- The provider completed monthly audits. Any actions identified were addressed and re-checked to drive improvement.

Working in partnership with others

- The provider had built relationships with community services to help people feel involved in their local area. A local Rainbow group and primary school had visited.