

London Residential Healthcare Limited

Belmont Castle Care Home

Inspection report

Portsdown Hill Road
Bedhampton
Havant
Hampshire
PO9 3JY

Tel: 02392475624
Website: www.lrh-homes.com

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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 castle is a residential care home providing accommodation and personal care for up to 40 older people. At the time of this inspection there were 27 people living at the home.

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

People and their relatives all gave us positive feedback about the home and told us that staff were kind and caring. We observed positive communication between staff and people. Activities suited to people's interests and abilities were provided seven days a week and promoted people's health and well-being. The environment was warm and homely.

There were appropriate policies and systems in place to protect people from the risk of abuse and the management team and staff understood the actions they should take to keep people safe.

People were supported to take their medicines safely and as prescribed. They were able to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided. Infection prevention and control measures were in place and followed government guidance.

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.

Individual and environmental risks were managed appropriately. People had access to any necessary equipment where needed, which helped ensure people were safe from harm. Staff had received fire safety training and knew what to do in the event of a fire.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed. There were enough staff to support people's needs. Staff had received training and support to enable them to carry out their role safely. They received supervision to help develop their skills and support them in their role.

Care plans contained detailed relevant information about people's health and social care and support needs. People and, where appropriate family members, were involved in the development of care plans.

Staff understood equality and diversity. People were treated with dignity, and their privacy was respected. Independence was promoted.

The management team carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities. People, their relatives and external professionals said the management team were approachable and supportive. Staff were also positive about the management team.

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 (published 30 May 2019) and there were three breaches of regulation. 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.

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.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belmont Castle on our website at www.cqc.org.uk.

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 Castle 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.

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

The inspection was completed by one inspector and an assistant inspector.

Service and service type

Belmont Castle is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A new manager had been recruited and had commenced employment shortly before the inspection. They confirmed they were intending to apply to become the registered manager. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 24 hours' notice of the inspection. This was because we needed to be sure members of the management team would be available to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This included inspection reports, action plans submitted by the provider and notifications. Notifications are information about specific important events the service is legally required to send to us.

We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the manager, deputy manager, care workers, two housekeeping staff, two catering staff and area manager. We observed care being provided within communal areas of the home and viewed the home and garden.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including records of checks completed on the fire detection systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five relatives, five further staff members and contacted six external health or social care professionals. We looked at training data, policies and procedures, records of accidents or incidents, complaints and quality assurance records.

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 our last inspection the provider had failed to ensure that medicines were always managed effectively. This was a breach of a section of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this subsection of Regulation 12.

- Suitable arrangements were in place for obtaining, storing, administering, recording, disposing safely of unused medicines and auditing of medicines management systems. Staff monitored fridge and room temperatures where medicines were kept, checking medicines were stored within safe temperature ranges.
- People confirmed they received their medicines as prescribed and they could request 'as required' (PRN) medicines when needed. A person said, "The staff give me my tablets, I like it that way so I don't have to worry."
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. This had been reassessed at least yearly using a formal approach.
- Medication administration records (MARs) confirmed people had received all their medicines as prescribed. Where additions or amendments had been made to MARs two staff had checked the accuracy of the handwritten changes.
- For people who were prescribed medicines to be administered on an 'as required' basis, there was guidance to help staff understand when to give them and in what dose. For some of these, a record was maintained of the effectiveness of administration meaning that external professionals had all the necessary information to review medicines prescribed. The home's medicines lead said they were working with staff to help improve the consistency of recording the outcome of the administration of PRN medicines. An external health professional said, "They don't seem to be using excessive medication to manage behaviour."
- There were effective systems in place to help ensure topical medicines were used as prescribed. The date topical creams had been opened was recorded, to help ensure they were not used beyond their 'use by' date. Care staff confirmed they had received training to ensure they understood how to correctly apply topical creams.
- Daily, weekly and monthly audits of medicines were undertaken to identify any discrepancies with stock levels and ensure records of administration were fully completed.
- Systems were in place to ensure that when additional medicines such as antibiotics were prescribed, these were obtained promptly meaning there were no delays in commencement of administration.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of a section of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this section of Regulation 12.

- Systems were in place to identify and manage foreseeable risks within the service meaning people were effectively protected from the risk of harm.
- Individual risks had been assessed and recorded, along with action staff needed to take to mitigate the risk. For example, risk assessments were in place for people at risk of choking or who may behave in a way that placed themselves at risk.
- Other risk assessments included medicines management such as specific risks for people receiving blood thinning medicines, nutrition, dehydration and mobility. Daily records of care showed staff were following risk mitigation measures.
- Risks were managed in a way to ensure people were able to be as independent as possible and could enjoy activities they liked doing. For example, one person's mobility risk assessment identified they generally walked independently but would request a walking frame or wheelchair if they felt they needed this.
- Equipment, such as hoists, were maintained according to a schedule. We saw staff using this equipment safely. In addition, gas and electrical appliances were checked and serviced regularly.
- Fire safety risks had been assessed by a specialist and additional action had recently been taken to reduce the risk. For example, fire doors and systems had been upgraded and a process was in place to replace electrical wiring around the home.
- Fire detection systems were checked weekly. Personal emergency evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in an emergency. Staff confirmed they had received fire awareness training and understood the actions they should take should a fire occur.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and followed to protect people from the risk of abuse.
- People and their relatives said they felt safe using the service. A person told us "Oh I'm very very happy, it's very safe here, the staff are lovely." A family member said, "I've no worries the staff are really good."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member described the actions they would take if they witnessed or suspected abuse may have occurred. They told us, "If I had concerns, I'd go to [deputy manager] or [manager]. I could go higher in the company or to you [CQC] if needed."
- When safeguarding concerns had been identified staff had acted promptly to ensure the person's safety.
- There were robust processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team. The local safeguarding team confirmed that safeguarding concerns had been reported to them and investigated appropriately by the service.

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and there were sufficient numbers of skilled and experienced staff deployed to keep people safe.
- During the inspection, we observed staff were available to people and responsive to people's requests for support. There was a relaxed atmosphere in the home and staff had time to chat to people and support

them in a calm and unhurried way.

- People told us staff were available to support them when required. A person told us "Well you have to wait for them to come get you, but they come quite quickly most of the time, as quickly as they can." Another person confirmed they felt there were enough staff and said, "Yes, I think there seem to be enough."
- Staff told us there was enough of them to meet people's needs and provide people with the support they required. Staff explained that all staff [care, housekeeping and catering] all did the same basic training. This meant that if they were ever short of care staff, such as due to short notice staff sickness, other staff could support care staff to ensure people's needs were met.
- Staffing levels were determined by the number of people using the service and the level of care they required. The management team kept staffing levels under review and used a formal assessment tool to determine the numbers of staff required to meet people's needs.
- People were supported by consistent staff. Short term staff absences were usually covered by a member of the management team or existing staff members undertaking additional hours. When required, agency staff were sourced. Where agency staff were used, they were linked to a permanent staff team member to help ensure people would have their needs appropriately met. This was confirmed by an agency staff member on duty during the inspection.
- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references, health questionnaire and investigating any previous gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Preventing and controlling infection

- Appropriate arrangements were in place to control the risk of infection.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable masks, gloves and aprons, which we saw they used whenever needed. An external professional said, "On recent visits all staff seen were wearing masks and appeared to be following COVID-19 procedures."
- We were assured that the provider was accessing testing for people using the service and staff. People told us staff supported them to complete regular tests for COVID-19. Staff told us they were tested several times a week.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People said they felt the home was clean. One person told us, "There are cleaners, I think it looks clean." The home was clean, and housekeeping staff completed regular cleaning in accordance with set schedules. Housekeeping staff confirmed this and told us they had time to complete all necessary cleaning.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Discussions with the manager and provider's representative and deputy manager showed they were aware of government guidelines in relation to the management of risks relating to COVID-19. The provider's policies and procedures reflected current best practice guidelines.
- We were assured that the provider was preventing visitors from catching and spreading infections. Systems were in place to enable people to receive visitors who had undertaken a COVID-19 test and who were supported to use PPE correctly. All relatives we spoke with confirmed they were able to visit and that safe procedures were in place. Similar systems were also in place for any professional visitors. These procedures were confirmed by a visiting relative.
- We were assured that the provider was meeting shielding and social distancing rules. The home had several communal areas and we saw people using all of these during the inspection. This meant people did not have to sit closely together allowing social distancing to occur.
- We were assured that the provider was admitting people safely to the service. New admissions and people

who had received care in hospital were required to have received a negative COVID-19 test, were isolated within their bedroom following admission for two weeks and monitoring for symptoms and further COVID-19 tests were undertaken.

Learning lessons when things go wrong

- There was a robust process in place to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed. All accident or incident records had to be 'signed off' by a member of the home's management team. This ensured all accidents or incidents were individually reviewed and prompt action could be taken should this be required.
- The computerised care management system allowed the management team to look for patterns and trends in terms of accidents such as falls. This would mean appropriate action could be taken to reduce future risks for individual people or other people.
- Staff told us they were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings.

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 requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure that where people were identified as lacking capacity, decision specific assessments were not always in place to demonstrate where actions were taken in people's 'Best interest'. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this subsection of Regulation 11.

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.

- Where people did not have capacity to make decisions, MCA assessments had been completed such as for personal care and receiving medicines. These had included consultation with those close to the person and decisions had been made in the best interests of the person. These had been fully documented.
- Where people had capacity to make decisions, we saw they consented with the proposed care and support. Overall care staff were following people's documented wishes although we identified that where people had requested not to have regular checks at night, staff were still undertaking these. We discussed this with the manager who agreed to remind staff of the need to respect people's wishes in this respect. Where people had capacity and wanted to make unwise decisions this was documented and staff guided to advise the person but respect their decisions.
- Staff were clear about the need to seek verbal consent from people before providing care or support.

People's right to decline care was understood. Care staff said that, should people decline care or medicines, they would return a short while later to again offer assistance. Should people continue to decline they would encourage but respect the person's decisions and inform the management team.

- Where necessary, applications had been made to the relevant authority and nobody was being unlawfully deprived of their liberty. There were systems in place to ensure that renewal applications were submitted in a timely way prior to existing DoLS becoming out of date.

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

- Comprehensive assessments were completed before people moved to the home. Care plans were then developed to include people's identified needs and the choices they had made about the care and support they wished to receive.

- Family members confirmed they and others involved in the person's care had been included in assessments of people's needs. One family member told us "They [staff] asked me lots of questions about what they [Person] liked and someone from Belmont went to [previous care home] to get other information."

- Staff followed best practice guidance, which led to good outcomes for people. For example, they used recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Each person had an oral care plan in place and staff supported people in accordance with the latest best practice guidance on oral care.

- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Their diverse needs were detailed in their care plans, including gender preferences for staff support.

- The service made appropriate use of technology to support people. An electronic system allowed people to call for assistance when needed and movement-activated alarms were used to alert staff when people moved to unsafe positions. Care planning and the documenting of care provided was recorded on a computer system, care staff were provided with portable devices which enabled them to have constant access to all information they may require.

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

- People and relatives told us they were supported to access local healthcare services such as doctors or dentists. This was confirmed in care files viewed. A family member told us, "I was contacted to let me know they had asked the doctor to visit and what the doctor had said."

- People's health needs were recorded in their care plans and contained information from health care professionals. A health professional told us they were consulted appropriately if staff had new concerns about people. Another external professional told us, "Communication from Belmont is very positive, I have made one or two recommendations which have been swiftly followed."

- Staff worked together to ensure people received consistent, timely, coordinated, person-centred care and support. At the start of each shift staff told us they received a comprehensive handover of all necessary information and could access care plans should they wish to confirm any information. Staff explained how they always had access to information about people via the handheld electronic care planning system. They said this meant they could check any details at any time.

- If a person was admitted to hospital, staff ensured key information about the person was sent with them. This helped ensure the person's needs continued to be understood and met.

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

- People were complimentary about the food and told us they had enough to eat and drink. Comments from people included, "The food is lovely" and "There's plenty to eat". One person who required a modified

diet due to a medical condition told us staff made them special puddings and cakes which were safe for them to eat.

- People were supported to eat a varied and nutritious diet based on their individual preferences. Where required, people were provided with specialist crockery such as high sided plates or adapted cutlery to help them to eat their meal independently. Where support to eat was required we saw this was provided in a discrete manner on an individual basis.
- Individual dietary requirements and people's likes and dislikes were recorded in people's care plans and staff knew how to support people effectively.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely. External professionals were involved where required, to support people and staff. One external professional told us they were very impressed with the quality of meals provided at Belmont Castle.
- People were provided with a choice of two main meal options; however, they could request alternatives if required. People were also provided with drinks and snacks throughout the day. A person told us, "If I want anything at night, they [staff] will get that for me."

Staff support: induction, training, skills and experience

- People received care from staff who had the necessary knowledge, skills and experience to perform their roles. A person told us, "The care is very good, they [staff] seem to know what they are doing and how to do it."
- Staff completed a range of training to meet people's needs, which was refreshed and updated from time to time. Staff were also supported to gain vocational qualifications relevant to their roles.
- New staff completed a programme of induction before being allowed to work on their own. This included a period of shadowing more experienced members of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Our observations of staff indicated that they followed training provided when caring for people. For example, we observed staff supporting people with mobilising including the use of moving and handling equipment. The procedures observed were appropriate and people were supported to feel safe throughout.
- Staff felt supported in their roles and received one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Records of such meetings showed a formal supportive approach was in use. Yearly appraisals were also completed, to assess the performance of staff and any development needs.

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

- Some areas of the home needed re-decoration, however, there was an ongoing refurbishment programme in place, which was being followed and actions were being taken as required to address this. Areas of the home that had been refurbished showed this was being completed to a high standard with new furniture suitable for people being provided.
- There was a range of communal areas available to people, including a dining area and lounges which allowed people the choice and freedom of where to spend their time. Consideration had been given to supporting people living with dementia or poor vision. Toilets and bathrooms were well signed to make them easier for people to find.
- All parts of the home could be accessed by passenger lifts.
- People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms.
- The home had a spacious garden with various seating areas. We saw people enjoying the garden during the inspection. At the time of the inspection people were only able to access outdoor spaces either with staff

or when family members were visiting. Although some work had been completed to make the paths safer, further work was required such as the provision of handrails.

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

- People and their family members described staff as "friendly" and "caring". When asked about the staff a person said, "Well, they are all nice to me, they seem to be friendly and helpful." Another person said, "They're [staff] very nice, every one of them are."
- Family members echoed these comments. One said, "The staff all seem very friendly and whoever I talk to it's the same."
- All external professionals felt staff were caring. One told us, "Staff seem caring, patient, and to know the residents well." Another external professional said, "I feel that the residents at Belmont Castle are treated with dignity and respect, they are supported to make their own choices and decisions. I feel that Belmont Castle staff work to ensure that they respect the rights of their residents."
- We observed positive interactions between people and staff. Staff supported people in a friendly, calm and patient way. They consistently treated people with respect and spoke about them in an affectionate, caring manner. For example, we saw a staff member reassure a person by bending down to their eye level and using touch appropriately.
- Staff spoke positively about people and demonstrated a good understanding of them as individuals. For example, they were able to describe who liked to have a longer lie in in bed each morning and how one person liked to get up early every day.
- A staff member described how they gave people the time they needed and tried not to rush them. We observed this during the inspection when staff prompted and encouraged people rather than take over. A staff member described how they would give people the flannel to wash themselves rather than just doing this for them.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Staff gave examples of how they had recognised people's diverse needs and respected their individual lifestyle choices.
- People were supported to follow their faith. One staff member was a pastoral carer. They had been supporting the home in the last year with residents' spiritual needs as and when required. The staff also put religious services on the television for the people who wished to participate in a service. Special religious days were celebrated.

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

- People and family members were given the opportunity to express their views. A family member told us about computer video calls that were held with relatives. They said a recent one had been used to introduce the new manager and another one was planned for the week following the inspection.

- Records confirmed that people, and where appropriate family members, were involved in meetings to discuss their views and make decisions about the care provided. A family member told us, "[Deputy manager] calls me and we talk about their care plan if there needs to be anything changed."
- Staff showed a good awareness of people's individual needs, preferences and interests. When afternoon drinks were being served a staff member asked a person what they wanted. They replied coffee and we saw they were given coffee without milk. We asked the person if that was how they liked their coffee and they confirmed it was and said, "She [staff member] knows how I like it."
- Staff understood people's rights to make choices. We heard people being consulted throughout the inspection about where they wished to go and what they wished to do. Choices were presented in ways people could understand and respond to such as at lunch time when people were shown two sample plates of the main meals.
- People's views about the service were sought. Meetings were held with people and family members. Records of these meetings were kept and showed people were asked about changes to the service provided. Informally the management team would speak with people and visitors on a regular basis to ensure they were satisfied with the care being provided.
- People were supported to keep in contact with family members. The home was continuing to welcome relatives and designated visitors following the appropriate guidelines and procedures in place due to COVID-19. A gazebo had been erected in the garden to enable some outdoor visits to occur when indoor visits had not been possible. When visiting had not been possible family members told us they had received regular contact from staff and video 'visits' had also been arranged.

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way that respected people's privacy and dignity. People were supported to be independent as far as possible.
- When asked if staff respected their privacy and dignity a person said, "Oh yes, always." A staff member said they "Would always keep people covered up as much as possible" when providing personal care. When staff prompted people to use the bathroom, they did so discretely and quietly so as not to embarrass the person. All bedrooms were for single occupancy meaning personal care would be provided in privacy.
- People had been asked if they had a gender preference regarding staff who might be providing personal care support. Care staff confirmed they knew who preferred personal care to be provided by staff of a specific gender. At lunch time we saw staff exchanging duties to enable a second female staff member to assist a person who was in bed. Respecting people's choices about the gender of staff providing them with care helped ensure people's privacy and dignity, as they were cared for by staff they felt comfortable with.
- Staff encouraged people to be as independent as possible. Care files included information as to what people could do for themselves. A person told us, "I'm always trying to do what I can't do, but the staff let me and help when I ask."
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. Information held on the computer was password protected. This demonstrated people's confidential information had been stored appropriately in accordance with legislation.

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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure that accurate and contemporaneous records relating to care were always in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- People's needs were assessed prior to them moving to live at Belmont Castle. Information from the initial assessments was used to develop detailed care plans which were reviewed and revised as people's needs changed. Records of care provided confirmed that people were being supported in line with the information in their individual care plans and risk assessments.
- Person-centred care was promoted. People's likes, dislikes and preferences were recorded in their care plans. Staff understood people's needs, wishes and preferences. They described how they took a person-centred approach to supporting people.
- An external professional told us, "I find that Belmont Castle are particularly strong at getting to know their residents, and understanding how they can meet their care needs, thinking outside the box and taking creative choices. One thing that has stood out to me from Belmont Castle is that [deputy manager] knows the residents well and goes above and beyond to meet their 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 identified, recorded and highlighted in their care plans.
- Information could be given to people in a variety of formats, including easy read, large print and pictorial. Staff also had access to pictures to help them communicate with people. Suitable signs were provided to help people move around the home and find places such as toilets or bathrooms.

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

- There was a range of activities available to people providing physical and mental stimulation. These included seated exercises, games, sensory relaxation, music, singing. A relative told us their family member enjoyed watching football and was being supported to watch the European cup matches in progress during the inspection.
- Two activities coordinators were employed covering seven days a week. On days when both were working, they staggered their start times to ensure activities could continue into the evening. They had access to a range of activities related equipment and budget to enable replenishing of art supplies or purchase new items as required. They described how individual and group activities were provided. The home had a range of communal areas meaning people could choose which activities to join or to spend quiet time away from activities.
- Individual assessments and care plans included information about people's life histories and leisure activities interests. Each person had a social profile in their care plans detailing the type of activities they preferred to engage in.
- Internet access via WIFI was available throughout the home meaning people could use this to keep in contact with family members who could not visit regularly. Family members confirmed they had been supported to keep in contact with their relatives when visiting had been restricted due to Covid -19. The home had followed and was continuing to follow all relevant government guidance to support safe visiting.

End of life care and support

- A family member told us how the management team had actively worked to ensure a relative could return from hospital to their home (Belmont Castle) for end of life care. They felt the care and compassion they and their loved one had received was "second to none".
- Staff said that as people approached the end of their lives, they would ensure people received care which was compassionate and helped ensure any symptoms such as pain were managed.
- Some staff had undertaken end of life care training. Discussions with them showed that people were cared for with dignity and respect at the end of their lives.
- End of life wishes were captured within care plans. This gave details of people's choices, including considerations to cultural and religious preferences.

Improving care quality in response to complaints or concerns

- The management team welcomed people's views about the service.
- People and relatives told us they had not had reason to complain but knew how to if necessary. They said they would not hesitate to speak to the staff or the management team and were confident any issues would be resolved. A family member told us, "I have no complaints whatsoever and I've never had to make a complaint. But I would feel able to say something and I'm confident they (management team) would act." An external professional said, "Where I have had a concern it has been addressed swiftly and sensitively. Measures have been taken to ensure that the instances do not reoccur."
- Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint. We viewed the records relating to complaints which had been received in the months prior to this inspection. This had been comprehensively investigated and a response had been provided to the complainant.

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

- People and their relatives were extremely happy with the service provided at Belmont Castle and felt it was well managed. One person told us, "I love living here I do, I love it. I love the garden and them taking me all around." A family member said, "I can only say that I remain totally impressed with the care, with the staff and managers and would have no hesitation whatsoever in recommending them."
- A person told us they had never had to raise any concerns but were aware of who the manager was and would feel comfortable doing so should the need arise. Relatives also confirmed they knew who the new manager was. An external professional said, "I have spoken with [deputy manager] a lot over the last 6 months, she is approachable, efficient and open to both positive and negative feedback." Another external professional told us the service achieved good outcomes for people.
- People, relatives, staff and external professionals all said they would recommend the home as a place to live. For example, an external professional said, "I would recommend Belmont Castle, I always approach them when looking for placements."
- People, relatives and external professionals felt able to approach and speak with the management team or other staff and were confident any issues would be sorted out. Pleasant interactions were seen between people and staff throughout inspection. People appeared to be comfortable with staff and the new manager appeared to have already built good relationships with people. It was clear from talking to the deputy manager that she knew people very well.
- Staff were proud of the service. All said they would recommend the Belmont Castle as a place to work and would be happy if a family member received care there.
- We were told the provider's vision was, 'Inspiring and enabling people to live a meaningful life as part of a great life. Committed to changing the way care is being provided and perceived by embracing innovation and new concepts of care.' To enable this vision to have meaning it had been shared with all staff and the provider had increased activities provision which was reviewed monthly to ensure meaningful activities were being provided.

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

- There was an open and transparent culture within the home. People, relatives and staff were confident that if they raised any issues or concerns with the management team, they would be listened to and these would be acted on. A family member said, "The staff do

not hesitate to contact me."

- Registered persons are required to notify CQC of a range of events which occur within services. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and significant events as required.
- The management team were aware of their responsibilities under the duty of candour which requires the service to apologise, including in writing when adverse incidents have occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- There was a clear management structure in place, consisting of the provider's nominated individual, area manager, the manager, deputy manager, heads of catering and housekeeping and senior care staff. Each had clear roles and responsibilities.
- The manager was new in post having worked at the service for only several weeks. They told us they felt supported by the homes team and area manager. Staff were positive about the new manager and people were aware of who she was.
- Staff understood their roles and were provided with clear guidance of what was expected of them. Staff communicated well between themselves, and all spoke of working as a team to ensure people's needs were met.
- The provider had comprehensive quality monitoring and assurance systems comprising of a range of audits, which had been effective in bringing about improvement. Appropriate action had been taken to address the concerns we identified in our previous inspection. Where we raised minor areas for improvement the manager and deputy were open to our suggestions and took prompt action.
- An external professional told us the home had invited them to undertake a comprehensive review of medicines management systems. They said, "Staff and management have always been welcoming to me and keen to have the support." They told us they had undertaken several such reviews and where they had identified areas for improvement action had been taken.
- Where internal audits or provider monitoring visits had identified areas for improvement these were added to the home's continuous improvement action plan. This was shared with us and demonstrated that where necessary actions were being taken to ensure improvements were made.
- The provider contracted with an organisation which provided policies and procedures for the service. These were updated as best practice guidance changed and helped ensure that the service was following the correct and latest procedures. Policies were always available for all staff via the computerised systems in place.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and other health and social care professionals to provide joined-up care. This was evidenced within people's care records and discussions with external health and social care professionals.
- Family members were also viewed as partners in people's care. All those we spoke with felt included in assessments and care planning and stated that they were kept fully up to date with their relative's care.
- The deputy manager told us they had a positive relationship with external professionals and used them for support and advice when needed.