

Kross Investments Limited

Belton House Retirement Home

Inspection report

2 Littleworth Lane
Belton In Rutland
Oakham
Leicestershire
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03 December 2019
04 December 2019

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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

Belton House Retirement Home is a residential care home providing personal care to older people with a physical disability, sensory impairment, dementia and mental health needs.

The service can support up to 26 people across two separate floors. 19 people lived at the home permanently and three people were temporarily staying at the home to receive a short break at the time of inspection.

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

Improvements had been made to quality assurance systems and processes which enabled the management team to identify areas for improvement. People knew the management team by name and told us they were confident any concerns raised would be actioned. The management team sought feedback from people about their care experience to ensure any issues were promptly addressed. People, relatives and staff told us they would recommend the service. A relative said, "I would recommend here. It's a good service, very caring."

Improvements had been made to medicines systems and processes. People received medicines on time and as prescribed. People were supported by staff that had been safely recruited. Staff kept people safe from harm and abuse. Staff had a good knowledge of risks associated with providing people's care and had received adequate training to meet people's individual care needs.

Staff were kind, caring and compassionate. They enjoyed their work and treated people as if they were a family member. People and staff had built positive relationships together and enjoyed spending time in each other's company. Staff were respectful and open to people of all faiths and beliefs. People's privacy and dignity was respected, and their rights upheld.

People were supported by staff who knew their preferences, wishes, hobbies and interests and supported them to engage in these. People enjoyed a wide variety of activities and their independence was promoted. People knew how to raise a concern or make a complaint and felt confident concerns would be addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People's needs were assessed before they moved to the service to inform the development of their care plans. People were supported to eat and drink enough and received healthcare support as needed.

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 03 January 2019) and there was a

breach 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 regulation.

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 reinspection 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.

Belton House Retirement 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

The inspection was carried out by one inspector.

Service and service type

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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We visited the location on 03 December 2019 and made telephone calls to relatives and staff on 04 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual, registered manager, deputy manager, activities co-ordinator, chef and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including but not limited to quality assurance, accident and incident data and safeguarding records were reviewed.

After the inspection

We reviewed the information in the provider information return. 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 made our judgements.

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

At our last inspection we identified concerns with people not always feeling safe, medicines systems and processes and the cleanliness of the environment. Enough improvement had been made at this inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I have no concerns, I feel safe. I am unsteady on my feet. Staff say they will walk with me." We observed staff walking with this person to keep them safe. A relative said, "I feel [relatives] are safe, it has been a huge weight off my mind."
- Staff were aware of the signs of abuse and knew how to report safeguarding concerns. They told us they would report concerns to the management team, who would investigate and refer to the local authority.
- Staff felt confident about raising concerns about people's care. A staff member said, "If there are any concerns, they [management team] will address them straight away and they will get rectified."

Assessing risk, safety monitoring and management

- Risk assessments outlined people's risks and how to mitigate against these. They had been completed appropriately for areas such as falls, skin damage, not eating or drinking enough and moving and handling. The registered manager told us they planned to review risk assessments for specific health conditions to provide more detailed instructions to assist staff to identify a deterioration in their condition.
- We observed staff followed best practice guidance when supporting people to move. Staff told us, and records showed they had received moving and handling training.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people in the event of a fire. Regular fire drills were undertaken to ensure people and staff knew how to respond in the event of a fire.

Staffing and recruitment

- The registered manager reviewed the services dependency monthly to ensure staffing levels were safe. Records showed planned staffing levels were achieved. A staff member said, "I think there are enough staff to meet people's needs. There are some busy times but still we can manage things properly."
- People told us they did not have to wait long for their care needs to be met. A person told us, "I pull the bell if I need staff, they are pretty good."
- Safe recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. This included seeking suitable references and undertaking checks with the disclosure and barring service (DBS).

Using medicines safely

- People told us they received their medicines on time and as prescribed. Staff we spoke with had a good knowledge of people's medicines and how they liked to take them.
- Some people were prescribed 'as required' medicines. Protocols were in place, so staff knew when to give them.
- Medicines Administration Records (MAR) were completed correctly and audits were undertaken to identify areas for improvement. Medicines were securely stored and in line with best practice.

Preventing and controlling infection

- Improvements had been made to the cleanliness of the environment. Spillages were promptly attended to. One person told us, "[Name of cleaner] is wonderful, they keep my bedroom clean."
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff to use these appropriately throughout our inspection and to follow safe infection control procedures when attending to the laundry.
- The home received a food hygiene rating of 'Very good' in November 2018. We saw the home had maintained these standards.

Learning lessons when things go wrong

- The registered manager reviewed the detailed records of the reported accidents and incidents to identify areas for improving care and learning.
- Audits of accidents and incidents were undertaken monthly identify trends and patterns such as the time and location of falls. This enabled the management team to identify learning and update people's care plans and risk assessments.

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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection, we identified concerns around records relating to people's food and drink intake. We found improvements had been made and further improvements were planned.

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

- People's physical, social and wellbeing needs were holistically assessed by the registered manager before moving to the service. This ensured information relating to their culture, religion, likes, dislikes and preferences were included in their care plans.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Records showed staff received training relevant to the needs of the people living at the service. New staff undertook an induction that included shadowing regular staff to get to know people's needs. People felt confident in staff's skills and abilities. One person said, "Staff here know what they are doing."
- Staff received regular supervisions. The management team regularly observed staff practice, checking care was delivered as planned. Staff told us they felt supported by the management team. One staff member said, "I have supervisions every month, I definitely find them helpful. They [registered manager] help me sort things out, I feel well supported."

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

- The menu was regularly adjusted to reflect the seasonable availability of fresh produce and people's preferences. The chef was knowledgeable about people's preferences and needs and responded flexibly to people's requests.
- There were two choices of meals available at lunch time including a vegetarian meal. People ate well and were complimentary about their food. One person said, "The food is excellent and there is ample quantity." People were supported by staff with their individual eating and drinking needs in a timely manner.
- We observed staff offer people regular drinks. A person told us, "Staff bring me cups of tea all the time." Staff monitored people's food and drinks to ensure they had enough to meet their needs. A staff member told us, "We know who has food and fluid charts and offer more and encourage them to eat. We give them extra yoghurts and jellies."

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

- Staff received a comprehensive handover before they started each shift. This meant they knew when people's needs had changed and how to support them.
- Oral health assessments had been undertaken so staff knew how to support people to maintain good oral health. For example, ensuring people brushed their teeth and applied water-based gel to their lips.
- Records showed referrals were made to healthcare professionals as needed. A relative told us, "I am really impressed. Staff don't mess about. If there is any query [about relative's health] they are straight onto the GP or district nurse."
- Short summaries of people's care, 'Grab sheets' had been completed for everyone receiving care. These contained important information about the person to support emergency services and health professionals to provide continuity of care.

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

- Since our last inspection en-suites bathrooms had been fitted to every bedroom. Further improvements were planned to the décor of the hallway and communal areas. The nominated individual told us, people would be involved in choosing the décor and it would be suitable for people living with dementia.
- There was a vast outdoor space including a summer house with drinks facilities available for seasonal use. A person told us they enjoyed spending time there and watching the, "Birds, bees and butterflies."
- People were able to personalise their bedrooms as they chose.

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. We found they were.

- Staff had received training about the MCA and knew how to support people in the least restrictive way possible. We observed staff offering people choices and respecting their decisions.
- The registered manager ensured applications to deprive people of their liberty had been made by the service in a timely way and that DoLS authorisations were kept in people's care records.
- Where people were no longer able to make decisions about certain aspects of their lives, this had been assessed and best interest decisions had been undertaken.

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 continued to be cared for by staff who were kind, caring and knew people well. People told us, "Staff are caring, they are very good."; "Nothing is too much trouble," and, "I don't want to bother staff. But they say, 'That's what we are here for'."
- People and staff had built positive relationships together and enjoyed spending time with each other. One staff member said, "I treat people the way I would want my mother or grandmother to be treated. I respect them and would never let anything bad to happen them." Staff told us they were looking forward to spending time with people over the Christmas period.
- People appeared relaxed with staff and interactions were positive. We observed a staff member attend promptly to a person that was distressed. They used their knowledge about the person to help them reminisce about happy memories. This person began smiling upon recalling these memories and engaged positively with the staff member.
- People's cultural and religious needs were detailed in their care plans. A faith leader visited the service regularly.

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

- There was a relaxed atmosphere at the service and people were free to choose where they wished to spend their time.
- People told us they were empowered to make choices about how they received their care. One person told us, "You can have a shower when you want."
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. The management team told us, if needed, they would refer people to the appropriate service to ensure advocacy support was provided. Advocacy information was displayed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A person told us, "Everyone knocks on the door before they come in." A staff member told us, "We close the door and shut the curtains when doing personal care and we respect people's decisions." We saw people were asked during meetings whether their privacy and dignity was respected, they confirmed it was.
- Staff spoke to people politely and referred to people by their chosen name.
- People's independence was promoted. A staff member told us how they worked with a healthcare professional to improve a person's mobility, so they were able to walk short distances. We observed staff

encouraging this person to walk independently.

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

- Care plans were personalised and contained information about people's histories, preferences and wishes to enable staff to provide more personalised support. We observed staff to use this knowledge throughout our inspection to engage with people. One staff member told us, "It's a lovely atmosphere here, you get to know people really well." Another staff member said, "In the afternoons it's quieter we have enough time to spend time with people." A relative said, "Staff know people very well, I have heard them call everyone by their name and they seem to know what people require."
- Staff told us they had time to read people's care plans. These were reviewed regularly and as people's needs changed. A relative told us, "They [management team] went through care plans with me and double checked with [relative]. It's a rolling thing as they go along. I think they have enough information." A staff member said, "If I want to know people's story, life history and care needs, I read the care plans. They have all the relevant information such as moving and handling, mobility needs and their choices."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible information standard. Photographs of plated meals were available for people to choose meals.
- Staff knew how to communicate with people effectively as this was detailed in their care plans.

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

- An activities co-ordinator was employed by the service. They were passionate about ensuring people engaged in socially appropriate activities and organised activities such as a coffee morning, carol service, pantomime and trip to the local garden centre.
- Activities were tailored to reflect people's hobbies, interests, cultural and religious beliefs. People had made poppies and decorated plates in readiness for Remembrance Sunday and enjoyed a religious service at the home. People told us this was important to them.
- People's relationships with relatives and friends were fostered. Visitors were observed to be warmly greeted by the management team and staff and could visit any time.

Improving care quality in response to complaints or concerns

- There was a policy in place to manage complaints. There had been no complaints since the last inspection. Complaints information was displayed.
- People and their relatives told us if they had any concerns they would not hesitate to raise these with the management team. They felt confident concerns and complaints would be appropriately responded to. One person said, "I would speak to [registered manager] or [deputy manager] if I had any concerns, they are all very nice. Or I would speak to staff who would pass it on." A relative said, "I would 110% feel confident in raising concerns with the registered manager."

End of life care and support

- People were supported to remain at the service at the end of their lives if this was their wish. People's end of life care wishes were detailed in their care plans. The service was working with a healthcare professional to further enhance these. We saw a compliment that said, "[Relative] felt the care staff really did care, they were kind and gentle. In [relatives] last hours, especially."
- Where people had 'do not attempt cardiopulmonary resuscitation' (DNACPR), these were easily located at the front of their care plans. Staff knew where to locate these in the event of a medical emergency.

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 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.

At our last inspection, quality assurance systems and processes had not identified shortfalls we had found during our inspection. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Due to changes in management since the last inspection, not all legally required notifications had been submitted without delay. However, we found the current management team understood the regulatory requirements; they had ensured the CQC's rating from our last inspection was displayed and notifications had been submitted.
- The management team were clear about their responsibilities. They had a vision for the service and were passionate about driving forward quality. Quality assurance systems had been implemented with audits being undertaken regularly by the management team. Action had been taken to address areas of concern identified.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the management team. One staff member said, "There have been improvements here because of the managers. They give good communication to the staff and are listening to us and doing what we ask, which is important." Another staff member said, "[Registered manager] is the best boss I have had, they are very supportive. [Registered manager] even comes in at weekends if they need to."
- The management team were available for guidance when away from the service. A staff member said, "We can ring [registered manager] any time when on call and they always answer the phone."

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

- The management team and provider were passionate about providing person centred care. They got to know people by being engaged in providing their care in addition to undertaking their management role. This enabled them to develop more personalised care plans.
- Staff understood the need to treat people as individuals and respect their wishes.
- People, relatives and staff knew the management team by name and contacted them with any concerns or queries. The service had a friendly and open culture, and people, relatives and staff told us they found the

management team very approachable and easy to talk with.

- We saw compliments that said, 'I cannot speak too highly of the staff who work very hard, caring for residents with unfailing kindness and good humour. I have no hesitation in recommending them.' And 'We are included and informed of any changes to [Name's] care plan. The activities sessions are set at the right level for all the residents to enjoy regardless of their conditions. The food is great and is presented in an attractive way. The overall atmosphere is one of care and professionalism.'

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 provider was aware of, and there were systems in place to ensure compliance with, the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The management team were open and honest with us during our inspection and responsive to feedback.

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

- People and their relatives' feedback on the care provided was sought through regular meetings, surveys and an external website. Meeting minutes and responses to suggestions in, 'What you said, we did' information was displayed on a notice board in a communal walkway for people to review.
- Regular staff meetings took place. We saw these were well attended and discussed subjects such as health and safety, audits, staffing levels, training and areas for improvement.

Continuous learning and improving care

- The provider had implemented improvements since the last inspection including upgrading the heating system, enhancing care plan documentation, reviewing medicines systems and processes and implementing audits to monitor the quality and safety of care provided.
- The nominated individual visited the service weekly to discuss improvements with the management team. Further improvements were planned such as the decoration of the hallway and communal areas, implementation of an electronic record keeping system and the purchase of a minibus.
- The provider was committed to supporting staff to develop in their roles.

Working in partnership with others

- The service worked closely with local commissioners and the safeguarding authority. This meant people received joined up care and communication between services was effective.