

Bellgarth Care Home Limited

Belgarth Care Home

Inspection report

Wheatley Lane
Barrowford
Nelson
BB9 6 QP
Tel: 01282 699077
Website:

Date of inspection visit: 10 & 11 February 2015
Date of publication: 23/03/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an unannounced inspection of Belgarth Care Home on 10 and 11 February 2015. Two adult social care inspectors conducted the inspection with a specialist advisor. The specialist advisor had experience of prevention and control of infection.

Belgarth Care Home is situated on the outskirts of Barrowford, approximately one and a half miles from Nelson town centre. The home is registered to provide accommodation, nursing and personal care for 47

people, including a separate unit for people with a dementia or a mental disorder. At the time of the inspection there were 28 people accommodated in the home.

There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post since March 2014.

At the last inspection on 20 August 2014 we found the registered provider was not meeting the relevant legal requirements relating to how care and treatment was planned and delivered and maintaining accurate and appropriate records. We also found there were problems with communication between staff at the home and with the district nursing service which could impact on people's care. We asked the registered provider to take action to make improvements. During this inspection we found appropriate action had been taken.

Following our last inspection on 20 August 2014 a number of safeguarding concerns had been raised with the local authority in relation to cleanliness, the delivery and planning of people's care, staffing and safe management of medicines. From December 2014 meetings had been held with the registered persons, Care Quality Commission (CQC), the local authority infection control lead nurse, the safeguarding team and commissioners of services. The registered provider was asked to take action to make improvements and provided 'action plans' which were currently being monitored. Admissions to the home were suspended until commissioners were satisfied improvements had been made. Prior to the inspection we spoke with commissioners and the infection control lead nurse and were advised the registered persons were working through the action plans and improvements were being made. Restrictions on admissions remained in place at the time of writing this report.

During this inspection visit we found action had been taken and improvements were ongoing. However, we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, relating to ineffective quality assurance and auditing systems, failure to follow safe medicine procedures, failure to meet the requirements of the Deprivation of Liberty Safeguards (DoLS), failure to maintain clear and accurate records about people's care, failure to follow safe infection control procedures and failure to maintain a safe and suitable environment.

The number of concerns about Belgarth Care Home indicated quality assurance and auditing processes had

been ineffective. Checks on systems and practices had been completed but matters needing attention had not been recognised or addressed. The registered provider had increased management support and improved systems to assess and monitor the quality of the service which aimed to improve the service. You can see what action we told the provider to take at the back of the full version of the report.

Prior to the inspection we were told there were concerns about the way people's medicines were managed. We found there were accurate records and appropriate processes in place for the ordering, receipt and storage of medicines. We were told a new medicines management system had been introduced in January 2015. We observed the morning medicine rounds were completed in a timely way and one person told us they received their medicines at the appropriate time. However, we noted a discrepancy in the medicine amounts for one person, lack of clear instruction in relation to 'as needed' medicines and safe procedures not followed in relation to disposal of medicines. There were policies and procedures in place but these were not yet reflective of current practice. All staff who administered medicines had received training. However, regular checks on staff practice had not yet been undertaken to ensure they were competent. You can see what action we told the provider to take at the back of the full version of the report.

Prior to the inspection we were told there were concerns about the standard of the environment. Extensive building work, to improve some areas of the home, had been intended for some time although there was still no formal plan to determine how all areas of the home would be improved and maintained. We noted improvements were being made such as a new bathroom and toilet suite, redecoration of three bedrooms and replacement floor coverings. However, without a formal plan the improvement work appeared to be inconsistent and there was a lack of assurance that appropriate action was to be taken. We also found a number of areas of the home in need of attention. These included stained carpets and furnishings, torn and missing wallpaper, faulty window glazing and broken doors and radiator covers. We found a fire exit door was fastened with string. This was unacceptable as the door could not be opened quickly in the event of a fire and presented a security risk. In addition the door did not close properly and people

Summary of findings

were still dining in a cold room despite portable heaters being provided. Although the door was repaired following our visit we were concerned people had been placed at risk and that the risk would have continued without our intervention. You can see what action we told the provider to take at the back of the full version of the report.

Prior to our inspection visit there were concerns regarding ineffective infection control systems and areas of the home that were not clean. An action plan was in place to address these concerns and we were advised progress was being made. During our visit we found staff had received appropriate training in infection control and had access to clear policies and procedures. However, we found a number of areas that presented a risk of infection that had not been noted as part of the 'audit' systems. You can see what action we told the provider to take at the back of the full version of the report.

Staff told us they were confident to take action if they witnessed or suspected any abusive or neglectful practice and some had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted appropriate DoLS applications had been made to ensure people were safe and their best interests were considered. However, staff had varied levels of understanding of the MCA and DoLS processes and the requirements of DoLS had not been followed. This meant people may not receive the care and treatment they need. The registered manager confirmed further training was planned for the following week which would help improve staff awareness of the procedures. You can see what action we told the provider to take at the back of the full version of the report.

During our visit we observed people being asked to give their consent to care and treatment by staff. However, people's capacity to make safe decisions and choices about their lives was not always clearly recorded in the care plans; the registered manager gave assurances this would be reviewed.

At our last inspection we were concerned accurate records were not maintained in respect of people's care. We found each person had a care plan that was personal to them. The care plans included information about the support people needed and arrangements were in place

to monitor and respond to people's health and well-being. However, we found records were not always clear or reflective of the care people were receiving. The registered manager advised this was currently being addressed with the introduction of the new care plan system and the auditing process. You can see what action we told the provider to take at the back of the full version of the report.

We did not observe anything to give us cause for concern about the way people were treated. People told us they were happy with the approach taken by staff. Comments included, "I think the care is good. People try to do their best" and "Staff are respectful, kind and considerate." Visitors said, "The care is very good" and "Staff have a good attitude and give good care." We observed staff responding to people in a kind and patient manner and being respectful of people's choices.

Prior to the inspection visit we were told there were, at times, insufficient staff to meet people's needs and reliance on agency staff was high. We found there were sufficient numbers of nursing, care and ancillary staff to meet people's needs but noted levels of staff sickness were high. The registered manager was aware of this and was monitoring the situation. Staff told us any shortfalls, due to sickness or leave, were covered by existing staff or 'regular' agency staff. This helped to ensure people were looked after by staff who knew them. People had mixed views about the staffing levels but overall considered there were enough staff to attend to their needs. We noted people's requests for assistance were responded to in a timely way and staff were available in all areas of the home.

Prior to the inspection we were told safe recruitment procedures were not being followed. We found a safe and fair recruitment process had been followed and the necessary checks had been completed. Staff received appropriate induction, training and support to help them look after people properly. Assessments of staff competency had not been done. The registered manager was aware she needed to check whether staff were safe and fit to practice.

At our last inspection we found the registered provider was not working well in co-operation with other health professionals which could impact on people's health,

Summary of findings

safety and welfare. We found staff at the service were improving links with other health care professionals to help make sure people received prompt, co-ordinated and effective care.

People told us, “The food is okay; I have things I particularly like” and “We can choose; the choices are good enough for me.” We observed people being given the support and encouragement they needed and being offered choices of meals. The meals served looked appealing and plentiful. People’s dietary preferences and any risks associated with their nutritional needs were recorded.

There were opportunities for involvement in a number of activities. We saw a programme of activities which were arranged for small groups of people or mainly on a one to one basis. We were told activities would be changed to meet people’s daily requests and needs. Visitors told us they were able to visit at any time and were made to feel welcome.

People were able to discuss their concerns during day to day discussions with management and staff and also as part of the annual satisfaction survey. However, we found people’s concerns were not clearly recorded. The registered manager gave assurances she would review this. One person said, “I have nothing to complain about.” A visitor told us, “I don’t really know how to make a complaint but I have been given no reason to complain.”

There were systems in place to seek people’s views and opinions about the running of the home. We were shown two surveys that had been returned; we noted they reflected positive comments. Meetings were held for people living in the home and their families; although we were told the meetings were poorly attended. The registered manager was aware of the need for developing systems which would ensure people were kept up to date with any changes to the service and with their relatives care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Whilst there were accurate records and appropriate processes in place for the ordering, receipt and storage of medicines, people's medicines were not always managed safely.

We found a number of areas of the home in need of attention that could place people at risk. There was still no formal plan to determine how all areas of the home would be improved and maintained.

There were sufficient numbers of nursing, care and ancillary staff to meet people's needs although both long and short term sickness was high. The registered manager was aware of this and was monitoring the situation.

We did not observe anything to give us cause for concern about how people were treated. People told us they were happy with the approach taken by staff.

Requires Improvement



Is the service effective?

The service was not consistently effective. Staff had varied levels of understanding of the MCA and DoLS processes and there was evidence to support a lack of understanding of the DoLS review procedures. This meant people may not receive the care and treatment they need.

People were asked to give their consent to care and treatment by staff. However, people's capacity to make safe decisions and choices about their lives was not always clearly recorded.

People's dietary preferences and any risks associated with their nutritional needs had been assessed. People told us they enjoyed the meals and we observed them being given support and encouragement with their meals.

Staff received a range of appropriate training, support and induction to give them the necessary skills and knowledge to help them look after people properly.

Requires Improvement



Is the service caring?

The service was caring. People told us they were happy with the approach taken by staff. Staff responded to people in a kind and patient manner and were respectful of people's choices.

Staff had a good understanding of people's needs and of any difficulty they had in expressing themselves. Staff told us communication was good and they were kept up to date at regular handovers.

Staff were respectful of people's privacy and supported people to be as independent as possible, in accordance with their needs, abilities and preferences.

Good



Summary of findings

Is the service responsive?

The service was not consistently responsive. Care plans contained information about people's likes and dislikes as well as their care and support needs. Care plans were in the process of being reviewed and updated to ensure they were reflective of the care and support people were receiving.

There were opportunities for involvement in a number of activities which were arranged for small groups of people or mainly on a one to one basis. We were told activities would be changed to meet people's daily requests and needs.

People were able to discuss any concerns during day to day discussions with management and staff and also as part of the annual satisfaction survey. However, there were no systems to show people's minor concerns and comments had been listened to, responded to or recorded people's.

Requires Improvement



Is the service well-led?

The service was not consistently well led. There had been a high number of concerns about Belgarth Care Home which had resulted in restrictions to admissions to the home.

The number of concerns about Belgarth Care Home indicated quality assurance and auditing processes had been ineffective. Checks on systems and practices had been completed but matters needing attention had not been recognised or addressed.

The registered provider and the registered manager were working with local agencies to ensure improvements were made.

There were systems in place to seek people's views and opinions about the running of the home. The registered manager operated an 'open door policy' to promote ongoing communication and discussion.

Staff were able to raise their views at regular staff meetings and were confident their concerns would be listened to.

Requires Improvement



Belgarth Care Home

Detailed findings

Background to this inspection

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

We carried out an unannounced inspection of Belgarth Care Home on 10 and 11 February 2015. Two adult social care inspectors conducted the inspection with a specialist advisor. The specialist advisor had experience of prevention and control of infection.

Before the inspection we reviewed the information we held about the service. At the last inspection on 20 August 2014 we found the provider was not meeting the relevant legal requirements relating to how care and treatment was planned and delivered and accurate and appropriate records were not maintained. We also found there were problems with communication between staff at the home and with the district nursing service which could impact on people's care. We asked the registered provider to take action to make improvements. This inspection was planned to check whether the registered provider had made the necessary improvements. We contacted the commissioning and contracts team and the safeguarding team for some feedback about the service. We also spoke with the local authority infection control lead nurse and the Deprivation of Liberty Safeguarding team.

Following our last inspection visit there had been a number of safeguarding concerns regarding cleanliness, the delivery and planning of people's care, staffing and management of medicines. Meetings had been held with the registered persons, Care Quality Commission (CQC), the safeguarding team and commissioners of services. The registered provider was asked to take action to make improvements and provided 'action plans' which were being monitored. Admissions to the home were suspended until commissioners were satisfied improvements had been made. Prior to this inspection we were advised the registered persons were working through the action plans and improvements were being made.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with four people living in the home and with four visitors. We spoke with the registered manager, two regional managers, a member of nursing staff, three care staff, four domestic staff, the handyman and the activities coordinator.

We observed care and support being delivered. We looked at a sample of records including three people's care plans and other associated documentation, recruitment and staff records, minutes from meetings, cleaning schedules, training plans, complaints and compliments records, medication records and quality assurance records. We looked around the home to check on the standard of the environment.

Is the service safe?

Our findings

People living in the home, and their visitors, told us they did not have any concerns about the way they were cared for. Comments from visitors included, “I visit regularly and have never seen anything of concern”, “I think X is safe” and “I have observed staff who seem to do all the right things.” During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and did not show any signs of distress when staff approached them.

Prior to the inspection we were told there were concerns about the way people’s medicines were managed. We were told a new system had been introduced in January 2015 to help improve safer medicines management. The home currently operated two medication systems, a box/bottle system and a monitored dosage system (MDS) of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. We noted policies and procedures were not reflective of the medicine systems in use. This meant staff did not have safe guidance to refer to. All staff who administered medicines had received training in the new system and the community pharmacist provided support and advice. We noted that regular checks on staff practice had not yet been undertaken to ensure they were competent. The registered manager told us this process had commenced; we were shown a completed competency assessment record for one new member of staff, although other staff were still to be assessed.

There were accurate records and appropriate processes in place for the ordering, receipt and storage of medicines. We were told the community pharmacist was involved in the ‘checking in’ of medicines. However, we found the records supporting safe disposal of people’s medicines had not consistently been witnessed which could result in mishandling. We looked at three people’s medication administration records (MARs) in detail and a selection of others. We noted instructions on the MARs were clear and codes had been used for non-administration. We checked one person’s medicines against the MAR. We found the available numbers of tablets was inaccurate, there were no records to explain the reasons for this and the recording of signatures and codes was unclear. There were no clear

instructions to support staff with the administration of ‘as needed’ medicines; this meant staff may not know when or how often to administer medicines before seeking medical advice.

Appropriate arrangements were in place for the management of controlled drugs which are medicines which may be at risk of misuse. Controlled drugs were stored and recorded appropriately and the registered manager had audited them. Boxed medicines were dated on opening to help make sure they were appropriate to use. There were no records to support ‘carried forward’ amounts from the previous month as the new system had recently been introduced. We saw regular checks on the medication system had commenced and action plans developed in the event of any shortfalls. This would help improve how people’s medicines were managed.

We observed the morning medicine rounds were completed in a timely way. One person told us they received their medicines at the appropriate time. One person said, “The nurse has told me what my medicines are for.” We noted there were no systems to show regular reviews of people’s medicines had been requested and undertaken by their GP to ensure they were receiving the appropriate medicines.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Prior to the inspection we were told there were concerns about the standard of the environment. We were aware extensive building work, to improve some areas of the home, had been planned for some time and this had impacted on the improvement to other areas of the home. During this inspection we were told work would commence in April 2015 although there was still no formal plan to determine how all areas of the home would be improved and maintained.

There was a person responsible for general day to day maintenance and repairs. We noted visitors to the home were required to sign in and out. We saw that training had been provided to ensure staff had the skills to use equipment safely such as using a hoist; we did not see any inappropriate moving and handling of people living in the home. We saw evidence training had also been given to staff to deal with emergencies such as fire evacuation.

We looked around the home. We found a number of double glazed window units were faulty, radiator covers

Is the service safe?

had been removed or were damaged, there was wheelchair damage evident to most doors, armchairs were in various states of disrepair, carpets were stained (in particular the dining room and first floor corridor carpets), wallpaper was missing from the dining room and conservatory walls. We also noted one person's air mattress was too short for the bed frame and staff had inappropriately wedged this with an empty paper towel dispenser; this was brought to the registered manager's attention at the time. We noted people's walking space and access to the dining room on the dementia unit was reduced as the secure door had been damaged and had not yet been repaired. The registered manager assured us this would be repaired. We noted improvements were being made such as a new bathroom/toilet suite, redecoration of three bedrooms and replacement floor coverings, although without a formal plan the improvement work appeared to be inconsistent.

We found the fire exit door in the dining room was broken and was fastened with string. This meant it could not be opened quickly in an emergency. We also noted the door did not close properly which caused the dining room, which was still being used at meal times, to be very cold. In addition the lack of security placed people at risk. We discussed our concerns with the registered manager who had been aware of the problem. The door was repaired following our visit but we were concerned people had been placed at risk and the risk would have continued without our intervention.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the arrangements for keeping the service clean and hygienic. Prior to our inspection visit the local authority infection control lead nurse had identified a number of concerns. We were told there were ineffective infection control systems in place and areas of the home were not clean. An action plan was in place to address these concerns and we were advised progress was being made. We were told improvements to the home would be made when building work commenced although there was still no definite date for this.

We found the areas of the home we looked at were generally clean and mostly free from offensive odours. However, we noted a musty smell on entry to the 'dementia' unit and in a number of the upstairs bedrooms. There was a soiled urinal in one room, dirty hoist and wheelchair wheels and a pressure relieving cushion which

was soiled and damaged. From our discussions with staff we found they were unclear who was responsible for some cleaning tasks. We found two heavily stained toilet seats. We also found one person's PEG (feeding) equipment had been left in cleaning fluid and it was not clear whether this had been changed for the past six days. We discussed this with the deputy manager as safe guidance had not been followed in relation to this procedure. We observed new pedal operated waste bins had been provided and soap dispensers and paper towel dispensers were being fitted on the first day of our visit as recommended by the infection control lead nurse.

The policies and procedures for infection control in the home had recently been updated. Records showed staff had received appropriate training in this area and further training was being sourced. Environmental Health had visited the home and awarded a five star rating for food hygiene for standards in the kitchen. There were contractual arrangements for the safe disposal of clinical and sanitary waste.

Sufficient numbers of domestic and laundry staff were employed. Cleaning schedules were in place and staff told us they were given enough cleaning products to use and were provided with the equipment they needed such as disposable gloves and aprons. An infection control lead person had recently been identified. She told us she had received infection control training and support was currently being provided by senior management to help her to monitor staff infection control practice. Staff told us they were aware of the lead's role and responsibilities and would discuss any concerns with her. Records showed there were audit systems in place to help improve good practice although some areas found during our inspection had not been identified following the last audit or by staff during their day to day work.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Prior to the inspection visit we were told there were, at times, insufficient staff to meet people's needs and that reliance on agency staff was high. We looked at the staffing rota and compared staffing numbers with the current reduced occupancy levels. Whilst we found there were sufficient numbers of nursing, care and ancillary staff to meet people's needs we also noted both long and short term sickness was high. The registered manager was aware of this and was monitoring the situation; she told us new

Is the service safe?

'permanent' staff had recently been recruited to cover any shortfalls but that 'regular' agency staff were still used when cover for short term sickness could not be found. Staff told us sickness and absence was kept under review and action was taken to ensure the home was staffed appropriately. They also told us they were 'fed up' with the same staff being absent or sick. We noted the registered manager was not using a recognised staffing tool to help determine whether staffing levels were appropriate to meet people's changing needs.

People had mixed views about the staffing levels but overall considered there were enough staff to attend to their needs. One person raised concerns about staff availability at night; we shared this with the registered manager who gave assurances their concerns would be responded to. During the inspection we observed there were enough staff available to attend to people's needs. We noted people's requests for assistance were responded to in a timely way and staff were available in all areas of the home. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff or 'regular' agency staff. This helped to ensure people were looked after by staff who knew them.

Prior to the inspection we were told staff recruitment procedures were not being followed. We looked at the records of two members of staff and spoke with one member of staff about their recruitment and induction. We found a safe and fair recruitment process had been followed and the necessary checks had been completed. These included the receipt of a full employment history, criminal records check and references from previous employers.

There were safeguarding and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding procedures are designed to protect adults at risk from abuse and neglect. From talking to staff and looking at records we found staff had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Further training was planned. Records showed there had been a high number of safeguarding concerns raised about this service which had resulted in commissioners temporarily suspending admissions to the home. The service had systems in place to monitor incidents and accidents; these were currently under review. There was evidence the management team was clear about their responsibilities for reporting incidents and safeguarding concerns appropriately.

We found individual risks had been assessed although not consistently recorded in people's care plans. Management strategies had been drawn up to guide staff on how to manage these risks and appropriate equipment was in use to reduce any risks to people's health and well-being. The risk assessments we looked at had been reviewed and updated on a regular basis.

We saw there were strategies and guidance in place to support staff to deal with behaviours that may challenge the service. Staff had also received training in this area which would help to keep themselves and others safe from harm. During our visit we observed staff responding to people with care and patience. We observed staff talking patiently and calmly to people to try to resolve difficult situations.

Is the service effective?

Our findings

At our last inspection visit of 20 August 2014 we found a 'minor' breach of Regulation 24 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered provider was not working well in co-operation with the district nursing team which could impact on people's health, safety and welfare.

As part of this inspection we spoke with the district nursing service. They told us communication and working relationships had improved. We were told, "We are making progress". The registered manager and staff also told us communication had improved and regular meetings with the district nurses were taking place. We found staff at the service were improving links with other health care professionals to help make sure people received prompt, co-ordinated and effective care.

We looked at how people were supported with their health. People's healthcare needs were considered during the initial care planning process and as part of ongoing reviews. Records had been made of healthcare visits, including GPs, social workers, the mental health team, the chiropodist and the district nursing team.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The service had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS and training had been provided for staff.

At the time of the inspection there was a DoLS authorisation in place for one person. We found information relating to the conditions of the authorisation were not clearly recorded for staff to understand or follow. Following the inspection visit we were contacted by a member of the DoLS team who advised staff had not been meeting conditions of the authorisation and had not requested a timely review in line with procedures. They also told us documentation and staff understanding in relation to DoLS was not clear. We discussed this with the

registered manager and staff who confirmed they had been unable to meet the conditions of the authorisation. The registered manager advised additional training had been booked which would improve staff awareness.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During our visit we observed people being asked to give their consent to care and treatment by staff. However, people's capacity to make safe decisions and choices about their lives was not always clearly recorded in the care plans; the registered manager gave assurances she would review this. Staff spoken with were aware of people's ability to make safe decisions and choices and decisions about their lives. We noted one person had certain restrictions in place. Staff were aware of the restrictions although the rationale and consent to the restrictions were not clearly recorded in the care plan. People living in the home or their relatives had given consent for photographs to be taken but had not considered areas such as information sharing or management of medicines.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People said, "The food is okay; I have things I particularly like" and "We can choose; the choices are good enough for me." Visitors said, "There is nothing wrong with the meals; they always look very good" and "The food is nice and usually healthy with fruit and vegetables." We were told the cook was aware of people's likes and dislikes and spent time talking to people about the menu and their preferences.

We observed people being given the support and encouragement they needed and being offered choices of meals. Staff chatted amiably to people throughout the meal. The meals served looked appealing and plentiful. The dining tables on the general unit were appropriately set although people commented that the room was 'cold' and 'chilly' due to a broken door. The dining tables on the dementia unit were very basic and not conducive to creating a homely environment.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at

Is the service effective?

the training records we found all staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff confirmed they received regular training such as safeguarding, moving and handling, fire safety, health and safety and infection control. Records showed staff were also trained in specialist subjects such as dementia, end of life care, managing behaviour that challenges, equality and diversity and respect and dignity. In addition, 10 of 28 care staff had achieved a recognised qualification in care. We noted there were gaps in the training matrix (a record providing an overview of training received) in areas such as medicines management and the matrix did not show any further planned training dates; we discussed this with the registered manager who gave assurances she would review this. However we noted future training dates were displayed in the office. We also noted assessments of staff

competency in areas such as medicines management, moving and handling, catheter insertion and venepuncture had not been done. The registered manager was aware she needed to check whether staff were safe and fit to practice.

Records showed there was an in depth induction programme for new staff. Two members of staff described their induction period which included a review of policies and procedures, initial training to support them with their role and shadowing and support from experienced staff.

Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance; records were available to support this. Regular supervision should help highlight any shortfalls in staff practice and identify the need for any additional training and support. Staff comments included, “Team work is pretty good” and “We have had some new staff who are getting on better; there is no longer any animosity between staff.”

Is the service caring?

Our findings

People who we spoke with told us they were happy with the approach taken by staff. Comments included, “I think the care is good. People try to do their best”, “Staff are caring; it is okay” and “Staff are respectful, kind and considerate.” Visitors said, “The care is very good” and “Staff have a good attitude and give good care.”

During our visit we observed staff responding to people in a kind and patient manner and being respectful of people's choices. Staff took time to listen and respond appropriately to people. We noted calls for assistance were responded to promptly and staff communicated very well with people.

We observed staff being respectful of people's privacy and supporting people to be as independent as possible, in accordance with their needs, abilities and preferences. However, we noted people's preferences in relation to the gender of staff providing personal care for them had not been recorded. We discussed this with the registered manager. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. Privacy screens were available for use in shared rooms although we noted the first floor bathroom did not have a privacy curtain in place.

The service had policies in place in relation to privacy and dignity. Staff induction covered principles of care such as privacy, dignity, independence, choice and rights. There was a keyworker system in place which meant particular members of staff were linked to people and they took

responsibility to oversee people's care and support. Staff we spoke with had a good understanding of people's needs and of any difficulty they had in expressing themselves. Staff told us communication was good and they were kept up to date at regular handovers. However, the handover records varied in detail which meant staff, including agency staff, may not be kept up to date about people's changing needs.

We looked around the home. There were two separate units on the ground floor. There was a main lounge and dining area on the ground floor with a small quiet lounge which was being used to store various hoists. The dementia unit was a secured unit and had a dining room, main lounge and spacious conservatory lounge. Bathrooms and toilets were located on both floors. Bedrooms were located on both floors although people on the dementia unit could not easily access their first floor bedrooms. Some people had created a homely environment in their bedrooms with personal effects such as family photographs, pictures and ornaments. We noted the environment was not well designed for people with dementia. For example, bedrooms and toilets were not easily recognisable for people and corridors did not provide stimulation for people walking around.

People had access to a guide to Belgarth Care Home which included useful information about the services and facilities available to them during their stay. We were told this would be given to people prior to admission to the home.

Is the service responsive?

Our findings

At our last inspection visit of 20 August 2014 we found a 'moderate' breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Accurate records in respect of people's care had not been maintained which placed them at risk of receiving inappropriate care. These included a lack of regular reviews of care and of routine health checks.

During this inspection we looked at three people's care plans and other care charts. We looked at pre admission assessments and noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered from a variety of sources such as social workers, health professionals, and family and also from the individual. A visitor confirmed a visit had taken place and they had been involved in this process. We noted the assessment covered all aspects of the person's needs, including personal care, mobility, daily routines and relationships. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

We found all care plans were in the process of being reviewed and updated to help ensure people received personal care and support that was responsive to their needs. The care plans contained information about people's likes and dislikes as well as their care and support needs. Each person had a separate information file which they kept with them throughout the day; this included specific information in relation to care records, daily reports and any identified risks to a person's health and well-being. However on two care plans we found conflicting information about the treatment and care of pressure areas. We also noticed there were gaps in the daily care records as staff were unclear whether all the monitoring information, such as positional changes and food and drink, was relevant to each person. This meant records did not sufficiently guide staff on people's care and support needs which could potentially place them at risk of receiving inappropriate care. The registered manager advised this was currently being addressed with the introduction of the new care plan system and the auditing process.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The care plans had been updated on a monthly basis and in line with any changing needs. Two visitors and one person living in the home told us they had been involved in discussions and decisions about care and support but had not been involved in any formal reviews of the care plan. The registered manager told us people, or their relatives, would be more involved in the review process when the new documentation was in place for all care records and letters would be sent inviting people to the reviews.

People had mixed views about activities. One visitor told us there were not enough activities whilst another person said, "I can get involved if I wanted to but I prefer my own company; staff pop in to see if I am alright." Staff said, "Activities have improved; more going on" and "It's hard to get people engaged in different activities." The service employed an activity co-ordinator. From looking at photographs, information displayed, and from discussions with people who used the service, we found there were opportunities for involvement in a number of activities. We saw a programme of planned activities which were arranged for small groups of people or mainly on a one to one basis. Records showed activities were changed to meet people's daily requests and needs. Activities included sing-a-longs, coffee mornings, shopping trips, hand massage, crafts and basic household tasks. We noted there were reminiscence scrap books, magazines and 'fiddle' mats available on the dementia unit. The service had established links with local schools and churches and some people were supported to access the community on a one to one basis.

People were able to keep in contact with families and friends. Visiting arrangements were flexible. Visitors told us they were able to visit at any time and were made to feel welcome. People's friends and family had been invited to join in with some activities.

We were aware there had been a number of concerns raised about the service which were being responded to under safeguarding procedures. The complaints procedure was given to people at the time of admission and was displayed around the home. The registered manager told us people were able to discuss any concerns during day to

Is the service responsive?

day discussions with management and staff and also as part of the annual satisfaction survey. We were also told people had been invited to regular meetings in the past but these had been poorly attended.

We were told there had been no complaints about this service in the last 12 months. However, during our discussions with people we were aware there were minor concerns that may have not been reported or acted upon. Without clear records of people's minor concerns it was difficult to determine whether appropriate action had been taken, whether there were recurring problems or whether the information had been monitored and used to improve the service. We had discussed this with the registered manager during our inspection of 20 August 2014.

One person said, "I have nothing to complain about." A visitor told us, "I don't really know how to make a complaint but I have been given no reason to complain." During our discussions one person raised some concerns with us, with permission we shared this information with the registered manager to respond to under the complaints procedure.

We recommend systems to listen to, respond to and record people's minor concerns and comments were improved. This would help the registered manager to determine whether there were recurring problems and use the information to improve the service and would assure people their concerns were listened to and acted on.

Is the service well-led?

Our findings

There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was able to regularly meet with managers from other services and kept up to date with current good practice by linking with appropriate professionals in the area.

The registered manager had been in post since March 2014. Staff described the registered manager as 'approachable' and 'helpful'. Staff told us, "Things are getting better overall but we still have a way to go" and "The home has improved with a change of staff."

Prior to this inspection the local authority and CQC had received a high number of concerns about Belgarth Care Home. The registered provider and the registered manager were working with the Care Quality Commission (CQC), the safeguarding team and commissioners of services to ensure improvements were made. An improvement plan was in place and a further meeting was planned to monitor progress with this. A restriction on admissions to the home had been imposed and remained in place at the time of writing this report.

The number of concerns indicated quality assurance and auditing processes had been ineffective. Changes in the management structure had resulted in limited monitoring and support from the registered provider to ensure the registered manager was achieving the organisations required standards in the day to day running of the home. Checks on systems and practices had been completed but matters needing attention had not been recognised or addressed. We found matters needing attention in relation to the environment, health and safety, medicines management and infection control. This meant the registered providers had not identified risks and introduced strategies, to minimise risks to make sure the service runs smoothly. During the inspection, the registered manager took action to resolve some of the issues raised. However, we would expect such matters to be identified and addressed without our intervention.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

However, during this inspection visit we found improvements had been introduced. The registered

manager was supported by the senior management team as part of the company's quality monitoring. Since January 2015 additional management support had been provided 2-3 days each week. In addition, on the day of our visit we met with a new area manager who would provide the registered manager with ongoing support and would be responsible for monitoring quality. Increased support and improved systems to assess and monitor the quality of the service should help to improve the service.

The registered manager had notified the commission of notifiable incidents in the home in line with the current regulations. Accidents and incidents which occurred in the home were recorded, analysed to identify any patterns or areas requiring improvement and shared with the appropriate commissioners. However the commission had not been notified of the DoLS authorisation; we discussed this with the registered manager.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were systems in place to seek people's views and opinions about the running of the home. The registered manager told us she operated an 'open door policy' to promote ongoing communication and discussion. People's relatives had been asked to complete a customer satisfaction survey to help to monitor their satisfaction with the service provided. We were shown two surveys that had been returned; we noted they reflected positive comments. We noted there were no systems to obtain the views of visiting health and social care professionals.

Meetings were held for people living in the home and their families; although we were told the meetings were poorly attended. At the last inspection of 20 August 2014 we discussed the need for developing systems which would ensure people were kept up to date with any changes to the service and with their relatives care; we discussed this again with the registered manager and the regional manager. Staff told us they were able to raise their views at regular staff meetings. They told us they were able to raise any concerns in confidence with the registered manager and systems were in place to enable them to speak with members of the senior management team and the owner. They were confident their concerns would be listened to.

Is the service well-led?

The registered provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
Diagnostic and screening procedures	People who use services and others were not protected against the risks associated with unsafe or unsuitable premises. Regulation 15 (1) (b) (c) (i)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures	People who use the service were not protected against the risks associated with the unsafe use and management of medicines. Regulation 13.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control
Diagnostic and screening procedures	People were not protected against the risk of acquiring infection. Regulation 12 (2)(a)(c)(i)(ii)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
Diagnostic and screening procedures	People were not protected from inappropriate or unsafe practice as quality assurance and auditing processes had been ineffective. Regulation 10(1)(a)(b)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
--------------------	------------

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 CQC (Registration) Regulations 2009

Notification of other incidents

The service had failed to notify CQC about applications to deprive a person of their liberty under the Mental Capacity Act 2005 and about the outcome of those applications. Regulation 18(1)(2)(c)

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

People were placed at risk from records that were not reflective of the care and support given. Regulation 20(1)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

People were not protected from inappropriate care and support as the registered persons had failed to follow the requirements of the MCA. Regulation 18