

Belmar Care Homes Limited

# The Belmar Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Belmar Nursing Home is registered to provide care for up to 44 people with a mental health condition, dementia or substance misuse. At the time of our inspection, 27 people were receiving care and support at the home.

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

People told us they felt safe living at the home and were complimentary about staff. Staff had ensured risks were managed effectively. The provider had made significant improvements in relation to medicines management since the last inspection, but there were still further improvements required. We have made a recommendation about this. The provider had made improvements in relation to infection control and the service was following national guidance to reduce the risks in regard to COVID-19. Staff were recruited safely and there were enough staff on duty to meet people's needs safely.

The provider maintained an accurate and contemporaneous record in relation to each person living in the home. Risk assessments and care plans were reviewed regularly to ensure they were up to date. The provider's systems to assess, monitor and improve the service were operated effectively. Improvements had been made in relation to leadership and organisation of the service. Staff felt the service was better organised and the staff team worked well together. The service engaged with people, staff and external professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 May 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

### Why we inspected

We carried out this focussed inspection to check whether the Warning Notices we previously served in relation to regulation 12 and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those breaches of regulation.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. 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 The

Belmar Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor the provider's action plan in relation to other breaches found at the last inspection and meet with them to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Belmar Nursing 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 carried out by one inspector and a member of the medicines team.

#### Service and service type

The Belmar Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. However, the manager had resigned since our last inspection and has not yet de-registered. The manager referred to in this report is the regional manager, who has been managing the service since the registered manager left.

#### Notice of inspection

We gave the provider 48 hours' notice of the inspection, to ensure the person currently managing the service was available to support the inspection as they are a regional manager and also had responsibilities elsewhere.

#### 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. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived in the home about their experience of the care provided. We spoke with eight members of staff including the manager, senior care workers, care workers, maintenance person and the chef.

We spent time in communal areas observing interactions between people who used the service and staff. We also observed staff administering medicines.

We reviewed a range of records. This included five people's care records and multiple medication records. We also reviewed a variety of records related to the management of the service, including policies and procedures, audits and safety certificates.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at staff training data 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

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

The provider had made improvements since our last inspection and was no longer in breach of regulation 12. However, there were still improvements that were required.

- The provider had acted to improve medicines handling since our last inspection. Systems were in place for the safe handling, administration and storage of medicines.
- Suitable arrangements were not in place for the administration of prescribed nutritional supplements. Carers administering the supplements did not make a record of their use which meant this could not be audited.
- In some instances, 'when required' medicines written protocols did not match the current label instructions and needed to be reviewed and updated.

We recommend the provider continues to embed good practice to ensure medicines are managed safely.

### 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 regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made improvements since our last inspection and was no longer in breach of regulation 12.

- Individual risks were appropriately assessed and managed. People told us they felt safe. Staff reviewed risks following significant incidents. Information was available to guide staff on, for example, managing behaviours which may challenge others. Staff confirmed they had received training to help them to de-escalate situations.
- Risks related to the premises were managed. The maintenance person and external contractors carried out regular checks to ensure equipment and facilities were safe.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure they had adequate measures to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. This was a breach 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 regulation 12.

- The provider had responded to the findings at our last inspection and introduced a plan to renovate and refurbish the premises. This was underway and continuing during this inspection. Several areas of the home had already been refurbished, including some bathrooms and communal areas. Flooring had been replaced in parts of the home. We will continue to monitor progress against this plan.
- The manager had implemented cleaning schedules and audits in relation to infection control, which helped to identify and address risks. Risks in relation to COVID-19 had been thoroughly assessed and staff followed national guidance in order to reduce risks.
- We were not assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.

#### Staffing and recruitment

- The service was staffed sufficiently to ensure people's needs could be met safely. The manager took a systematic approach to ensure staffing levels were sufficient, based on dependency levels, observations and feedback from people who used the service and staff. People told us there were enough staff on duty. People's comments about staff included, "The staff are really caring and lovely. They are brilliant." And, "The staff are absolutely brill. I love them all. Really nice people."
- Staff told us there were usually enough staff on duty. Staff told us they worked well as a team and pulled together if someone called in sick. They also confirmed they spent with people on a one to one basis. Staff went on to explain they had seen an improvement with staffing; several new staff had been recruited and less agency staff were being used. This was having a positive impact in terms of consistency for people who lived at this home.
- The provider followed processes to ensure staff were recruited safely. This included checks to ensure they were of good character and suitable to work with people who may be vulnerable.

### Learning lessons when things go wrong

- The manager had processes to learn and make improvements when something went wrong. For example, staff documented accidents and incidents. The manager reviewed these regularly to identify trends or themes. This enabled them to seek advice and refer people to other services, to try to reduce the risk of similar incidents.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training to ensure they had the knowledge to protect people from the risk of harm. The provider had systems to record, report and analyse any allegations of abuse. Staff understood their responsibilities and knew what action to take to keep people safe, including reporting any allegations to external agencies. People told us they felt safe. One person said, "I feel safe. This is the best place I've been. I've relaxed loads here."

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. As we have not inspected the Effective, Caring and Responsive Key Questions, breaches of regulation found at the last inspection remain. This means we are unable to say whether these legal requirements have been met, so this key question cannot be rated good.

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

At our last inspection the provider had failed to ensure there was consistent and effective leadership at the home. Records related to people's care and treatment were not maintained securely and accurately. The provider had failed to operate effective systems and processes to assess, monitor and improve the quality of the service. 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.

- Records related to people's care and treatment were accurate and reflective of their current circumstances. We found records provided enough information to guide staff to provide care and treatment which met people's individual needs. Staff had regularly reviewed and updated risk assessments and care plans. Since the last inspection, the provider had implemented a new system for care planning which assisted in oversight of people's care.
- The provider's systems to assess, monitor and improve the service were operated effectively. The manager had implemented a range of audits and checks to monitor the quality of the service. We saw where shortfalls were identified, the manager acted to address them. The manager was receptive to our findings about medicines management and acted immediately to address them.
- Improvements had been made in relation to leadership and organisation of the service. Staff felt the service was much better organised and felt well-supported by management, who they described as approachable and proactive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 care and support delivered to people was person-centred. We noted improvements to care planning and risk assessments. Staff had worked to ensure the care delivered reflected people's preferences and met

their needs, to achieve positive outcomes.

- The culture at the service had improved since our last inspection. Staff told us management and leadership had improved. They explained management, nurses and care staff were all working together well and as one team. They felt the manager and deputy manager were approachable, responsive and listened to any concerns or suggestions.
- The manager had processes to follow around the duty of candour responsibility if something was to go wrong. The manager knew how to share information with relevant parties, when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people and staff in an inclusive way. The manager used face to face meetings to gain feedback about the service. We saw various topics about the service were discussed in meetings where, for example, people were able to influence decision making about the premises, food provision and activities.
- The manager engaged with staff. Staff meetings were held, along with individual meetings with senior staff. This gave staff the opportunity to influence how the service was delivered to people.
- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced. The manager and provider had continued to engage with the local authority-led quality improvement process.