The Belmont Care Home Limited

Belmont Care Home

Inspection report

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Date of inspection visit:
10 January 2017
13 January 2017

Date of publication:
22 March 2017

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 10 and 13 January 2017 and was unannounced.

We last inspected Belmont Care Home 27 May 2015 when we rated the service as good. At that time we found the service was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to following safe staff recruitment processes. We found the provider was now meeting the requirements of this regulation. However we identified other areas where the provider was no longer meeting the legal requirements. We identified breaches of five of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which were in relation to good governance, safe care and treatment, premises, training and person centred care. We also identified two breaches of the Care Quality Commission (Registration) Regulations 2009 in relation to the provider not submitting statutory notifications as required. You can see what action we have told the provider to take at the back of this report. We are currently considering our options in relation to enforcement in relation to some of the breaches of regulations identified. We will update the section at the back of the inspection report once any enforcement work has concluded.

Belmont Care Home provides care for up to 40 older people. The home is situated in Cheadle close to local shops and other amenities. Car parking is available to the front and side of the building.

At the time of our inspection there was a registered manager in post. 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 meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always managed safely. For example, we found medicines stored in a fridge that was not lockable, located in a room that was freely accessible. We also found thickener kept in an unlocked cupboard. This presented a risk as these medicines could be accessed by people living at the home, and had the potential to cause them harm. The registered manager took action during the inspection to address this concern. We found evidence that one person had not received their antibiotic medicine as prescribed; despite the records indicating it had been administered.

Risks to peoples' health and wellbeing were not always well managed. There were sometimes gaps in the monthly review of risk assessments, and we found evidence of instances where timely actions had not been taken in relation to identified risks. For example, staff had been unable to put a pressure sensor mat in one person's room that would help manage their falls risk. However, this had not been possible as the equipment was not working. No other measures had been identified to manage this risk until the inspection team raised this concern with the manager. No assessment had been completed in relation to any requirement for first aid provision, and at the time of the inspection only four staff had current first aid training. The registered manager confirmed after the inspection that sufficient staff had received this training to ensure there was always a member of staff trained in first aid on duty.

Care plans contained details about peoples' preferences in relation to how they received their care, as well as information on their interests and social history. However, there was not always evidence that care plans had been regularly reviewed. Staff were able to demonstrate they knew about peoples' care needs and preferences, although this information was not always up-to date in the care plans.

Staff told us there were sufficient numbers of staff to complete their duties and to meet peoples' needs. The registered manager did not use a formal dependency assessment, but told us they would respond to changes in people's needs by bringing in extra staff if required. During the inspection an additional member of staff was on duty in response to a persons' potentially increasing needs.

People told us they liked the food provided, and we saw alternatives were available if people did not want the days' choices. People were given adequate support and encouragement to eat and drink.

People told us they had good relationships with the staff who they felt knew them well. Relatives also said that staff were friendly and approachable. People told us they would feel comfortable to raise any concerns they might have with staff or the registered manager.

Peoples' care plans contained information about their communication support needs. We observed that staff communicated clearly and effectively with people. One person spoke about receiving good information from staff in relation to their medicines.

The environment at Belmont Care Home was not 'dementia friendly'. There was limited signage or and other adaptations that would help make the home more accessible to people living with dementia. We found few staff had received training in dementia care, although we received evidence shortly after our inspection that this had been booked by the registered manager.

The registered manager had limited support in the day to day running of the home. They acknowledged they had an excessive workload and regularly worked a 70 hour week. Following the inspection we received information that the provider was actively recruiting for a deputy manager to support the registered manager in their role.

Accurate and complete records of care provided were not always maintained. For example, staff were not able to locate a record of consultation with a person's GP in relation to their weight loss, although they were able to recall the advice given. The registered manager and provider had submitted some notifications to CQC, but they had failed to notify us of all deaths, safeguarding and deprivation of liberty authorisations occurring at the home as is required.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is

still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe

Not all medicines were stored securely or administered as prescribed.

Risks to peoples' health and wellbeing had not always been managed effectively.

Staff were aware of how to identify and report any potential safeguarding concerns.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff told us they received sufficient training to undertake their roles competently. However, there were gaps in the provision of training, including training in dementia care and first aid.

People received encouragement and support to eat and drink. A choice of meal was provided, and alternatives were available at request.

There was evidence of involvement of a range of healthcare professionals in peoples' care. However, records of visits and advice given were not always clearly recorded.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People gave us positive feedback about the staff that provided support to them. People told us they felt staff knew them well.

We saw staff communicated clearly and effectively with people.

Systems in place did not enable staff to provide consistently safe and person centred care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were personalised and contained information of peoples' preferences and social history. However, there was not always clear evidence that care plans had been reviewed on a regular basis.

People told us they would be confident to approach staff or the registered manager to raise a complaint if they felt this was necessary. We saw evidence that formal complaints had been investigated and responded to.

We saw some activities taking place during the inspection. However, the home did not employ dedicated activities staff, and some people told us they would like more activities to be provided.

Is the service well-led?

Inadequate

The service was not well-led.

The registered manager had little support in the day to day running of the home. They acknowledged that they had an excessive workload.

Audits had not been effective at identifying, nor resolving a range of issues we identified during the inspection. Systems had not been effectively operated to ensure the quality and safety of the service was adequately monitored.

Staff had not always maintained accurate and complete records of care provided. This made it hard to be certain about the care people had received. The registered manager and provider had not consistently submitted the required notifications to the CQC about significant events that occurred in the service.

Belmont 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 checked 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.

This inspection took place on 10 and 13 January 2017 and the first day of the inspection was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service. This included the previous inspection report, statutory notifications submitted to us by the provider, and feedback shared with us via email, phone or our online 'share your experience' form. Statutory notifications are notifications the provider is required to send us in relation to deaths, serious injuries, safeguarding and other significant events that occur in services. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information, including any information of concern that had been shared with us to help plan the inspection.

We contacted other bodies with potential involvement with the home for feedback prior to the inspection. This included Stockport Healthwatch, commissioners of the service, the clinical commissioning group care homes officer, and the local authority safeguarding, quality and infection control teams. Where relevant, we have referred to the feedback received in the body of this report.

During the inspection we carried out observations around the service, and spoke with 14 people living at the home and six relatives who were visiting at the time of our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 staff members, which included the registered manager, seven care staff, the cook and the

handyman. We reviewed records in relation to the care people were receiving, including, five care files, six medication administration records (MARs), and daily records of care. We also looked at records in relation to the running of a care home, including staff rotas, training records, four staff personnel files and records of servicing and maintenance.

Inadequate

Is the service safe?

Our findings

At our last inspection in May 2015 we found not all staff recruitment records had a photo in place, and three of the recruitment records contained gaps in the staff member's employment history. This meant safe procedures had not been followed in the recruitment of staff and was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting the requirements of this regulation. Staff personnel files contained evidence that required checks had been carried out to help determine whether staff were suitable for the role they were being employed for. This included a disclosure and barring service (DBS) check, proof of identity (including photo ID) and references from previous employers. Staff had completed application forms that in three of the four files we reviewed, documented a full employment history. In one file there was a gap in the recorded employment history. We found the provider had explored the reason for this gap, but as one of the references did not state the dates the staff member had been employed, this was not clear from the documentation.

We recommend the provider reviews their process for recording and auditing staff recruitment checks.

We identified a number of issues in relation to the safe management of medicines. The service was keeping a liquid antibiotic and a bottle of eye drops in a fridge that was not lockable and was located in a room with unrestricted access to it. This meant there was a risk that medicines stored in the fridge could be accessed by people using the service or people not authorised to have access to them. We raised this concern with the registered manager, and by the second day of our inspection a lock had been fitted to the fridge. We found thickening agent was also kept in an unsecured cupboard. A patient safety alert was issued by NHS England in February 2015 in relation to risk of asphyxiation through accidental ingestion of thickening agents. We raised this issue with the registered manager who moved the thickener to appropriate storage.

Records of medicines administration in most cases indicated medicines had been given as directed by the prescriber. However, we found records were not always accurate. Staff had not signed the administration record on one occasion when medicines had been administered. Another person's administration record showed they had been administered their antibiotic medicine as required. However, when we checked the stock of this medicine we found there were three more tablets left in the packet than the administration record indicated there should be. This meant the person had missed three doses of their medicine, although staff had signed to indicate they had given each dose. We raised this concern with the registered manager who had not been aware of the discrepancy. They contacted the person's GP, and on the second day of our inspection fed back to us that the GP had reviewed this person and was happy there had been no adverse effects from them missing their medicines.

These shortfalls in the safe management of medicines were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt staff kept them or their relative safe whilst living at the home. One person told us;

"There are people around me and when I was at home I kept falling. I haven't fallen once since I came here." Two relatives also spoke about feeling a sense of reassurance that their family members' were safe and well cared for since moving to the home. One relative commented that they now felt able to go on holiday for the first time in a number of years now their family member was safe.

Peoples' care files contained risk assessments in relation to a range of potential risks to their health and well-being. This included risk assessments in relation to falls, skin integrity, poor nutrition and moving and handling. Risk assessments and care plans identified how staff should support people to help keep them safe. However, we found some risk assessments had not been reviewed since November 2016, including some risk assessments that indicated high levels of risk existed. This would increase the risk that changes in peoples' support needs would not be identified in a timely way. We also identified that personal emergency evacuation plans (PEEPs) had not been completed in one case, and contained an incorrect room number in another case. PEEPs are required to inform staff of the support people would require to evacuate in the case of an emergency.

We identified other shortfalls in relation to the effective management of risk. One person had sustained several falls at the home, and had been recently discharged from hospital following an injury sustained from a fall. Staff had recorded in this person's care notes that they had intended to put a sensor mat in place that would alert staff if they got up or fell out of bed during the night. However, it was recorded that this had not been possible as the call bell system in their room was broken, which meant the mat could not be plugged into the system. We checked this person's room and found there had been no call bell or pressure sensor in place the night prior to the inspection. This meant staff had not taken reasonable measures to manage this known risk. We made the registered manager aware of this concern who took appropriate actions.

Another person had been prescribed thickener for their drinks. However, there was no reference to the use of thickener in the person's care plan, and our observations and discussions with staff indicated that the practice of thickening the person's drinks was inconsistent. Staff told us the person managed fluids well without the use of thickener and preferred not to have thickener in their drinks. However, no referral had been made to a specialist such as a speech and language therapist to reassess their requirements in relation to eating and drinking or any potential risk from not using the thickener. The lack of information in the care plan would also increase the risk that staff may use the thickener incorrectly, which would increase the risk of potential aspiration. Another person had not been referred to a health professional in relation to their falls risk, as was prompted by their risk assessment. The registered manager contacted the GP and informed us the GP had advised there would be no benefit from a further referral in this case.

At the time of our inspection we found only four staff had received training in first aid. The registered manager told us there had been no assessment carried out to determine requirements for first aid provision at the home. The provider's policy in relation to first aid was out of date and referred to contacting nursing staff in the event of an injury. Nursing staff were no longer employed at the home. This showed there had not been adequate consideration of potential risks, and requirements for first aid provision at the home. Shortly after the inspection the registered manager confirmed that an additional 15 members of staff had attended first aid training, which would ensure there would be cover from a trained first aider at the home at all times.

These issues in relation to the assessment and management of risk were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we had received concerns that staffing levels were not adequate to meet peoples' needs. Most people living at Belmont Care Home told us staff were quick to respond if they needed and support or assistance, although two people commented that at certain times they might have to 'wait a

while'. One relative we spoke with told us; "[My relative] is not left and is checked regularly. There's absolutely enough staff." We saw peoples' dependency had been assessed and recorded, although these assessments were not used to inform staffing requirements. The registered manager told us they responded to changes in dependency by bringing in additional staff if required to meet peoples' needs. This had been the case on the first day of our inspection, and the normal staffing levels in the day had increased by one member of care staff.

Staff told us gaps in the rota due to staff absence were covered, including with agency staff if required. We confirmed this by reviewing staff rotas and handover records. Staff told us they felt there were sufficient numbers of staff on duty, including at night to meet peoples' needs. They confirmed they had sufficient time to carry out their duties and provide people with the care and support they required to keep them safe. During our inspection we saw that at most times of the day people received support promptly when they required it. Communal areas were left unsupervised by staff for short periods, but there were frequent checks of these areas by staff during out visit.

Staff we spoke with were aware how to identify signs of potential abuse or neglect and told us they would report any such concerns to the registered manager. We saw the registered manager had kept a record of any safeguarding incidents that had led to a full investigation by the provider or local authority. They were able to tell us how the home had learned and made changes to practices based on the findings of previous safeguarding investigations.

The registered manager was aware of the local authority's guidance in relation to reporting safeguarding incidents to them. In this local authority area certain 'low level' safeguarding incidents did not require immediate reporting to the local authority, but these incidents needed be logged on monthly 'harm level logs'. We found these logs had not been completed for November and December 2016. The registered manager told us they were aware of any incidents that had occurred and would complete the logs retrospectively. However, this would increase the risk that safeguarding incidents were not monitored effectively, or that incidents could be missed from the log. We have discussed this issue further in the well-led section of this report.

Prior to the inspection we received a copy of an infection control audit carried out by a local authority health protection nurse six days prior to our inspection visit. This identified three out of 13 key areas assessed required urgent actions, and other areas required actions that were not urgent to meet infection control standards. Although some actions had not been completed at the time of our inspection, we saw evidence that the registered manager was addressing the areas of concern raised. We observed the environment to be clean, including peoples' bedrooms we checked.

Records showed that routine maintenance and servicing of equipment and systems at the home had been completed as required. This included regular servicing of hoists, and checks of the fire, electrical, gas and water systems at the home. We found the last fixed wiring test had identified faults that required works to be completed to ensure the electrical system was safe. The registered manager was unable to show evidence that these works had been completed. A re-inspection of the electrical system was due and carried out shortly after our inspection, and the registered manager assured us that any required works would be completed.

This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations as the provider was not able to provide evidence that the environment was being properly maintained.

Requires Improvement

Is the service effective?

Our findings

Prior to and following our inspection, we received concerns from relatives' that the home did not always seek advice from health professionals in a timely way. These concerns had been passed to the local authority safeguarding team, who were carrying out enquiries at the time of writing this report. One relative we spoke with during the inspection told us; "They [staff] have the doctor in immediately when there are any issues." Records showed a range of health professionals, including speech and language therapists, district nurses and GPs had been involved in peoples' care in response to identified health care needs, including weight loss. The registered manager told us a GP from a local practice also completed a weekly round at the home, which would help ensure any issues could be discussed and reviewed promptly.

However, records of advice and intervention were not consistently maintained, and the home was not always able to evidence they had sought advice in response to potential health concerns. For example, one person had experienced a large weight loss. The registered manager was able to tell us the actions taken and reasons for the weight loss, but staff could not locate the record of consultation with the GP. Following the inspection the registered manager confirmed the GP had been contacted again and was satisfied no further actions were required in relation to the weight loss. Another person's care records did not reflect changed advice given by a district nurse in relation to the frequency they required assistance to reposition in bed. Although we did not feel this had put the person at any risk, staff were also unclear in relation to requirements. On the second day of our inspection the registered manager told us they had clarified the requirements around the frequency of repositioning, and that the district nurse had been happy with the actions they had taken.

Belmont care home provided care to people, including people who were living with dementia. At the time of our inspection the training records showed only two staff had received basic training in dementia care. Whilst care staff we spoke with told us they felt able to meet the needs of people living with dementia, one staff member said they felt they would benefit from this training. There were limited adaptations within the home to make the environment more 'dementia friendly'. For example, there was limited signage and no photographs or other cues that might help people recognise their rooms and navigate round the home. Some of the carpets in the home were heavily patterned, which could cause confusion to some people who had a visual impairment.

The issues discussed above in relation to assessing and meeting people's needs were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives and people living at the home told us they felt staff had the skills required to meet their needs. The registered manager told us they would usually only employ new staff who were experienced in care, and held qualifications such as an NVQ or diploma in health and social care. We saw the provider had sought evidence of previous training and qualifications during the recruitment of new staff.

Staff told us they received regular supervision where discussions were held in relation to their performance and any difficulties they might have. They also told us their supervisor would go through policies with them

to help ensure they were aware of procedures in relation to key areas such as safeguarding. There was no overview available to demonstrate or help track when staff had last received supervision. However, the individual supervision records we checked showed all but one staff member had received supervision in the past three months. Staff and the registered manager told us a member of staff employed in an administrative role at the home was responsible for supervising staff. We queried whether staff could receive sufficient support from a member of staff employed in this role. However, the registered manager assured us this staff member had adequate qualification and experience to act in the capacity as a supervisor. The registered manager told us they completed appraisals with the support of an external human resources provider. We saw they had recently completed appraisals for 11 staff, which looked at staff members' strengths, interests and areas for development. This would help ensure staff were adequately supported and monitored in their job roles.

Staff felt they received sufficient training and support to carry out their roles competently, and said they thought the training provided was good quality. However, when we reviewed the training matrix, this showed gaps in the provision of training in several areas. For example, less than quarter of the staff listed on the training matrix had received training in dementia awareness, infection control and first aid. Following the inspection the registered manager sent us evidence that training courses had been booked to cover the identified shortfalls.

The failure to ensure staff training had been kept up to date was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

The registered manager had identified people who required DoLS applications due to the use of restrictive practices and had submitted applications to the supervisory body as required. We saw that some of the applications had been authorised, including one that had conditions attached that the provider was required to meet. The conditions stated that the person should be supported to access an outside area on a regular basis and that a separate record of this support should be maintained in order to allow assessment of whether this condition was being met. The registered manager and staff were unaware of this condition, and staff had not kept any such record. The registered manager told us this condition would no longer be relevant due to a change in the person's health. They contacted the local authority DoLS team who advised they would review this condition on any subsequent re-application for DoLS.

Staff understood the principles of the MCA and were able to tell us how they would act to seek consent before providing care and treatment whenever possible. They told us that if someone declined support they would ask for advice, offer support again later, and ask another member of staff to offer support. Where people were not able to consent to day to day support, staff told us they would act in a person's best interests. During the inspection we saw staff asked for peoples' consent before providing them with support or assistance.

People we spoke with told us there was always a choice of meal given, and most people told us they enjoyed the food on offer. We observed the mid-day meal and saw people received the support they needed to eat and drink. We observed one person who was reluctant to eat their meal. Staff provided effective encouragement to them to eat, and got them an alternative snack of their choice from the kitchen as they had declined to eat their main meal. There were regular drinks rounds throughout the day and we saw people who stayed in their rooms during the day also had drinks available. Records of fluid intake were updated throughout the day and indicated people were regularly supported to receive drinks.

Requires Improvement

Is the service caring?

Our findings

People we spoke with told us they were happy and they received support from staff who were caring and knew them well. The home had some vacancies for care staff, which meant agency staff were used on a regular basis. However, the majority of the staff team on shift during the inspection consisted of permanent staff. The registered manager also told us they would use the same agency staff whenever possible to help provide consistency. One person told us; "All the staff know me and are very good. They look after me, I like the attention." Another person said; "I realise I am one of a number and understand that. Although I would like one to one attention, the carers are very attentive and look after me well." One relative we spoke with said; "The home is unfailingly good. The dedication and care they give to [my relative]. They are so caring. They love to look after people."

During the inspection we saw most staff interactions with people were polite and respectful. People told us they were comfortable approaching staff and requesting any help they might need. People who were not able to speak with us looked comfortable in the presence of staff. Staff we spoke with were able to tell us about the needs, preferences and interests of the people they supported. People we spoke with were also complementary about the friendly and helpful nature of non-care staff who worked in the home, including the maintenance person and domestic staff. One person said; "The domestics are really kind. They help me a lot." However, at one point in the inspection we observed the staff respond to a person in a way that lacked understanding. The person had asked for their parents and the staff member replied that they were 'no longer with us' and told the person their parents would be over 120. This approach was also consistent with the finding that few staff had received training in dementia care.

Peoples' care plans contained information on how to effectively communicate with them, and any support needs they had in relation to communication. We saw that where people required the use of communication aids such as glasses and hearing aids, that people had these available. Staff communicated clearly with people when providing them with support, such as when using a hoist, which would help people feel comfortable and reassured. One person spoke with us about how staff had sat with them and given them information about how their pain medicine worked. They told us this had encouraged them to take their medication, and that this had had a positive impact on their pain.

Staff told us they would support people to maintain as much independence as possible by encouraging them to mobilise when appropriate, and encouraging them to undertake aspects of their personal care they were able to assist with. One relative told us staff supported their family member to retain some independence when taking their medicines by encouraging them to take their tablets out of the dispensing cup themselves, and also by allowing their family member to feed themselves even though this could sometimes cause a mess. Another relative said; "The staff care for [family member] and let them be independent."

People told us staff were approachable and respectful of their privacy and dignity. One person told us; "The staff always knock on the door before they come in my room." Staff said they would ensure doors and curtains were closed when providing any assistance with personal care. People were able to choose whether

they spent time in their room or one of the communal lounges. One person told us; "It's not the same as home, but its second best."

Relatives we spoke with told us they were able to visit their family member's without restrictions. One relative told us; "The [registered] manager has kept her word and rings me if there are any concern, which I find very reassuring." Relatives told us they had been involved in developing their family member's care plans where this was the person's wish.

Whilst we found staff had a caring approach, systems in place at the home did not support staff to act consistently in a caring ways. As outlined in the effective section of this report, few staff had training in first aid, to help them ensure people were kept safe, or dementia care to help staff respond appropriately and effectively to peoples' needs. The safe section of this report demonstrates that procedures were not adequate to ensure people received safe care in relation to areas including medicines, and action had not always been taken in response to recognised risks such as faulty equipment. Under the responsive section of this report we have identified that peoples' care plans did not always accurately reflect their current needs, and the service had not been proactive in seeking advice in relation to peoples' changing needs. This would limit the ability of staff to provide care that was centred around peoples' needs and preferences.

Requires Improvement

Is the service responsive?

Our findings

People's care plans covered a wide range of areas in relation to their care and support needs. This included information on people's communication, mobility, mental and physical health and social support needs. Care plans were personalised to individuals' needs and detailed preferences in relation to their daily routines and how staff provided them with support. For example, one care plan noted that the person liked staff to support them to shave after they had eaten their breakfast. There was also information recorded in relation to peoples' interests, social history and preferences in relation to food and drink for example.

Although we found staff had completed care plans in detail, we could not always find evidence that they had been reviewed on a regular basis to ensure they were up to date and reflected any changes in people's health or support needs. For example, a number of the care plans we looked at did not show any evidence of review since November 2016, and one care plan did not show evidence of review for over one year. The registered manager told us care plans were updated when required, if there was any change in a person's needs or preferences. They also said care plans would be re-written at least annually to ensure they were up to date.

Although the majority of care plans we reviewed reflected peoples' current support needs, we also found instances where this was not the case. As referred to in the safe section of this report, we found one person's care plan did not reflect their support needs in relation to required modification (thickening) of their drinks, and another care plan was not clear in relation to whether a person currently had a catheter fitted. A third care plan was unclear about a person's changing needs in relation to whether they required a diabetic diet. Although staff we spoke with were aware of peoples' needs, the lack of regular and clear updates in the care plans would increase the risk that care would not be provided in accordance with peoples' assessed needs and preferences.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people living at Belmont Care Home and the relatives we spoke with during the inspection told us they had not made any complaints about the home. They told us they would feel comfortable to approach staff, including the registered manager if they had any concerns. One person told us; "I would go to the carers, and if that didn't work I would go to the manager." A second person told us; "I can go and talk to the manager at any time. I go to her office and she always listens to me." We saw the registered manager kept a record of any formal complaints raised. This showed two complaints had been raised in the last year. The registered manager had investigated these complaints and responded appropriately within a reasonable time-frame.

The home did not employ any dedicated activities staff, although staff were allocated daily to support activity sessions. During our inspection we saw staff carrying out manicures, and one of the care staff planned a 'sing along' on the second day of our inspection that nine people joined in with. We could see people enjoyed this activity as they were smiling and clapping along.

However, there were also long periods where there was little stimulation or opportunity for meaningful engagement. Staff told us there were occasional visits from performers to the home as well as a regular bible reading for people who wished to join this. However, care staff and people living at the home told us they thought more could be provided in relation to activities and entertainment. One member of care staff told us; "We do have time to chat with people, but I think more could be done [in relation to activities]." The provision of activities and meaningful stimulation is an important aspect of meeting peoples' needs in relation to social interaction, health and mental wellbeing.

We viewed a selection of bedrooms and saw that people had personalised these with items of their own furniture and personal photos. During the inspection we observed people were given choices in relation to meals and where they spent time during the day. Staff told us people were free to choose when they got up, went to bed and when staff supported them with washing/bathing. They said they were able to meet peoples' preferences in relation to such choices.

We found records were inconsistent in demonstrating whether staff had met peoples' preferences in relation to support of bathing. Some records showed people were consistently supported in-line with their documented preferences. However, other records showed significant gaps in the support of bathing. We discussed this with the registered manager and staff and were satisfied this was an issue with recording rather than the support provided. The people we were able to ask about this told us they received support with bathing as frequently as they wished.

Inadequate

Is the service well-led?

Our findings

There was a registered manager in post at the time of inspection who had worked at the home for approximately 18 years. A part-time member of administrative staff and a team of seven senior carers supported the registered manager in the day to day running and management of the home. The registered manager told us the senior carers had additional responsibilities around checking records and ensuring tasks such as recording weights were completed. However, these staff did not have responsibilities in relation to other aspects of management and running of the home. We saw on the rota that the registered manager was due to work seven days the week of our inspection. They told us this was a regular occurrence and that they regularly worked 70 hour weeks. This showed the manager had an excessive workload, and could also have a potential impact on their wellbeing.

We raised concern that the current management structure placed excessive demands on the registered manager, and they acknowledged this and said it had been recognised that they needed assistance in the running of the home. They told us the home was recruiting a full-time member of administrative staff, which they felt would free up their time to ensure proper management and oversight at the home. Following our inspection, the local authority raised similar concerns in relation to the demands placed on the registered manager and the support they received. The local authority told us they had met with the provider who had agreed to recruit a deputy at the home.

Since our last inspection, one of the bathrooms at the home had been converted to an office to allow the provider (owner) to spend more time at the home. The provider was not present during our inspection visit, although the registered manager told us they were a 'great boss' and provided them with the resources needed to make improvements to the home. They told us the provider completed audits in relation to the quality and performance of the home but that these were not kept at the home. We requested copies of these audits to be sent to us, but at the time of writing this report these had not been received.

We found staff had not consistently maintained accurate records of care and interventions. For example, as referenced elsewhere in this report, there was no written record of a consultation with a person's GP in relation to their weight loss. Records of bathing were not always up to date and accurate and there was no record kept in relation to a person's specific support need as a DoLS condition required. Care plans did not always show evidence of regular review, and did not always reflect people's current care needs, and there were gaps in the review of risk assessments.

These issues in relation to the keeping of accurate and complete records of care were a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager completed a quarterly audit that covered a wide range of aspects of service delivery and quality. This included checks of records, the environment, complaints, training, accidents and recruitment. A separate monthly medicines audit had also been completed. However, these checks had not identified the issues we found during the inspection, including issues that affected the ability of the registered manager and provider to monitor and improve the safety of the service. For example,

safeguarding logs for low-level incidents had not been kept up to date and the audits had not identified the issues around the review of care plans or the issue we found with the missed medicine. We also found there was no regular audit of the call-bell system, other than the routine servicing to ensure all call points were working. Whilst window openings had been restricted, there was no regular check to ensure windows had been restricted to the recommended limits or that any restrictors were functional. We requested the registered manager check this to ensure appropriate measures had been taken to control any potential risk of people falling from height. Due to concerns having been raised with us in relation to staffing levels during the night we asked the registered manager if they completed spot-checks of support at this time. They confirmed they did, but these checks had not been recorded. This meant it was not possible to tell if the registered manager had identified any issues or acted appropriately in response to any issues around quality or safety. We found evidence staff had not always taken reasonable steps to control known risk, such as one person not having a functional call bell. The provider was also unable to send us evidence that required works in relation to the last electrical safety inspection had been taken to ensure potential risks were adequately controlled.

These issues in relation to the effective operation of systems to assess, monitor and improve the quality and safety of the service were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Allocation sheets were completed for each shift that detailed specific responsibilities for each staff member during that shift. This helped ensure staff were always clear about their role and responsibilities. During our inspection we saw that staff were well organised and attended to their duties efficiently.

Staff told us they felt the service was well-led, and felt happy, valued and motivated in their job roles. One staff member told us; "I like it. The manager appreciates us." They told us the staff worked well together as a team, and they felt able to approach the registered manager or provider with any concerns they might have. We saw evidence the provider had attended previous team meetings to discuss changes at the home and consult with staff. However, we found there were no records of team meetings since September 2016.

Providers are required to notify CQC of certain significant events that occur within their services, including deaths, serious injuries, safeguarding incidents and DoLS authorisations. Prior to the inspection we received information that led to us finding the provider had not notified us of one death that occurred within the home. Following the inspection the provider failed to notify us of a second death, which we were made aware of by other sources. We also found evidence that the provider had not notified us in relation to one safeguarding incident and six DoLS applications that had been authorised. The registered manager told us they had been unaware of the requirement to notify in relation to DoLS.

The failure to submit notifications as required were breaches of regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009.

We reviewed policies and procedures in place at the home and found a number of these were out of date and required review. For instance, the first aid policy referred to contacting nursing staff who were no longer employed at the home, and some policies referred to old versions of the regulations or the former provider. This would increase the risk that consistent procedures were not followed in relation to good practice and providing effective and safe care.

Providers are required to display the most recent rating they have achieved following inspection by CQC at both the location where care is provided (in the case of a care home) and on any websites maintained by, or on behalf of the provider. Prior to the inspection we checked the website for the home and saw the Good

rating awarded at the last inspection was not being displayed. We raised this with the registered manager who contacted the provider. When we checked the website following the inspection we saw a link to the most recent inspection report was displayed, but the current rating was not. The rating was displayed within the home, and a copy of the most recent inspection report was available. We will check at our next inspection that the provider is meeting the requirements in relation to the display of their inspection rating and write to the provider to remind them of their responsibilities in relation to this requirement.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that adequate assessment and review of needs. The provider had not ensured care was designed to meet service users' needs. Regulation 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. The provider had not taken all reasonably practicable steps to assessed and reduce risks to people using the service. Regulation 12(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider was not able to demonstrate that reasonable measures had been taken to ensure the premises were safe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

	Accurate, complete records of care were not consistently maintained. The provider had not taken reasonably practicable steps to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff received appropriate training and support. Regulation 18(2)