

Ryecourt Limited

# Belsfield House

## Inspection report

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### Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Outstanding ☆

Is the service effective?

Outstanding ☆

Is the service caring?

Outstanding ☆

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

Belsfield House in Blackpool is a purpose-built nursing home providing residential and nursing care for up to 40 people. At the time of our inspection the home was fully occupied. Accommodation is provided over three floors, each one providing communal lounges and dining areas. Bedrooms are for single occupancy, spacious and include an en-suite facility.

At the last inspection on 17 and 18 March 2016, the service was rated outstanding in all areas except safe, which was rated good. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Additionally, we found the management of people's safety had improved to outstanding. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During this inspection visit, when we discussed safety with people and relatives, we received highly complimentary comments. A relative said, "I would recommend it to anyone. They are definitely excellent." A display board in the foyer demonstrated the manager's commitment to maintain everyone's safety. It showed how safety systems affected people and helped everyone to understand their responsibilities. They told us, "We direct people to it to show different risks, how we monitor this and what we are doing about them."

Care records we saw showed each area of risk was assessed in line with limiting factors, benefits and burdens. When we discussed procedures, we found staff had an excellent working knowledge. A staff member told us, "My job is about making sure people are safe. We have a lot of training on preventing falls and we review their care plan to make sure they are as safe as possible." Staff used advanced systems to show hazards to people, which helped them to keep safe.

We found Belsfield had exceptionally high levels of staffing and skill mixes, which were deployed in innovative ways. One person said, "They are here straight away if you need them." It was clear the provider invested heavily in care delivery and ensured required resources went beyond the norm. A visiting professional said what made a difference between this provider and others was how much they funded staffing levels and training.

Medication administration followed evidence-based tools to immediately and continuously assess, manage and comfort individuals. We saw multiple systems showed the provider's commitment to invest in staff solely to benefit and improve their lives. A visiting professional said staff discussed concerns about medication, but they had never had an error because of their excellent procedures.

Staff demonstrated a very good understanding of their duty to report unsafe or inappropriate care. One staff member explained their priority was, "Making the residents' lives better no matter in how small a way that might be." Multiple environmental procedures and auditing systems ensured the continued safety of those

who lived at Belsfield.

Recently employed staff we spoke with told us their recruitment was intensive. Their induction included a full day experiential training session to assess their suitability. We found the provider continued to invest heavily in their personnel through a wide-ranging, rigorous package of training. Additional training since our last inspection included bespoke training over and above the vast array of regular provision. This was tailored to the home's delivery of care and practices.

Belsfield was exceptional at providing a range of choice and portion size at mealtimes. A relative said, "They have a good choice and always get offered more." Outstanding support for people's nutritional needs included inventive systems to reduce risk and enhance meal experiences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. We found staff worked within the same outstanding Mental Capacity Act framework they had at our last inspection.

The ethos at Belsfield centred on promoting people's individual and cultural needs. This included outstanding training to guide staff in person-centred care, respect, diversity and understanding what high standards looked like. A staff member said, "I make sure I respect the residents as much as possible. They are my family and I constantly remind myself that will be me one day."

Staff were not afraid to express their love for people at the home with hugs and handholding. A staff member described excellent care provision at Belsfield was about, "Treating everyone, staff and residents, with dignity and respect. Exceptional care can only come from treating them as if they were members of your family." We saw staff sat for long periods engaged with people, talking quietly and reassuringly. A relative told us, "They are all very good, kind and caring."

People and relatives were at the heart of their care and fully involved in developing support plans. A visiting professional said they felt it was multiple small things staff did that made Belsfield stand out and achieved their very high standards. They added they found the management team spent real time invested in getting to know people and helping them to settle.

We saw staff continued to excel at their responsiveness to people's needs. A relative commented, "They don't give up, like other places." Records were highly personalised with agreed goals to help each person maximise their independence and life-skills. People were assisted to retain their vital family relationships. A relative stated, "Whatever time of day, or evening, we are always welcome."

When we discussed the accessibility, approach and support from the management team with people and relatives, they unanimously agreed leadership remained outstanding. The manager was highly visible during our inspection. A relative said, "She is always around." We found the management team continued to present themselves as excellent role models in the provision of high care standards. A staff member told us, "They are the best managers I have ever had."

We saw continued evidence of the provider's strong diligence in working with other organisations in the ongoing development of the home. The manager had consistently maintained their exceptional auditing and oversight of quality assurance, safety and people's welfare.

Further information is in the detailed findings below.

## 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 had improved to outstanding.

Outstanding 

### Is the service effective?

The service remains outstanding.

Outstanding 

### Is the service caring?

The service remains outstanding.

Outstanding 

### Is the service responsive?

The service remains outstanding.

Outstanding 

### Is the service well-led?

The service remains outstanding.

Outstanding 

# Belsfield House

## 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.

Belsfield is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

This inspection took place on 23 and 24 January 2019 and was unannounced. The inspection team consisted of an adult social care inspector, an expert by experience and a specialist advisor, with social work experience of supporting people with mental health conditions. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at Belsfield had experience of caring for people who lived in a care home setting.

Before our unannounced inspection, we checked the information we held about Belsfield. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Belsfield.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Not all of those who lived at Belsfield were able to communicate fully with us to discuss their experiences of care. Therefore, during our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way

of observing care to help us understand the experience of people who could not talk with us.

Additionally, we spoke with a range of individuals about this home. They included four people who lived at Belsfield, eight relatives, two members of the management team and nine staff. We further discussed the service with three visiting healthcare professionals. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We examined care records of six people who lived at the home. This process is called pathway tracking and enables us to judge how well Belsfield understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked recruitment documents in relation to four staff members. We also looked at records about staff training and support, as well as those related to the management and safety of Belsfield.

# Is the service safe?

## Our findings

When we discussed safety with people and relatives, we received positive comments which went beyond standard levels of security. A person who lived at Belsfield told us, "I'm perfectly safe." A relative said, "Very safe, they are absolutely brilliant." Another relative stated, "Definitely, this is by far the best place she has stayed in." A third relative commented, "I know [my relative] is not at risk to herself nor to others because the home is extremely well-resourced." A visiting professional told us people dramatically improved because they were in such a safe environment.

We saw Belsfield had very high staffing levels and skill mixes that were creatively deployed. This maximised people's safety and ensured they received the best possible care. One person stated staffing was, "More than enough." A relative added, "The level of staff is very good. They are here straight away." The provider invested heavily in care delivery and ensured required resources went beyond the norm. Staffing rotas showed up to 36 staff on duty during the day to assist 40 people who lived at the home. This was so high, each employee never assisted more than two people on day shifts and three at night. Staff said shifts had incredibly high staff numbers. One employee said, "Staffing levels here are great. I was shocked because you don't get that anywhere else."

Each area of the home had small, well-established teams with an in-depth grasp of each person's mental health needs. Other staff worked fluidly between floors and communal areas to de-escalate emerging situations. A relative said, "[My relative] is not at risk because the home is extremely well-resourced." Staffing was planned ahead and increased to provide further cover for extra one-to-one activities, trips out and to attend appointments with people. The provider excelled at assisting those newly admitted to the home to settle in and familiarise themselves. They achieved this by deploying extra staff to spend time with them individually for the first few days of their placement. Staffing met people's wishes, such as when they preferred not to have bedrails. The manager respected this and reduced risk by deploying extra staff to monitor their safety at night. A visiting professional said they had not seen such staffing levels and extremely caring staff. Each shift had floor managers, team leaders and a mix of skilled care staff to enhance leadership. Together with excellent communication systems and highly organised teamwork, this enhanced treatment outcomes.

The provider maintained robust recruitment procedures. We saw successfully recruited staff had intensive induction to underpin their skills and continued fitness to work with vulnerable adults. This included a full day's experiential training to assess their suitability and increase the understanding of their role. A relative said, "The management make sure the staff they employ fit within the ethos of the home before hiring them." A system was then applied where the new employee worked with a more experienced staff member throughout their probationary period. A staff member told us, "It was really beneficial to helping me understand the different aspects of the work and the job role."

Belsfield's medication procedures were heavily focused on a personalised model that maximised people's opportunities to lead meaningful lives. This included the use of evidence-based tools staff were trained to use, such as the Abbey Pain Scale. This monitored pain levels in people who could not verbalise their needs.

It assisted nurses to immediately assess individuals continuously to give them the best pain management before their discomfort escalated. Nursing staff were qualified to provide intravenous fluids and monitor intravenous antibiotics. This was unique to the locality and demonstrated the provider's commitment to invest in staff solely to benefit and improve people's lives. We saw evidence this meant people were more likely to remain in their familiar surroundings if their health deteriorated. For instance, hospital admissions were far below comparative averages.

Staff ensured people's medicines were administered only when they required them. A relative said, "We are aware that they are very careful with medication and do not like to overmedicate." Person-centred care plans to de-escalate distress, included the use of 'when required' medication only as the very last resort. A visiting professional stated staff excelled at reducing and revising medication for people to live as active a life as possible. They added they were amazed people dramatically improved because of the outstanding model. Precise, detailed care records covered side effects and symptom management. Excellent, evidence-based guidance instructed nurses about the impact of medication on people's mental and physical health. Staff with responsibility had in-depth training, close monitoring and spot checks to assess their ongoing skills.

Staff had a good understanding of their duty to report abuse. A staff member said they had detailed whistleblowing training and explored this regularly in supervision. They added, "My priority is to ensure the residents and the workplace is safe. I hate to think someone might be harmed and would not hesitate to do something about it." We looked at a recent unsubstantiated safeguarding incident. We found the management team fully cooperated with external agencies and ensured a transparent process to optimise the person's safety. They rebuilt a healthy and trusting relationship, through careful and respectful support, with relatives to help the person remain settled.

The manager innovatively optimised a safe environment for those who lived with dementia. For example, staff used 'flash cards' to help people communicate their needs. These showed hazards to the person to keep safe when mobilising, without limiting their freedom. Staff strove to handle risk arising from people's choice that went against dietary and environmental safety advice. Rather than refusing choice, the management team applied every possible control measure to manage the risk. For instance, one person stated a wish to have their mat from home on their bedroom floor. This was a slip and trip hazard, but staff created a detailed plan and discussed it with them. This was a very positive and respectful approach to balance benefits of people's comfort against risk.

Staff had an excellent working knowledge of safe care. One staff member said, "We have really in-depth handovers and a lot of information in the residents' rooms, so I know how to support them and that my priority is to keep them safe." A visiting professional told us risk assessments were very good and gave them full confidence people were completely safe. Records we saw showed each area of risk was assessed in line with limiting factors, benefits and burdens. A clear link was made with other relevant details, such as consent, mental capacity and best interests. People were closely monitored, without limiting them, against records to ensure treatment efficiency maintained their ongoing safety. They constantly went back and forth to various areas of the home, such as corridors, communal areas and to their bedrooms. Staff managed this well by moving and storing their risk assessments and monitoring forms to wherever the person chose to go. This helped them to retain up-to-the-minute documentation and treatment evaluation to maintain people's safety.

A safety display board in the home's foyer evidenced an outstanding approach to protecting people from multiple hazards. Information outlined different hazards, such as medication, communication and treatment interventions. Key sentences for staff included, 'always work within the limits of your competence'



and, 'be honest, open and candid with all residents and their special ones – this includes any mistakes or incidents.' This showed the manager's focus on safety was about helping everyone to understand their responsibilities to maximise comfort and security. The display board showed how safety systems affected people, such as an analysis of various surveys and actions taken. Charts highlighted pressure ulcers, weight loss, falls and unnecessary hospital admissions over the last year. This excellent approach conveyed transparency to people and visitors about care delivery. The manager said, "Relatives often ask me about falls risk, so I show them these are the issues and this is how we are managing them. It gives them lots of reassurance."

The manager had multiple audits to check people's continued safety, including a thematic review of incidents to reduce risks and assess lessons learnt. The management team and staff carried out debrief sessions to review learning. We saw they reflected on them in meetings and supervision. They worked closely with CQC and the local authority to assess any angle that might improve the safe delivery of care. For example, a staff member had been trained as a tissue viability nurse to oversee skincare, give immediate treatment and reduce the risk of pressure ulcers. This removed the potential of deterioration caused by long referral waiting lists.

Personal protective equipment, such as disposable gloves and aprons, was widely available to retain a clean environment. Staff had relevant training and completed regular audits to assess the quality of infection control procedures. We found water was delivered within safe temperatures and window restrictors were in place to protect people from potential harm. The electric, gas, legionella and fire safety certification was up-to-date to ensure the continued safety of everyone at the home.

## Is the service effective?

### Our findings

People and relatives told us staff expertise and training continued to be of a high standard. A person who lived at the home said, "Yes, they are very well trained." A relative stated, "They always seem fully capable. I know they have lots of training sessions." Another relative added, "They are constantly training." A visiting professional said they referred people to Belsfield since, without exception, they had settled and improved because of the highly skilled workforce.

We saw the provider continued to invest heavily in their workforce with a wide-ranging, intensive training package. They employed staff whose first language was not English and funded courses to enhance their communication skills. A relative told us, "They know their job, but where English is not their first language they are well supported until they can be understood well." The manager retained their very proactive support of nursing staff to meet their registration requirements that went beyond the home's responsibility. This ensured people were supported by highly skilled staff.

Additional bespoke training since our last inspection went over and above the vast array of regular provision. The manager completed evidence-based Management of Actual or Potential Aggression (MAPA) train the trainer course. They then tailored this course for staff to more effectively manage situations where people displayed agitation. An employee said, "The MAPA training was intensive, slick and enjoyable and gave me much more confidence to deal with difficult situations." Other training included a customised first aid course to help people with mental health conditions and a person-centred care training programme. This had specific modules on human rights principles.

Excellent training was reinforced by competency-testing of multiple areas, on-the-spot guidance, supervision, one-to-one training and groupwork. A staff member said, "We do a lot of scenarios and look at what we would do. The groupwork is also brilliant because you get the added perspectives of other staff." Investors in People (IIP) recently completed an assessment of Belsfield. IIP is an external organisation that checks how services manage their staff against set standards. The IIP report identified excellent practice in staff training and awarded the home their highest accolade of Accredited Status. This placed them in the top 1% in the country. They commented, 'Leaders were passionate about providing clear direction and clarity regarding quality and standards of care.'

Staff at Belsfield retained outstanding levels of support for people's nutritional needs we saw at our last inspection. Their inventive 'Teleswallowing' system involved videoconferencing between staff, the person and health professionals. This enabled immediate treatment to overcome long referral waiting lists. The chef continued to enrich people's meal experiences with multiple moulds. These transformed the presentation of pureed food to resemble, for instance, chicken, sweetcorn, carrots, and sausages. People had an exceptionally wide range of choice and portion size, including seven main course and four sweet alternatives at lunchtime. One person stated, "The meals are tasty."

Following a recent review of food options and mealtime experiences, the chef now spent three times a week checking people's feedback. The manager was genuinely interested in how food was received and keen to

tailor meals to maximise each person's nutritional experience. An example of this was one individual who required a pureed diet, but strongly disliked the texture. The chef cooked their favourite meals, cut them into tiny pieces and then reshaped them into their original form. The person found this more acceptable and their health and dietary intake improved.

Staff continued to work with other healthcare services in the excellent oversight of people's mental and physical health. They used various evidence-based tools innovatively to measure and monitor depression, anxiety and pain to improve people's lives. We saw staff worked with other healthcare professionals in a multi-disciplinary way in the continuity of care. Immediately adapted treatment, care planning and close monitoring effectively maintained high standards of care. A relative said staff excelled at assessing people's health and instantly acted by referring to healthcare services to reduce the risk of deterioration. They added, "[My relative] was very unstable on his feet and they picked up that it was his glasses that weren't right. They arranged for an eye test and he is a lot better now." People and relatives stated they were kept updated to treatment effectiveness. When asked about being informed, another relative told us, "Yes and very quickly." A visiting professional said they found regardless of who they talked with, staff had in-depth knowledge of each person. They added the managers had a wealth of expertise and they could entrust people into their care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager and staff provided the same outstanding MCA model we saw at our last inspection. A visiting professional stated staff had an excellent approach based on doing everything in the best interests of the person first. There was a continued comprehensive, evidence based approach to consent and MCA procedures to optimise people's freedom to live a worthwhile life. Staff had strong bonds with them to ensure their liberty was never unnecessarily infringed.

The management team carefully evidenced the progress of required legal processes. Records related to assessments of mental capacity, best interest decisions and care planning were detailed, meaningful and easy to understand. The managers created very in-depth capacity assessments, risk strategies and best interests for multiple areas of care. Documentation included recorded conversations with people to ascertain their comprehension. Staff adapted treatment on an ongoing basis and developed decision-specific, individual DoLS care plans for each area of their support. The highly effective process clearly guided staff to what they were and were not permitted to do to ensure the least restrictive practice. A staff member said, "It's always about respecting that person. I always try to encourage them, but if they don't want to I must respect that."

The provider continuously invested in the home to give people the best possible environment. For example, they found the basement swimming pool was underused over the last two years and looked at alternatives. They were in the process of converting it into a cinema, large sensory space and engagement room. This would offer those with more complex needs different levels of sensory support. The manager said, "I am not limited to budgets, so if it will benefit the residents' quality of life, [the provider] will make the necessary adjustments." They also provided computer equipment and programmes for people with hearing or speech loss to enhance their communication.

# Is the service caring?

## Our findings

Everyone we spoke with talked about a continued outstanding caring approach at Belsfield. One person commented, "I love them, they are beautiful people." Another person told us, "I am an only child, the staff are my family now." A relative said, "They are fantastic. I give them 15 Stars." Another relative added, "He is very well looked after. Other places could not understand him, but here they go above and beyond." A third relative responded, "They are definitely kind and caring. I am 100% happy." A visiting professional stated what made it exceptional was how often staff came in on their days off to spend time socialising with people.

The ethos at Belsfield was centred on promoting people's individual and cultural needs and rights. Policies and procedures instilled in the workforce each person's right to individuality, autonomy, dignity and fulfilment. They referred to the protected characteristics outlined in the Equalities Act 2010. Statements included, 'to respond to individual needs of residents, to enable them to maintain their particular identity in respect of beliefs, opinions and reasonable idiosyncrasies.' We saw care records used appropriate, sensitive language and aimed to support the person to have fulfilled lives. For instance, one person's support plan contained detailed information to guide staff to meet their social needs relevant to their identity. Regular trips out to local pubs enabled them to continue to enjoy their life and there was dignified and respectful care planning of their support preferences.

An example of the manager's outstanding approach was a recent introduction of multiple training sessions related to equality, diversity and human rights. The programme commenced from staff induction onwards and provided guidance in person-centred care, respect and dignity. Training was based on a different theme each month with the current focus on Lesbian, Gay, Bisexual and Transgender human rights in care and challenging discrimination. The exceptional course helped staff to understand what high standards looked like. This was delivered in one-to-one mentorship meetings to help them raise sensitive issues in a safer space. Guidance was underpinned by groupwork, supervision, reflective practice and questioning sessions. The manager followed up their exceptional investment in staff training by checking how staff put their learning into practice.

Additionally, staff endeavoured to record, monitor and assist people to practice their chosen faiths. A relative stated, "They take [our relative] to church every week. Also, there are two staff who will sit with him and read passages from the bible, which he does like." The manager also encouraged staff and people who lived at Belsfield with similar interests to spend time together. Another staff member told us, "I am a Christian and I spend one-to-one time with a person who is also Christian. We read the bible together and pray. They want that it because it is very important to them."

We observed staff showed genuine affection for people in their care. One relative said, "They love [my relative]." There was a strong focus on providing support in a family-orientated, homely and loving environment. We saw multiple examples of staff consistently treating people as equal partners in care because they fully understand their needs and wishes. A staff member told us, "Every day I go home and feel proud that I have made a difference to someone's life. It's about making people happy, which is massive

when you think about how poorly they are."

Staff were not afraid to express their love for people at the home with hugs and holding their hands. We saw they did so in ways that was consistent with the person's preferences and never invaded their personal spaces. One example was a staff member sitting and talking calmly and quietly with a person who lived with dementia. The individual maintained interaction for about five minutes then repeated themselves. This continued for 45 minutes and the staff member consistently treated each conversation as if hearing it for the first time. They genuinely laughed at each joke, engaged in different ways to entertain the person and held hands. It was a very caring interaction because the individual smiled throughout and showed they felt they were important to the staff member. A relative stated, "They are all very patient. They deal with the little things that matter a lot."

Staff were passionate about their work and giving excellent standards of care to people who lived at Belsfield. One employee said, "The standard is very high, I would not work here if I didn't believe that. There's a great emphasis on dignity and respect." A visiting professional told us they found staff had an endearing touch rarely seen at the level provided at the home. We saw high staffing levels meant personnel could immediately interact with anyone who became distressed or agitated. Relatives were highly complimentary about how the large number of staff on duty reassured them their family members were comfortable. They added this was because staff were able to respond to their needs before situations escalated. We saw a consistent, knowledgeable and experienced staff approach meant people quickly settled. The provider went above and beyond by self-funding one-to-one support for those newly admitted to the home. This helped them to familiarise themselves with their surrounding and for staff to gain a greater understanding of the person.

A relative confirmed staff excelled at maintaining people's privacy and dignity. They stated, "Even we get thrown out of his room when they are providing care." Staff described very good practice in assisting people to feel settled, welcomed and at home. One staff member said, "We ensure people's bedrooms reflect their own personalities. They can bring in their own furnishing, bedding and curtains to make it feel like their home. If they don't have family or any money then we buy it for them." We observed bedrooms were genuinely personalised, homely and very much the individual's own space, which reflected their character and preferences. Their bedrooms were designed in different styles, including their choice of floor covering. Another relative told us, "[My relative] loves her room so much she does not like leaving it."

People and their relatives were at the heart of their care and fully involved in the development of their support plans. A relative stated, "They always keep me well informed." When we discussed visiting times to maintain important relationships, another relative told us, "Our visits are only limited by [our family member] being awake." The manager provided examples where they made referrals to and worked with advocacy services. Information was available around the home about how people and relatives could access this if they required support to have an independent voice.

Each person had a board in their bedroom illustrating their 'pen picture' and important things about them and their life history. This provided staff with guidance about their preferences related to their support. Other details helped personnel, including new staff unfamiliar with the person, to access immediate facts about their needs. We saw information was fully up-to-date and matched people's records. Care was centred on the person and there was exceptional emphasis on finding out every detail about them. New staff had a 'buddy' co-worker during their induction and had time to absorb the personal details on display. A relative said staff paid particular attention to maximising their inclusion in care plans. One relative stated, "I go to meetings and we go through it page by page."

## Is the service responsive?

### Our findings

When we asked if staff continued to be exceptionally responsive to people's needs, a relative told us, "I am more than happy and that goes for the family too." Another relative stated, "[My relative] could not have it better." A third relative added, "[Our relative] could not be in a better place." A fourth relative said, "They try to get the most out of the residents, mind and body." A visiting professional commented they had seen incredible improvement in people's progress when other services had failed to meet their needs.

Care delivery remained heavily focused on maximising the best start to people accessing Belsfield. Comprehensive pre-admission records included meetings with the person, relatives and healthcare professionals. There was real determination to ensure they met their needs and created a smooth transition into Belsfield. A visiting professional said one person had responded to treatment for the first time once admitted to the home. They added there was 'that bit of magic' that gave people a better quality of life to improve beyond expectations. Staff used information to develop detailed care plans in line with best interests and risk management. It was highly evident they worked with people and relatives to obtain as much information as possible. A relative said, "They cater for [my relative's] every need." Records outlined meticulous detail about the person, without overburdening staff with information. Staff updated care plans moment-by-moment to promote highly responsive treatment. We saw evidence demonstrated this directly reduced unplanned hospital admissions.

There was a continued highly personalised care planning approach for people with behaviour that challenged. This included a 'traffic light' system to give staff specific guidance about how each person should be assisted if they became distressed. Documentation included strategies to use if initial mechanisms failed to work. This meant multiple, highly efficient options were available to de-escalate situations and help people to settle quickly. A visiting professional told us very good care helped to reduce one-to-one support progressively over time. They added the hard work of staff had achieved situations where individuals who lived at the home no longer required supervision.

We saw care delivery and review remained centred on people's self-reliance. A relative said, "They have even got [my relative] to try and feed themselves, which [the person] could not do." People and relatives stated they were continuously involved in the review of their care plans. One person told us, "I am happy with the way things are going." A visiting professional said they found care plans were very personalised to each person's varying, complex needs. Nurses evaluated support plans daily and used multiple proven tools to ensure treatment remained responsive. A new system introduced since our last inspection was called the falls risk assessment tool (FRAT). This falls screening and prevention model helped staff reduce serious injuries to zero over the last year.

At the time of our inspection, no-one who lived at Belsfield received end of life care. However, we found the same excellent procedures were available should people deteriorate. The National Gold Standards Framework (GSF) had recently assessed the home. This external organisation supports providers to develop evidence-based approaches to optimise care for people. The GSF awarded Belsfield its Platinum Status for outstanding end of life care. They had selected them in the top ten homes in the country. A staff member

said the manager had instilled very high standards in the workforce. They felt the ethos focused on caring for people as family members and added, "The standard has to be that high at all times. [A manager] recently said this might be someone's last Christmas so let's make sure we make it a really good one." We saw the chef had detailed records of people's GSF indicators to enhance nutrition in the whole team approach to end of life care.

The management team continued to be highly responsive to people's social needs. A relative told us, "They are stimulating [my family member] all the time." Each resident had a detailed activity planner in their bedroom, which consisted of scheduled activities throughout each day at two-hourly intervals. This went above and beyond the standard practice of up to twice daily programmes. The plan was updated on a monthly basis and incorporated activities in line with people's wishes and preferences. One person who lived at Belsfield told us, "I keep fit with a multi gym." The provider had high staffing levels to give invaluable support to people's wellbeing. A staff member said they focused on people's personalities and preferences and added, "I work on a one-to-one with [a person] three times a week just to see what she likes to do. It's a fantastic example of being really person-centred to give them a more worthwhile life." There was extensive use of sensory equipment for people who lived with dementia and staff helped them to access local dementia initiatives. These included dementia cafes, dancing and walking groups.

Since our last inspection, the management team had set up an 'Intergenerational Programme.' This involved two different age-groups of children attending Belsfield twice weekly from a local nursery. We saw they played games, interacted with people, ate snacks with them and provided lots of hugs and handholding. This was highly responsive to people's need to have a productive and engaging life. It gave them a sense of family and further support for their social requirements. Feedback from parents was complimentary about the impact this had on their children. The manager said, "The outcomes have been amazing in releasing emotions in people like the tears when holding a child or the smiles and happiness of spending time with them." They told us they worked hard with the nursery and held multiple meetings with them and parents to remove attached stigma. The home supported people with complex needs and the management team were very successful in assuring everyone about the safe environment. We saw a detailed risk assessment accounted for people's needs in the presence of children. This guided staff about dignified care provision to avert distress.

Staff we spoke with had a good grasp of addressing complaints in a timely way. An employee said, "If a relative has a complaint it is important I inform the senior as soon as possible so that we can get things sorted quickly." In the last year Belsfield received one informal complaint. The manager's response and documentation was detailed and transparent in their duty of candour. Staff were required to complete reflective work about the incident to incorporate lessons learnt into their practice. A person who lived at Belsfield said they felt very confident staff would listen to their concerns and address them as a priority. They added, "I have no problems talking to any of them."



## Is the service well-led?

### Our findings

A registered manager was in place. 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.

When we discussed the accessibility, approach and support from managers with people and their relatives, they unanimously agreed leadership remained outstanding. One relative said, "If we have any concerns they will listen. They are exceptional." Another relative commented, "Absolutely, we can talk to them about anything." A third relative told us, "The manager is very good. They are very approachable." A fourth relative added, "Management here is first class. They are on the ball with everything." A visiting professional stated they consistently found the home was very well organised because everyone knew their responsibilities and what was required of them.

The manager was highly visible during our inspection and available to people and relatives when approached. A relative said, "I see her most days. She even lets me go in her office for a chat." The owner had 177 people across the group of five homes and had an extensive knowledge of people at Belsfield. This showed their grasp of each person's needs and commitment to working with staff to provide the best possible care. An employee stated, "[The managers] are 100% supportive. Not only do they care deeply about the residents, but they also really care about us staff."

We found the management team continued to present themselves as excellent role models in the provision of high care standards. They worked cohesively with staff in the seamless model of care. An employee said, "The leaders are superb and really encouraging. They tell me if I am doing something wrong in such a way that it inspires me to do better." Staff stated the home's leadership remained very supportive and open to their ideas. An employee told us, "When we need something [the providers] are very approachable." Another staff member said, "Our voices count no matter what level of staff. We are like one big family, I really mean that, and are extremely well managed." The recent IIP report found 'leaders were passionate about providing clear direction and clarity regarding quality and standards of care.' Staff told us the manager was committed to developing their talents and skills. A staff member said they wanted to progress in the company. They added they felt highly valued when a leadership role was offered to them in recognition of their ability.

We saw continued evidence of the provider's strong diligence in working with other organisations in the ongoing development of the home. There was a tangible desire to continuously drive standards in people's care. For example, the manager recently attended the International Dysphagia Diet Standardisation seminar. The scheme helps to retain each person's safety through care planning, close monitoring, specialised nutritional support and auditing. They implemented initiatives focused on modified diets to improve people's health. GSF noted in their report they would use Belsfield's 'evidence to showcase examples of best practice to encourage and inspire others.'



The manager also ensured staff had current research and evidenced practice to provide highly skilled treatment. This included information from such sources as Care UK, Caring Times and Nursing Essentials, Caring Matters Now and GSF newsletters. Further information was made available from the National Institute for Health and Care Excellence guidelines. Staff were required to reflect on information and demonstrate their learning was implemented in practice. This gave the management team excellent insight into the effectiveness of care delivery.

The manager had consistently maintained their exceptional auditing and oversight of quality assurance, safety and people's welfare. Assessments included highly extensive monitoring of end of life care practices to review the effectiveness of treatment and symptom management. This system also looked at people's comfort and relatives' experiences post-bereavement. Since our last inspection, a staff protocol matrix had been introduced to assess personnel regularly checked their understanding of procedures. They were required to carry out reflective practice following incidents to enhance their skills and learning. We found quality assurance and auditing at Belsfield evidenced the management team acted to address identified issues. The manager was highly committed to continuous improvement and displayed outcomes of various systems in public areas. This showed their transparency and duty of candour to people, visitors and staff.

The manager retained their outstanding, wide-ranging approach to obtaining, listening to and acting on feedback. This comprised of regular 'resident/relative' meetings and ad hoc conversations when families visited people at Belsfield. Multiple satisfaction surveys reviewed different aspects of the home. These included checks of people's experiences visiting the home before admission, 'resident' surveys, relatives' questionnaires and seeking feedback from healthcare professionals. Another outstanding method looked at relatives' post-bereavement comments to assess end of life care. One response from this survey was, 'We can't thank the Belsfield team enough. [Our relative's] care was outstanding.' The home's recent GSF report acknowledged, 'Staff understood the importance of families and supported them through a range of emotions during this transition.'

We sampled the manager's latest surveys and found responses were highly complimentary about care provision, staff approach, leadership and the environment. Comments seen included, 'I think you do a marvellous job;' 'It is clear that support is personalised and the level of this support is, in my opinion, absolutely outstanding;' 'Lovely [staff]. Always sitting with my [relative]. Very dignifying;' and, 'The home is wonderful with its care and commitment.' An analysis of feedback given was displayed in the home's lobby to demonstrate the manager's continued transparency with people, visitors and staff. We asked people if there was anything the provider could do to enhance the home. A relative commented, "We don't need to give feedback because everything is excellent."

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.