

The Belmont Care Home Limited

Belmont Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection was carried out over two days on the 27 and 28 May 2015. Our visit on the 27 was unannounced.

Prior to this inspection of the service, we received an anonymous concern and allegations about care practices in the home. Our findings are recorded throughout the report.

We last inspected Belmont Care Home on 18 March 2015. This was to check whether Belmont Care Home had taken action to meet the following essential standards: Staffing.

This was a requirement made following our inspection of the service on 20 August 2014. On 18 March 2015 we found that Belmont Care Home was meeting this essential standard.

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.

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

Summary of findings

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.

We found the building to be well maintained, clean, tidy and odour free.

Staff we spoke with had a clear understanding of whistle-blowing and knew they could contact people outside of the service if they witnessed poor practice and felt their concerns would not be listened to or taken seriously by the registered manager.

People who used the service told us they felt safe and that staff responded to their needs quickly. They also told us that enough experienced staff were on duty at all times to meet their needs.

To minimise the risk to people living in the home should there be an emergency, especially for evacuation of the premises, each person had an individual personal emergency evacuation plan in place.

Records indicated and staff spoken with confirmed that they received regular and appropriate training that enabled them to carry out their job roles safely and effectively.

We looked at staff personnel files and found that some job application forms contained gaps in the persons employment history. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Care files seen indicated that people using the service had access to health care professionals such as doctors and district nurses. Discussion with care staff demonstrated that they knew and understood the needs of the people they were supporting.

People's care plans contained sufficient appropriate information to help staff and guide them to deliver care and support that met people's individual assessed health and care needs.

Meals provided offered people choice and mealtimes were a sociable and relaxed experience and people were helped to maintain as much independence as possible.

Systems were in place to monitor and evaluate the quality of service being provided and staff spoke highly about the management of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Recruitment processes did not fully protect people who used the service from the risk of unsuitable people being employed to work in the home.

Sufficient suitably qualified and experienced staff were available to meet people's needs.

Medicines were managed safely.

Suitable arrangements were in place to help safeguard people from potential abuse.

Requires improvement



Is the service effective?

The service was effective.

Staff received appropriate levels and frequency of training to enable them to carry out their job roles effectively and systems were in place to provide staff with regular support and supervision.

Good communication was used between staff to ensure information about people's health and care needs was updated on a daily basis.

The registered manager and staff had an understanding of the principles and requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

We saw staff caring for people using the service in a compassionate and caring manner.

Staff had received training in end of life care to enable them support and care for people who were ill and required such care.

People using the service gave positive feedback about the staff working in the home.

Good



Is the service responsive?

The service was responsive.

Information in care files/records provided staff with sufficient information to provide care to an appropriate level.

A complaints procedure was in place and people using the service told us they would feel comfortable if they needed to raise a complaint.

Good



Summary of findings

Is the service well-led?

The service was well led.

A clear management structure was in place and staff spoke positively about working at the home.

People using the service were provided with opportunities to give feedback about the service they received.

Systems were in place to monitor the quality of the service being provided.

Good



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 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.

This inspection took place on 27 and 28 May 2015 and day one was unannounced. The inspection was carried out by one inspector over both days. We had not requested the service to complete a provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our

inspection we reviewed the information we held about the service, including a recent concern we had received. Based upon the information contained within the concern received, we decided to bring forward our planned comprehensive inspection of the service.

During the inspection we spent two days in the home observing the care and support being provided to people in the communal areas. We looked around the home which included communal areas and a selection of people's bedrooms.

During the inspection we spoke with a total of 14 people who used the service, four care staff, one senior carer and the registered manager. We looked at a sample of records which included five people's care files, four medication records, six staff recruitment and training records and records about the management of the service.

Is the service safe?

Our findings

People who used the service that we spoke with told us they felt safe and comfortable and that staff responded to their needs quickly. One person told us, “I feel the staff help me when I need it. I spend a lot of time in my room and the staff come quickly when I call them [using the call bell]. This helps me to feel comfortable and safe.” People using the service, staff we spoke with and inspection of the staff rota’s indicated there were sufficient experienced and competent staff on duty at all times to meet people’s needs.

Prior to this inspection of the service, we received an anonymous concern and allegations about poor moving and handling practice being used in the home. During our time in the home we discreetly observed care staff and we saw no evidence of poor practice when staff were using equipment such as hoists. Records indicated that care staff had received training in the use of such equipment and care staff spoken with confirmed this. In our discussions with the registered manager it was confirmed that disciplinary action had been taken with one member of staff regarding poor moving and handling practice. We also saw a range of documentation to confirm that regular maintenance of the building and equipment was taking place.

We looked around the home including communal areas, bathrooms and toilets and some bedrooms we randomly chose to view. We found the areas to be clean and tidy with no unpleasant odours detectable. Some people using the service invited us to speak with them in their rooms and one person told us, “I love my room. It is one of the bigger rooms so I have plenty of space and room to move about. The cleaners work really hard and always make sure my room is cleaned every day because I spend a lot of time in it.” Another person said, “I am very comfortable and have everything I need.”

We looked at five staff personnel files and saw that staff had been recruited following an appropriate selection and recruitment process. Each file contained an application form, a job description and two references, one of which was from the person’s last employer. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS carries out checks and identifies to the provider if any information is found that could mean a person may be unsuitable to work with vulnerable adults. On two files no

photograph of the member of staff was in place but the registered manager had evidence to confirm that recent photographs had been taken and were due to be processed. We also saw that on three files, gaps in employment history details were evident. Discussion with the registered manager confirmed she knew why there was a gap but had not recorded the details and would make sure that in future, details of any gaps in a person’s application for employment would be recorded.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

To minimise the risks to people living in the home in the event of an emergency, especially for evacuation in the event of a fire, each person had an individual personal emergency evacuation plan (PEEP). Records seen indicated there was a fire risk assessment in place for the premises and regular in-house fire safety checks had been carried out to check that the fire alarm, fire fighting equipment and emergency lighting were in good working order and that all fire exits were kept clear. Staff had also participated in regular fire drill practice. Records seen also confirmed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers’ guidance and instructions. A maintenance person was employed to undertake minor repairs in the home and undertake checks such as hot water temperature checks. This helped to ensure the safety and well-being of the people living, working and visiting the home.

A named senior carer was the infection control lead for the home who carried out regular infection control audits with the registered manager having overall responsibility. Infection control training was included in the staff training programme and details in the staff training matrix showed most staff had completed this training or were scheduled to complete the training. We saw that staff had access to and wore protective clothing, including disposable vinyl gloves and aprons when carrying out personal care duties. People living in the home, staff and visitors had access to hand gels, liquid soap and paper towels at each hand-wash basin. This helped to prevent the spread of infection.

Safeguarding procedures were in place to help safeguard people from potential abuse. The training matrix (record) indicated that seven staff had still to complete this training and the registered manager confirmed that these staff would be attending the next available safeguarding training with the local authority. Policies and procedures

Is the service safe?

for safeguarding people from harm were in place which also included the local authorities guidance on dealing with recording and reporting abuse. The staff we spoke with all confirmed they had completed safeguarding training and were able to tell us what action they would take if abuse was suspected or witnessed.

Staff we spoke with had a clear understanding of whistle-blowing and knew they could contact people outside of the service if they felt their concerns would not be listened to or taken seriously. We were aware that some staff had previously raised concerns using this procedure. Having a culture of openness where staff feel comfortable about raising concerns helps to keep people who use the service safe from harm.

We looked at what systems were in place for the receipt, storage, administration and disposal of medicines. A dedicated medicines room was used to store and lock safely away all medicines. A medication trolley was used to

transport medicines for administration to people using the service. Each person had their own medication administration record (MAR) and we checked the MARs for five people who used the service. A number of people were prescribed 'painkillers' to be taken as and when required. The MARs indicated that people were given their medicines as prescribed by suitably trained care staff. This helped to make sure people's health and well-being was being protected.

We randomly checked the balances of some medication to be administered 'as and when required' for four people. We found all balances to be correct, except for one where the correct balance had not been carried forward at the end of the previous month. We discussed this with the registered manager who said they would carry out a weekly check of such medication to make sure balances were carried forward correctly at the end of each month and that all medication in the home could be accounted.

Is the service effective?

Our findings

We asked people using the service to tell us about the skills and attitude of the staff working in the home. Comments included, “The staff are smashing”, “[named staff] is lovely, she does everything you ask of her”, “They [staff] do seem to know what they are doing and know how to do their jobs, which gives me confidence when they are helping me” and “Going off what I’ve seen, I would say the staff are very well trained.”

Staff who we spoke with told us about people receiving an assessment of their needs before moving in to make sure their needs could be properly met. One member of staff said, “We continually monitor the person during their first few weeks in the home so we get a clearer picture of exactly what their needs are and any we were not aware of. This helps us to develop a good care plan for that person.”

Those staff who we spoke with also told us they had received appropriate induction training when they started working at the home. They also told us they had access to, and received regular, appropriate training. The registered manager provided us with the current training plan that was in place for all staff. Information contained in the plan indicated that staff had completed training that helped them to safely care and support people using the service and that training was planned on an ongoing basis. Regular training for all staff is important to support and further develop them to carry out their jobs safely and effectively.

All staff who we spoke with confirmed that they received supervision sessions with their line manager, although some staff could not recall the frequency of the supervision sessions. Records seen indicated that supervision was ongoing and annual appraisals were taking place. This meant that staff were receiving appropriate support and guidance to enable them to fulfil their job role effectively.

To make sure effective communication took place between all staff teams, records seen indicated that information about people living in the home was handed over at the change of each shift. Staff told us they received good support from both the registered manager and senior staff. One member of staff said, “We work well as a team most of the time and the fact we can speak with the manager at any time helps to make our job easier.”

We looked at how the service gained people’s consent to the care and treatment they received. The registered

manager told us that wherever possible, if people using the service had capacity, they would be involved in planning their care and treatment. One person we asked told us, “I like to spend time in my room and the staff know this. I come and go when I want to, not when I’m told to. The girls [staff] are very good at asking me what I want.”

During our inspection of the service and observations of staffs interactions with people, it was evident that some people did not have the capacity to consent to the care being provided. The registered manager told us that in such circumstances, decisions would be made in the best interest of the person. They told us this was done by contacting relevant health care professionals that had been involved with the person prior to moving in the home and family members if appropriate. Such meetings are known as ‘best interest’ meetings and are used to decide the best and most appropriate way to gain the best outcome for the person using the service. Records we looked at showed that where able, people who used the service had signed a consent form agreeing to care and treatment. We saw one consent form that had been signed by a relative with Power of Attorney to act in the best interest of the person.

In our discussions with the registered manager they were able to tell us about their understanding of the Mental Capacity Act 2005 (MCA) and the work they had done to determine if a person had the capacity to give consent to their care and treatment. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We were told that applications for legal authorisation of DoLS had been made for most people living in the home.

Care records seen indicated that people using the service had access to other health and social care professionals, such as social workers, district nurses, general practitioners and community practitioners.

We observed the lunchtime meal being served in the small downstairs dining room. This dining facility was used to support those people who required assistance at meal times. There was a choice of menu and the meals being served were as described on the days menu board displayed in the dining room. Two staff remained in the dining room to offer support to six people and any support given was done sensitively and appropriately. We saw that the dining experience was a sociable and relaxed experience and people were helped to maintain as much independence as possible.

Is the service effective?

Records were kept of the food served and staff completed food and fluid intake charts where people's nutrition and hydration required monitoring. When necessary, we saw

action had been taken, such as a referral to other health care professionals such as speech and language therapists or dietician, if a dietary or nutritional concern had been identified.

Is the service caring?

Our findings

Prior to this inspection of the service, we received an anonymous concern and allegations about care practices in the home. These concerns included, poor food intake for bed bound service users, improper use of wheelchairs e.g. no footrests used, infrequent toileting of service users and staff shouting at service users.

During our inspection of the service we spoke with people living in the home about the care and support they were receiving. People were complimentary about the staff and they told us they were happy living at the Belmont Care Home. Comments made included, “The staff know I like to stay in my room and will bring my meals to me if that is what I want” and “All the staff are very kind and attentive.”

On arrival at the service we immediately looked at the wheelchairs being used to transport people around the home and those chairs ready to be used as people got up. This was to address the concern raised about footrests not being used. All had appropriate footplates in place and notices were displayed informing staff that footrests must be used at all times.

At lunchtime we observed that one member of staff was assigned the duty to take meals to those people in bed and to ensure they had a proper meal and drinks. Staff spoken with confirmed that this was now the usual routine to make sure everyone received proper and appropriate support at meal times.

We saw people were well groomed and wore clean and appropriate clothing and, during our inspection of the service, people had the opportunity to visit the hairdresser who regularly provided a visiting service to the home.

A discussion with the care staff on duty demonstrated that they knew and understood the needs of the people they were supporting. Staff told us, “We all do our best for the people living here and always try and provide good care and give people reassurance when they need it.” We saw that staff cared for people who used the service with dignity and respect and attended to their needs discreetly, especially when supporting people to use the bathrooms or toilets. We observed staff responding to people’s requests to use the toilet and saw no evidence that people had to wait very long before staff attended to them. We also observed that staff frequently reminded and encouraged those people who were unable to make a verbal request, to use the toilet.

The atmosphere in the home was calm and relaxed and we saw and heard staff and people using the service enjoying chatting and laughing about different things. The registered manager did confirm that they had to take appropriate action with a member of staff whose tone of voice could sometimes be ‘sharp’ with people using the service.

We were told that wherever possible people using the service were involved in making decisions about their end of life care. Training records indicated that staff had undertaken relevant training and this was on-going. The training was designed to enable people who use the service to receive high quality end of life care provided by staff in a compassionate and understanding manner.

Is the service responsive?

Our findings

People using the service told us that they felt their needs were being met. One person told us, “The care I receive is the best you can get, a lovely bunch of staff” and “If I need to see my doctor I just tell one of the girls [staff] and they will send for him.” Another person told us, “If I need anything at all I only have to ask.”

Prior to any person coming to live in The Belmont Care Home the registered manager or a member of the senior staff team would carry out an assessment of the person’s individual needs. We saw examples that people had received a care needs assessment before they moved in to the home, to make sure that their identified needs could be fully met by the service.

We looked at the care files of five people who used the service. The care plans seen provided relevant and appropriate information to help staff and guide them to deliver care and support that met people’s individual assessed health and care needs. We saw that the records were reviewed regularly and updated where necessary. We saw evidence that a person who used the service and/or their relative had been involved in the care planning process. We also saw evidence of recent written requests that

had been made to the continence service for individual assessments to be carried out for a number of people using the service. This meant that people’s changing needs had been responded to quickly.

Activities were provided on a daily basis by staff on duty. This was usually for a two hour period in the afternoon. Staff told us that a singer regularly visited the home and that people generally enjoyed singing along. Other activities included arts and crafts, quizzes and bingo. One person using the service told us, “I don’t get involved, it’s not my thing.” Another person said, “I enjoy my own company but I will play the odd game of bingo. The staff are always asking if we want to join in activities.”

People using the service who we spoke with told us they would feel comfortable if they needed to raise a concern or a complaint with any of the staff or the registered manager. The complaints procedure was displayed and, although most information was included, the procedure may benefit from displaying other information such as the details of the Local Government Ombudsman. The registered manager said she would review the procedure and update and include any other information that would be helpful and appropriate.

Is the service well-led?

Our findings

The management team for the service consisted of the registered manager, head of care and senior carers. Staffing rotas were available to confirm this and the registered manager was on duty both days of our inspection. The senior carers on duty were able to confirm their role, responsibility and accountability in the absence of the head of care or the registered manager.

The registered manager told us the provider had decided to convert one of the unused bathrooms in the home to an office space. This would enable the provider to spend up to three days in the home to offer further support and guidance to the management team.

The registered manager was able to tell us how they monitored and reviewed the service to make sure people received appropriate levels of safe and effective care. Systems had been put in place to evaluate the service being provided that included regular checks on medication records, care files, staff training, infection control, the environment and equipment used in the home. The registered manager told us that as a result of these checks, improvements had been made to the environment and the provider had recently ordered ten sets of new bedroom furniture and new carpets to be fitted to a number of bedrooms.

We saw evidence that feedback was sought from people who used the service, their relatives and health and social

care professionals through annual questionnaires. We looked at some responses from the returned questionnaires from August 2014 to April 2015. The comments that had been made were complimentary about the service being provided. The registered manager told us that questionnaires would be sent out again in September 2015 and would also include questionnaires for staff.

A meeting for people using the service was last held on 2 October 2014 and we saw minutes from that meeting. Relevant topics had been discussed including, support from care staff, new staff, meals/menus and activities. People using the service who we spoke with knew who the registered manager was and told us they would feel comfortable approaching the manager if they needed to.

Records seen indicated that meetings had taken place with night and day care staff and with visiting health care professionals such as district nurses. We saw that daily 'handover' meetings were taking place between staff on each shift where the health and well being of people living in the home was discussed.

Staff we spoke with told us that the registered manager was approachable, supportive and any issues of concern raised would be responded to quickly. Comments received included, "the management of the home has improved dramatically", "very fair, very approachable and tries to accommodate" and "[registered manager] is a very good manager, very supportive, always asking about how the resident's and staff are on a daily basis."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>People who used the service and others were not fully protected against the risks associated with unsuitable people being employed to work in the home as gaps in some staffs employment details had not been fully checked with the details being recorded.</p> <p>Regulation 19 (3)(a)</p>