

Belmar Care Homes Limited

The Belmar Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Belmar Nursing Home is an adapted building, registered to provide care for up to 44 people with a mental health condition, dementia or substance misuse. At the time of our inspection 32 people were receiving care and support at the home. Care is provided over three floors, with single occupancy bedrooms, communal areas and gardens.

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

The provider had made improvements to the premises since our last inspection. We have made a recommendation about continuing to improve the premises.

Staff managed people's medicines well and kept the home clean and tidy. Staff managed risks well and had plans to follow in case of emergencies. The service had systems to protect people from the risk of abuse and improper treatment.

The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences. Staff supported people with their healthcare needs and worked well with external healthcare professionals. People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively, following good practice guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion. The service supported people to be independent. We received positive feedback about the caring approach of staff.

The service put people at the heart of the care they received. Staff identified people's needs and preferences and worked to ensure people were happy with the care they received. The service made sure people were supported to communicate and planned activities to enhance people's wellbeing.

The service was led by a registered manager who was described as approachable, well-organised and caring. The culture at the service was open and inclusive. Staff understood their roles and responsibilities. The provider monitored the quality of the service using a range of systems.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 January 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Belmar Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Belmar Nursing Home is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visits to the home, we spoke with six people who used the service. We also spoke with 12 staff, including the registered manager, nurses, carers and domestic staff. Following the inspection visits, we spoke with two health professionals to gain their feedback about the service.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed six people's care records and multiple medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We reviewed a range of records related to the management of the service, including safety certificates, policies, procedures and quality assurance systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, we made a recommendation to the provider to continue to embed good practice around medicines management. We found the provider had continued to make improvements.

- Medicines were managed safely. People received their medicines as prescribed from staff who had been trained, and had their competence assessed, to administer them safely. Where people were prescribed 'as required' medicines, staff produced written instructions and information about how and when these medicines could be given to people, to ensure they were used safely. One person told us, "I have no problems or complaints with medication. I might need pain relief. I always get it, they don't leave me hanging about."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People we spoke with told us they felt safe. Comments we received included, "Yeah, I feel safe here." And, "It's a home from home."
- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.

Assessing risk, safety monitoring and management

- Staff managed risks to people's safety. They assessed and regularly reviewed risks to people, to manage any identified risks and keep people safe from avoidable harm. Staff were familiar with people's individual risk management plans.
- The provider ensured the environment and equipment were safe. The registered manager ensured equipment was inspected and serviced when it needed to be and had plans to keep people safe in the event of an emergency.

Staffing and recruitment

- The service was staffed sufficiently. People who used the service told us there were enough staff on duty. Staff told us they felt there were enough staff deployed to meet people's needs and to keep them safe.
- The registered manager followed safe recruitment practices and kept all the records, as required by law. Staff we spoke with confirmed the recruitment process remained the same as at the last inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits, in line with national guidance.

Learning lessons when things go wrong

- The registered manager used a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the registered manager reviewed on a regular basis to identify any trends, themes and areas for improvement. They shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found the provider had not gained consent to care and treatment and found they had not acted in line with the MCA 2005 when required. This was breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found the provider had made improvements and was no longer in breach of regulation 11.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff assessed people's capacity to consent to and make decisions about their care. Where people lacked capacity, staff followed the MCA code of practice to ensure any decisions made on their behalf were in their best interests. Staff continued to offer people as much choice and control as possible over their care. The registered manager sought legal authorisation where people were subject to any restrictions for their safety. Where DoLS authorisations were granted, we saw the service ensured any conditions were met.
- Staff used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and

protected their rights.

- Staff assessed people's needs and involved them, or others acting on their behalf, in care planning to ensure their choices and preferences were considered and their needs were met. Staff gathered information from the person and professionals involved in their care to create written plans of care for staff to follow. Staff knew people's individual needs and preferences well which helped them provide effective care.

Adapting service, design, decoration to meet people's needs

- The service was adapted to be safe, accessible and comfortable. Communal areas provided space for people to relax and socialise. We saw people had been supported to personalise their bedrooms.
- The provider had continued to make improvements to the premises. However, there were still some areas of the home that would benefit from refurbishment. The registered manager shared with us their plans to improve these areas of the home.

We recommend the provider continues to follow a refurbishment plan to improve the premises.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. People we spoke with and external professionals gave us positive feedback about how staff supported people. Staff told us they were required to complete a range of training courses. One said, "I did moving and handling straight away. They push you to do the training."
- Staff were well supported by senior staff and the registered manager. Staff told us they felt the staff team worked well together. One said, "The nurses are quite hands-on and are quick to help." Another commented, "[Deputy manager] is approachable and relaxed. You can tell her anything." Staff were supported through day to day contact and regular one-to-one meetings. Staff had opportunity to discuss any concerns, issues, work performance and development with the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to ensure they received a balanced diet and sufficient fluids to maintain their health. They assessed people's nutritional needs and sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. We saw professional guidance was used in care planning to help ensure people's nutritional needs were met.
- The mealtime experience was pleasant, and people's individual needs were met. We saw people were supported by staff when needed. Drinks and snacks were available throughout the day. One person told us, "I love the food. It's great." Another said, "The food is good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. We saw the service worked closely with healthcare professionals. Staff incorporated professional guidance into people's care plans.
- The service supported people to live healthier lives with guidance around healthy eating and supporting them to access healthcare services. One person told us, "I have to go to hospital sometimes. The staff come with me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences. One person confirmed staff were respectful towards them and said, "The staff are all good." Another said, "Staff are alright. They are a good bunch. They try and keep a smile on your face." A staff member told us, "[Registered manager] is very caring about the residents. The staff are very caring."

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people, as far as possible, in decisions about their care and how the service was run and invited people to share their views. People who lived at the home were living with conditions which affected their mental health. This sometimes made it difficult for staff to obtain their views in detail. Where people were unable to express their views, staff involved people who knew them well, or involved independent advocates, to ensure decisions were made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and offered compassionate support. It was clear staff knew people very well and were patient and compassionate when assisting and interacting with people. One person told us, "If I feel down, I'm able to speak with staff in confidence."
- Staff respected people's right to privacy. People were able to spend their time as they wished and staff respected people's wishes not be disturbed during night time checks. We saw staff knocked on people's doors and only entered people's bedrooms with permission.
- Staff promoted people's independence. People were able to come and go from the home as they pleased, if they had been assessed as safe to do so. Staff encouraged people to make choices for themselves and to do what they could themselves, rather than simply doing things for them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to develop individualised plans of care to ensure people's needs were met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements and was no longer in breach of regulation 9.

- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs when they first moved into the home. Staff regularly reviewed written plans of care to ensure they continued to meet people's needs.
- We found some people's care plans included information which staff may have found confusing. When care plans had been reviewed, older information had not been removed. This meant, as well as people's current needs, older information was also presented. The registered manager explained they had already identified this and shared with us their action plan, which showed they were in the process of making improvements to address the issue.
- People were supported with their recovery. Since our last inspection, the registered manager had implemented a recognised recovery tool. This helped people, with support, to realise their recovery goals. We saw people had been supported to make sufficient progress with their recovery to move on to more independent settings.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Information about people's communication needs was shared with other services when appropriate, for example, if someone needed to attend hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with and supported to participate in activities to help maintain their social health. We saw staff supported people with a range of activities in the home and trips out to local attractions and events. A staff member told us, "Every day is different. We play games, watch movies, do bakery, cooking, arts and crafts. We are having a picnic tomorrow."
- The service supported people to develop and maintain relationships. People who had been assessed as safe to do so were free to come and go as they pleased, which enabled them to visit friends and family. Where people required staff support to do this, support was provided. People's relatives were able to visit without restriction.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received no complaints since the last inspection. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service. One person told us, "I've never made a complaint. I would go straight to the manager and tell them straight."

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was supporting one person at the end of their life. The registered manager ensured all relevant support was available to ensure people received the necessary support to remain in their own home.
- The service followed best practice guidance in relation to planning end of life care. The registered manager had recorded people's end of life decisions and had links with appropriate external professionals. People's preferences and spiritual needs were recorded.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to operate effectively systems to assess, monitor and improve the quality of the service. The provider had also failed to maintain contemporaneous records related to people's care and treatment. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements and was no longer in breach of regulation 17.

- The registered manager understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability.
- The registered manager and staff were experienced, knowledgeable and familiar with the needs of people they supported. People were complimentary about the staff team and the management of the service. One person told us, "The staff are seriously brilliant. They're like an extended family." Staff were enthusiastic and had a clear understanding of their roles.
- The registered manager used a variety of method to assess, monitor and improve the quality of the service provided. We saw they used audits, along with feedback from people and staff to identify areas for improvement. A staff member told us, "[Registered manager] definitely knows what's going on. She's on the ball."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had created a culture that was open, inclusive and put people at the heart of the service. Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. A staff member commented, "It's a lot more organised. You can see a difference in the place since [registered manager] took over. We actually work together as a team. Things just get done straight away."
- The staff team worked cohesively to achieve good outcomes for people. Staff we spoke with told us about how they worked as team to care for people. One said, "As a staff unit, we are excellent. We work together." Another said, "We all chip in and the nurses help out. Teamwork is good." One person who used the service

told us, "The staff calm me down. 100% cannot fault them, and I say that with all my heart."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings to gain feedback about the service. We saw various topics about the service were discussed in meetings where people were able to influence decision making, for example in relation to menus and activities. One person told us, "Residents meetings are alright. They put ideas to the management."
- The registered manager continually engaged with staff. Staff meetings were held, along with individual meetings. Meetings were arranged at different times to maximise attendance. This gave staff the opportunity to influence how the service was delivered to people. A staff member told us, "We have a regular monthly staff meeting, more often if required. We have a meeting tomorrow and it's at 7pm so the night staff can attend." Another staff member said, "[Registered manager]'s door is always open."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.