

Diomark Care Limited

Belmont Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Belmont Lodge is a care home which provides personal care and support for up to 46 older people some of whom may be living with dementia. At the time of our inspection, 24 people were being supported at the service.

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

People and relatives were positive about their experience at the service. One person told us, "I feel safe here, I have been here a few years and if I didn't feel safe, I would walk out the door." A relative told us, "The staff are very good they are absolutely brilliant. They [staff] know [person name] really well."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

The acting manager had good oversight of the service, they had encouraged a culture of learning and development. There were systems in place to monitor and review care and people's experience at the service.

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 Inadequate (3 January 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations in Safe or Well Led. However, Effective and Responsive were not reviewed at this inspection breaches of regulation 11(Consent) and 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 remain in place.

This service has been in Special Measures since 3 January 2020 during this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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 coronavirus and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in the Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Belmont Lodge Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

Consisted of one Inspector.

Service and service type

Belmont Lodge Care Centre 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, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission however they were not currently at the service and there was a manager in place. 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.

Notice of inspection

This inspection was unannounced.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the manager, deputy manager, and care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, policies and surveys. We spoke with four relatives and received feedback from two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection in November 2019, suitable arrangements were not in place to protect people from abuse this was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. We also found a breach of Regulation 12 (Safe Care and Treatment) due to people's risk not being assessed and properly recorded. In addition, we found a breach of Regulation 18 (Staffing) due to insufficient staffing arrangement. At this inspection we found improvements had been made and the service was no longer in breach of these regulations.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment.
- People told us they felt safe living at the service. One person told us, "It is a really nice home, the staff are very kind." A relative told us, "The staff are doing a marvellous job."
- Staff knew how to keep people safe and protect them from safeguarding concerns. The provider had policies in place for staff to follow on 'whistle blowing' and staff received regular training on how to safeguard people. One member of staff told us, "If I had any concerns, I would report this to my senior who would tell the manager. In the staff room we have guidance how to escalate a concern to safeguarding."
- We saw evidence the acting manager and deputy manager had worked with staff to recognise what could be considered a safeguarding and what they should do to keep people safe and mitigate risks.
- The acting manager raised concerns and investigated them as appropriate. They worked with other healthcare professionals such as the local authority, to ensure people were supported to remain safe, and for all risks to be identified and lessened.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- A new system for care planning and risk assessment had been implemented. Care plans and risk assessments were regularly reviewed and relevant to people's care needs.
- Care plans were detailed and contained all the information staff needed to support people safely.
- We saw where risks had increased additional support from the relevant health professionals had been sought and care plans were updated to reflect this.

Staffing and recruitment

- There was a consistent staff team at the service. The acting manager had developed the staff team over the past twelve months and recruited as appropriate. Staff we spoke with demonstrated they knew people well and the best way to support them. One person told us, "All the staff are nice and look after me."

- The acting manager used a dependency tool to calculate staffing numbers and staffed above these needs to ensure there was enough staff to cover absence such as, sickness.
- We saw the staff were very visible and promptly attended to people's needs. One member of staff told us, "We have a great team and always have enough staff."
- There was an effective recruitment process in place, and checks were in place to ensure staff recruited were suitable for the role they were employed for.

Using medicines safely

- People received their medicines as prescribed.
- People were supported to take their medicines by trained and competent staff.
- There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.
- Regular audits were completed to check medicines were being managed safely.

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.

Learning lessons when things go wrong

- The acting manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in November 2019, there were not arrangements in place for sufficient oversight of the service this was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. We also found a breach of Regulation 18 (Registration) due to the registered manager not informing us of notifiable events. At this inspection we found improvements had been made and the service was no longer in breach of these regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a positive culture and staff were clear about their roles.
- Since our last inspection the provider has employed a new acting manager. Along with the deputy manager they have worked together to address the issues identified at the last inspection.
- Staff we spoke with were very positive about the support they had received and changes that had been implemented. We saw the new acting manager had embedded a culture of learning and development amongst staff. One member of staff said, "I have been given opportunities to develop myself and feel part of the management team. For example, [manager name] has helped me to develop skills to do investigations and really understand why it is important to learn why things go wrong."
- The acting manager had clear oversight of the service from the governance measures they had put into place. We saw audits were used not only to monitor the service, but as learning tools for staff. This encouraged continual learning and improvement of the service to improve outcomes for people.

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

- The provider acted on duty of candour.
- The Commission requires providers to notify us of a number of incidents that can occur at services. These include accidents, incidents and safeguarding information. We found the acting manager fully understood this requirement under duty of candour and they had sent in the required notifications to us.

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

- The acting manager was engaging with people and considered equality and diversity.
- The acting manager and staff had a number of systems in place to gain feedback. This included talking to people and relatives and holding meetings. The acting manager also used surveys for people, relatives and

staff. Surveys we reviewed showed feedback was canvased on care and support and were aimed at identifying if improvements needed to be made. Surveys for staff also gained feedback on how the service was developing and if staff felt supported. We saw the acting manager had analysed surveys to make them meaningful and acted where needed.

- From minutes of meetings with people we saw topics were discussed such as, COVID 19, staffs use of PPE and regular testing. In addition, people's care, laundry, food and activities, were discussed and any issues resolved. The meetings also gave people an opportunity to provide positive feedback on the care they were receiving.
- As part of reviewing people's care each month a person is nominated as resident of the day. During this time not only are all their care needs reviewed with them and their relatives they are also supported to participate in anything they would like to do. We saw a compliment from a relative which said 'Thank you so much for keeping me regularly updated in this difficult lockdown time. The photo's I have received from staff are amazing and I know he is in safe hands.' A relative we spoke with said, "The support I have received from Belmont has been amazing."

Continuous learning and improving care; Working in partnership with others

- There was continuous learning to improve care.
- Staff have been supported with learning opportunities and to develop new skills. The manager has sourced additional training to equip staff with the skills they need during the pandemic. A visiting healthcare professional who has carried out additional training with staff told us, "The staff always take on board our teaching and suggestions. I recently taught infection control and the deputy manager attended so they know what we are teaching."
- The provider had continued to engage with the local community to support the service including local schools, churches and supermarkets.
- The acting manager had worked closely with other healthcare professionals such as the GP, district nurses, community matron and care home practitioner to gain continued support for people and improve their experience. One healthcare professional told us, "The home has most definitely made improvements and continues to do so."