

Kross Investments Limited

Belton House Retirement Home

Inspection report

2 Littleworth Lane
Belton In Rutland
Oakham
Leicestershire
LE15 9JZ

Tel: 01572717682

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19 March 2021
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Belton House Retirement Home is a residential care home providing personal care to older people with a physical disability, sensory impairment, dementia and mental health needs.

The service can support up to 26 people across two separate floors. 21 people lived at Belton House Retirement Home at the time of inspection.

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

The registered manager failed to implement all the required infection prevention and control procedures. They failed to implement recommendations and advice given to them from reports from other agencies regarding these.

The service did not consistently screen visitors for symptoms of COVID-19. Social distancing was not promoted in the service. Bedrooms were not consistently deep cleaned, and weekend staff had not recorded the cleaning of frequently touched areas such as door handles and light switches. People's COVID-19 risk assessments did not consider their individual risks associated with their diagnosed conditions.

Improvements were required to the monitoring of the quality and safety of the service as planned audits had not been completed consistently or to a sufficient standard. There was a potential for people to be placed at risk due to the length of time between checks as areas that required repair or improvement had not been identified.

We found the following examples of good practice

Testing was completed for staff and people living at the service. This meant prompt action could be taken should anyone test positive for COVID-19.

Staff were observed wearing the correct Personal Protective Equipment (PPE) in line with government guidance. PPE was accessible throughout the service.

People were supported to maintain contact with family members and friends via phone and video calling.

People were admitted to the service safely and were supported to isolate on admission in line with government guidance.

Staff understood the principles of isolation, co-horting and zoning should there be a COVID-19 outbreak. The service had learned lessons from a COVID-19 outbreak during November 2020.

People were supported to attend hospital appointments. Staff ensured measures were taken to reduce risks to people such as regular handwashing, use of hand gel and PPE.

People's risks had been assessed and care plans guided staff on how to mitigate these known risks.

The service deployed enough staff to meet people's needs. The registered manager ensured people were cared for by staff they knew, even when using agency staff. All staff received an induction and were recruited safely.

People received their prescribed medicines safely. People were protected from abuse as staff understood their responsibilities and how to report their concerns.

Further information is in the detailed findings below.

Rating at last inspection

The last rating for this service was good (published 19 December 2019). You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belton House Retirement Home on our website at www.cqc.org.uk.

Why we inspected

The inspection was prompted in part due to concerns received about infection prevention procedures, staffing numbers and medicines management. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safety and managerial oversight of safety at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Further information is in the detailed findings below.

Requires Improvement ●

Is the service well-led?

Further information is in the detailed findings below.

Requires Improvement ●

Belton House Retirement 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 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

This inspection was carried out by two inspectors.

Service and service type

Belton House Residential Home 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. This means that the provider and the registered manager are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care staff, agency care staff and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection this key question has now deteriorated to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

How well are people protected by the prevention and control of infection?

- Temperature checks of visiting professionals to the service were inconsistent. A health declaration form and system to take temperatures was implemented during the inspection; however, this would need to be continued and embedded in practice.
- On the first day of inspection, visiting took place in a separate building in the grounds of the service. We spoke with the management team about people's choice and privacy. On the second day of inspection indoor visiting had been implemented in a dedicated room that could be cleaned between visitors.
- Chairs in the lounge area had not been arranged to promote social distancing in accordance with government guidelines. We observed 12 people sat closely together, putting them at increased risk of cross infection.
- Weekend staff had not recorded the cleaning of frequently touched areas such as door handles and light switches, placing people at risk of infection from these areas. We could therefore not be assured cleaning of high touch areas had been undertaken on weekends.
- Deep cleans of rooms were not planned and recorded consistently. However, the rooms we checked were cleaned to a good standard.
- A month prior to the inspection, the Local Authority had made recommendations for improvements to the services infection prevention and control systems and processes. We found these recommendations had not yet been implemented.
- People's COVID-19 risk assessments were not personalised to ensure measures were put in place to reduce their individual risks associated with diagnosed conditions.
- 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 have also signposted the provider to resources to develop their approach.

The provider did not ensure people were suitably protected from the risks of infection. This is a breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe Care and treatment

Assessing risk, safety monitoring and management

- The risks to people's health were identified, assessed and there were measures put in place to mitigate risks and ensure people's needs were met. People were referred to health professionals such as dietitians

where they required additional advice and assistance.

- People had personal emergency evacuation plans in place (PEEP's) to ensure they were supported appropriately in the event of an emergency.

Staffing and recruitment

- There were not enough staff permanently employed to meet people's needs. The management had mitigated this risk by using a regular group of agency staff who knew people well. The manager was actively recruiting staff.
- There were no staff on-site at night that could administer medicines. Some people were prescribed pain relief at night, but records showed they had not required this in the last few months. The manager had mitigated this risk by ensuring people's medicines were given as planned in the evening and having staff nearby on call to give medicines as required at night. This was a short-term measure until a new senior staff had been employed. The manager told us this issue would be resolved by 1 May 2021.
- Staff were recruited safely. The provider had a robust system and process in place to ensure only suitable people were employed. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Staff had received training to administer medicines and had their competencies checked.
- The provider had a medicines policy in place, which offered information and guidance for staff on best practices.
- Protocols were in place for 'as and when required' (PRN) medicines and people received their medicine when they needed it.
- People who received their medicines covertly had been appropriately assessed. Decisions to administer their medicines covertly had been recorded by the manager and GP following a mental capacity assessment and a best interest meeting.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff demonstrated a good understanding of recognising the signs of abuse and how and where to report it. We observed people appeared comfortable around staff and there was a relaxed atmosphere.
- Staff told us they would be confident to raise their concerns with the manager and the senior management team.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and the management team reviewed these for themes and trends.
- Lessons were learnt when things had gone wrong. For example, a recent incident had prompted the manager to review and improve moving and handling procedures.

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 good. At this inspection this key question has now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was not enough managerial oversight to ensure systems of audits had been carried out consistently or to a sufficient standard. The planned frequency of fire, water and environmental safety checks had not been maintained. There was a potential for people to be placed at risk due to the length of time between checks as areas that required repair or improvement had not been identified.
- The registered manager failed to implement the infection prevention control recommendations from the local authority. There was no evidence an action plan had been developed by the provider/registered manager based on the concerns raised. The provider failed to demonstrate lessons learnt.
- People were at potential risk of not being safeguarded from unexplained or reported injuries. Systems to record and monitor skin integrity such as body maps had not been utilised properly or consistently. For example, one person had bruising to their shin, this had not been recorded in their notes or a body map; there was no record of how the person had become injured.
- There was no reliable system to ensure all staff received information about people's needs at every handover. There was a reliance on agency staff who may not know people's needs well. It is important all staff are aware of how to meet people's current needs.

The failure to have sufficient systems in place to assess, monitor and evaluate the quality and safety of the service is a breach of regulation 17 (2) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance

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

- Improvements were required in the way the management team sought people and their relatives' feedback on the care provided. Feedback and updates on people's care was provided when sought by relatives. Relatives told us they would appreciate regular feedback and information about people's progress.
- Staff meetings enabled staff and the management team to discuss subjects such as health and safety, audits, staffing levels, training and areas for improvement. However, these meetings had not been as frequent recently.

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

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the registered manager .
- The management team were available for guidance when away from the service via an on-call system.
- The management team were open and honest with us during our inspection and responsive to feedback.
- The manager had a good understanding of the duty of candour and the legal requirement. The management team had good relationships with family members and kept them updated on a regular basis including information on accidents or incidents.
- The management team understood the regulatory requirements; they had ensured the CQC's rating from our last inspection was displayed and notifications had been submitted.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure people were suitably protected from the risks of infection.

The enforcement action we took:

We issued a Warning Notice requiring the provider to be compliant by 21 May 2021.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have sufficient systems in place to assess, monitor and evaluate the quality and safety of the service.

The enforcement action we took:

We issued a Warning Notice requiring the provider to be compliant by 14 July 2021.