

Merrywell Care (Belmont Grange) Ltd

Belmont Grange Nursing and Residential Home

Inspection report

Broomside Lane
Durham
County Durham
DH1 2QW

Tel: 01913849853

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11 January 2023

18 January 2023

24 January 2023

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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

Belmont Grange Nursing and Residential Home is a residential care home providing personal and nursing care to up to 30 people. The service provides support to adults and older people in one adapted building. At the time of our inspection there were 29 people using the service.

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

There was a positive culture in the home and people achieved good outcomes. People and relatives told us the service was homely and staff were very caring. Relatives spoke highly of the home, several told us they would recommend it to others. People told us they were happy with the care they received, one told us, "It's very good care here."

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, however records were not always fully completed. CQC had not always been notified in a timely way when the home had been granted authorisation to deprive people of their liberty. We have made a recommendation about oversight of these processes.

Safeguarding systems, policies and procedures helped protect people from avoidable harm. Staff were recruited safely. People told us they felt safe at the service. Medicines were safely managed, however there was some recent recording errors staff were working to correct. The home was clean, maintained to a high standard and safety checks were kept up to date. Risks were identified and actions taken to reduce these. People were supported by a well-trained and knowledgeable staff team. People were supported to access external health care professionals, to ensure their needs were met. Health professionals were complimentary about engagement and the responsive way staff acted to address people's needs.

People's nutritional needs were met, and people were given enough support with eating and drinking. Management had introduced effective systems to promote hydration. Staff promoted individual's dignity and privacy. Staff supported people in a person-centred way and knew people well, to enable them to provide individualised support. The service provided a range of activities based on people's individual needs and abilities. People were encouraged and supported to maintain relationships and community links. Some people were 'resident representatives' and represented other's rights, taking part in recruitment of new staff or working with local community groups around activities.

Audit systems were in place to maintain standards in the service. People and staff told us the registered manager was helpful, approachable and dealt with concerns if raised. Staff had close links with health professionals, met with them regularly to review people's needs and had taken part in projects, such as around improved communication. People were actively involved in developing the service and their feedback was listened to. There were various ways the service communicated and encouraged involvement, including newsletters and social media. The registered manager was proactive in seeking out initiatives for

the benefit of people using 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

This service was registered with us on 18 October 2021 and this is the first inspection.

The last rating for the service under the previous provider was outstanding, published on 15 November 2019.

Why we inspected

This was a planned comprehensive inspection based on the date the service was registered.

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.

Recommendations

We have made a recommendation about the oversight of mental capacity and deprivation of liberty notifications.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Belmont Grange Nursing and Residential 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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Belmont Grange Nursing and Residential Home is a 'care home'. 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. Belmont Grange Nursing and Residential Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there

was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 January and ended on 24 January 2023. We visited the home on 11 and 18 January 2023.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. 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 all this information to plan our inspection.

During the inspection

We spoke with 5 people, 5 relatives, 3 visiting professionals and 8 staff, including the registered manager, deputy manager, agency nurse, senior care assistants, care assistant, kitchen staff and maintenance person. We also received written feedback from a relative.

We observed interactions between staff and people in communal areas, including at lunchtime. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Systems were in place to safely store and manage medicines. People and relatives told us medicines were managed well, and people got these on time.
- There were some gaps in recent medicines records and in recording for topical medicines, such as creams applied to the skin. Management established medicines were given, but not signed for, and issued guidance to staff to reduce the likelihood of this reoccurring.
- As well as the home's own medicines audits, the registered manager worked closely with the local pharmacy to improve medicines practices.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to identify and report abuse. People and relatives told us they felt the care was safe and knew how to report any concerns. One person said, "Yes, I'm very comfortable and safe".
- Staff had training in safeguarding, they told us they felt confident to report any concerns and were confident management would act on these.

Assessing risk, safety monitoring and management

- Risks were assessed using best practice tools and individual risk assessments developed. People felt risks were well managed, one told us, "I'm safe, staff make sure I don't fall". Staff were knowledgeable about people's current levels of risk and how to support them safely.
- Risk assessments were regularly reviewed. For one person there had been a gap in reviews of some assessments, but a recent review showed no significant changes to their needs.
- Appropriate maintenance and safety checks had been carried out for the building and equipment.

Staffing and recruitment

- There were enough staff in the home to meet people's needs. We observed staff respond to people quickly and received feedback from people and relatives that staff were available when they needed assistance. One person told us, "I think there are enough staff, I don't wait".
- Staff were recruited safely; recruitment checks were carried out before staff were appointed. The provider had recruited staff for all the roles in the home and was not routinely using agency staff. When agency staff were used, they were given enough information to support people safely.
- New staff had an induction relevant to their skills and experience. We observed new staff shadowing experienced staff as part of this process.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 ensured relatives were able to visit loved ones.

Learning lessons when things go wrong

- Incidents were investigated and analysed for any trends. Any learning identified was shared with staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager worked with other professionals to ensure people's capacity and consent was explored and decisions made in people's best interests. However, these decisions were not consistently recorded in-line with guidance. We raised this with the registered manager, and they commenced a review to ensure relevant documentation was completed in full.

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

- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current best practice and legislation.
- People's needs were holistically assessed, and people and their relatives told us they felt included in these assessments and planning their care.
- Assessments and care plans were updated when needs changed.

Staff support: induction, training, skills and experience

- Staff received regular training and support. They told us they had the support they needed and could access help from senior staff or the registered manager. One told us, "I definitely receive regular support all the time. With supervision, appraisal and can speak to [registered manager] at any time."
- Staff had a robust induction to the service, and we observed staff shadowing more experienced staff as part of this process.
- Training was tailored to people's needs and staff told us training was sourced "straight away" for any new

needs. Checks were made on staff competency to ensure skills remained current.

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

- People were supported to maintain a balanced diet and had a choice of food and drinks. Staff were trained to recognise when people might be at risk of malnutrition or dehydration. Staff also used a 'fluid buddy' system, where they were allocated to a person to promote their hydration.
- People were provided with a special diet where required.
- People were given support with eating and drinking when needed. Staff told us people were given encouragement to feed themselves and as a result very few people were physically assisted. We observed this in practice and people were prompted to eat independently.

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

- Staff were proactive in involving other agencies and supported people to access healthcare as they needed it. The service worked regularly with external professionals, such as speech and language therapy, district nurses and GPs to support and maintain people's health.
- We received positive feedback about how staff engaged other professionals in a timely and effective way. A professional told us, "Staff are proactive, they put things through early in the day so we can respond" and "any advice or guidance we give they take it on board."

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

- The home was decorated and furnished to a high standard with details to promote a cheerful, homely environment; such as colourful wallpaper, pictures and vases of fabric flowers.
- People were able to personalise their rooms with items of their choice and many had done so.
- Signage met people's needs and assisted them to find their way around the home.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 well treated and everyone we spoke with described staff as very kind and caring. One person told us, "They [staff] are kind, positive and cheerful." Another said "They [staff] are friendly and efficient."
- Relatives spoke highly of the service. Some told us they would recommend it to others because of the caring, homely environment. A relative told us, "[Person] is treated with dignity and respect, the way staff speak to him, they are very kind, nothing is a bother."
- People were respected for their diversity, the home assessed and planned around people's protected characteristics.
- People were supported to discuss their sexuality, confidentially or openly if they chose, and received support to develop or maintain relationships. One person had wanted to attend a community event to celebrate their sexuality, when this was not possible due to the pandemic, the home had hosted an in-house event. The registered manager told us they wanted everyone to feel welcome and included.

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

- People were supported to be involved in decisions regarding their care and choosing how their daily support was given. Staff regularly interacted with people to seek their views and wishes. For example, staff provided choices of food and drinks, activities and asked people where they would like to spend their time.
- Records showed staff discussed people's care on an on-going basis and developed detailed plans focused on the person's views.
- People were supported with decisions from their families and advocates when needed. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People were supported with privacy, dignity and to be as independent as possible.
- Staff promoted independence and worked closely with professionals, for example to increase people's mobility. One person told us, "They encourage you to move about, they help you in two's one at either side." Another person told us, "I've improved with my mobility." A relative told us, "Can see how they motivate [person] to do things herself."
- People were supported with privacy and dignity; staff spoke about people in a respectful way and promoted dignity when delivering care. One person said, "Staff are always respectful, they always close the door." Relatives told us they valued that they could meet privately with their loved ones, in their bedroom or in a visitor's lounge.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The service delivered person-centred care with people having choice and control regarding how staff met their needs. Care plans contained detailed information about people's needs and preferences to enable staff to provide appropriate care. People had 'Life histories' documents recording what and who was significant to them.
- Staff were knowledgeable about people's needs and preferences and how to respond to these. For example, a relative told, "Staff know [person's] mood and how to react to his moods."
- Staff told us they shared person centred information, for example in handover meetings, to help them support people's choices.

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.

- Information was available in formats to suit people's needs.
- Staff made every effort to ensure they communicated effectively with people and shared information successfully. People and staff in the home had been learning basic sign language as a general skill and to aid communication should this become a need.

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

- Staff supported people to spend time with loved ones and recognised the value of these relationships on people's wellbeing. Staff had helped someone explore formalising their relationship and assisted the couple to spend time together both in and away from the home.
- People were supported to take part in social, spiritual and cultural activities in the home and in the local community. Activities were developed in-line with people's preference and choice and included; singing, quizzes, visits to a local café and visits by entertainers/community groups.
- People's life histories were explored and used in reminiscence activities; for example, one person had been interviewed about their experiences of war for Remembrance Day. This was shared on social media with their consent.

Improving care quality in response to complaints or concerns

- The service had systems to respond to concerns and complaints. People and relatives told us they felt confident any concerns raised would be addressed. One person told us, "My [family member] has mentioned one or two things, staff have sorted them out."
- Most people and relatives we spoke with expressed having no concerns. Records reflected very few complaints or concerns were received. Any received were responded to.

End of life care and support

- No one was receiving end of life care and support at the time of this inspection; however, people were supported to plan for this. One person had attended an event around planning for end of life in a positive way and it was planned more people would be offered this opportunity.
- Staff were trained to deliver end of life care and the home had received positive feedback about how staff had supported people and families during this difficult time. A professional told us the home had recently managed someone "really, really well" when they needed end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Management and staff were clear about roles and responsibilities. The registered manager had regular support from the nominated individual.
- Staff understood their role in achieving personalised support. They understood what was expected of them and were motivated to provide personalised care which treated people with dignity and respect.
- There were systems to continuously learn and improve the service. There were a range of action plans in place covering different aspects of the service. However, audits had not identified that some MCA/best interests' decisions were not fully recorded and that recent DoLS had been granted but not been notified to CQC in a timely manner.

We recommend the provider reviews their systems and oversight of MCA and DoLS to ensure records are comprehensive and notifications submitted in a timely way.

- The registered manager submitted the required notifications during the inspection and commenced a review of MCA and best interests' records.

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

- There was a positive culture in the home that supported good outcomes for people. People commented positively on the culture of the service and the attitude of staff. A professional stated, "The staff are second to none." A staff member told us, "[Staff] go above and beyond for the residents, they do care for them. They are not just here for a job; everyone is treated so well."
- Staff and professionals told us the registered manager led by example, a professional said, "The [registered manager] is very friendly and approachable, they lead from the front." Relatives told us the manager was available and responsive. One relative said, "[Registered manager] is friendly, jolly and knowledgeable."
- Staff told us they enjoyed working in the service and felt supported and valued. The registered manager promoted staff wellbeing, for example they had engaged with an NHS Wellbeing service to support staff during the pandemic.

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 and manager understood their duty of candour. They were open and honest when things went wrong.

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

- Feedback about the service was valued and used to make developments. People were involved and engaged in a range of ways including several people being 'resident representatives', who worked in partnership with community groups around activities and were actively involved in recruiting staff.
- Relatives told us that communication was very good, the home-produced newsletters and used social media to share updates. Key staff were readily available and gave verbal updates as required.
- Everyone we spoke with, including staff, told us they had opportunity to share their views and these would be listened to and acted on. For example, people had commented on the food choices at a recent resident's meeting and, in response to this, the manager arranged a food tasting session to choose new options.

Working in partnership with others

- The registered manager had developed partnerships with local businesses and agencies. They had sought out several projects and opportunities for the benefit of people using the service. For example, they had worked with local business on charity appeals and workshops to support people to think positively about end of life arrangements.
- People were supported to be active members of their local communities; either accessing local facilities or receiving visits from community groups.