

Countrywide Belmont Limited

Belmont House Care Home

Inspection report

High Street
Starbeck
Harrogate
North Yorkshire
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09 March 2018
12 March 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6, 9 and 12 March 2018. The first day of our inspection was unannounced; we gave notice of our visits on the second and third day.

Belmont House Care Home is registered to provide residential and nursing care for up to 106 older people and people who may be living with dementia. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is purpose built and accommodation is provided in five separate 'suites', spread over three floors. On the ground floor, the Courtyard Suite provides residential care for up to 30 people and the Garden Suite provides nursing care for up to 14 people. On the first floor, the Park Suite provides residential care for up to 17 people and the Promenade Suite provides nursing care for up to 26 people; both of these units specialise in supporting people who may also be living with dementia. On the second floor, the Springwater Suite provides nursing care for up to 14 people.

At the time of our inspection, 94 mainly older people and people living with dementia and nursing needs were using the service.

The service had a registered manager. They had been the registered manager since August 2013. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in January 2017, we rated the service 'requires improvement' and identified two breaches of regulation. We asked the provider to take action to ensure medicines were managed safely and to improve the quality monitoring and governance of the service. At this inspection, medicines were still not managed safely. Audits had not been effectively used to identify and address the concerns we found.

This was the third inspection where the service was found to be in breach of one or more regulations and rated requires improvement. This showed us the provider had not operated effective systems and processes to ensure the quality and safety of the service.

We found two continued breaches in regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the registered provider to take at the end of this report.

People who used the service told us they felt safe. Staff had training to enable them to identify and respond

to safeguarding concerns. Allegations of abuse were investigated in consultation with the local authority safeguarding team. The provider had systems in place to respond to complaints about the service and took action to make improvements when necessary.

Robust recruitment checks helped ensure suitable staff were employed. We received mixed feedback about staffing levels. We found staffing levels were sufficient to meet people's needs, but spoke with the registered manager about continuing to monitor staff deployment across the service.

The provider had taken positive steps to create and maintain a dementia friendly environment. The service was clean, tidy and generally well-maintained. Systems were in place to reduce the risk of spreading infections.

Staff received a comprehensive induction and regular training to develop the skills needed to provide safe and effective care. The provider was proactive in offering additional training opportunities to support continued professional development. Nurses were supported to develop and maintain their clinical skills.

People gave generally positive feedback about the food and staff provided effective support to ensure people ate and drank enough. Concerns regarding weight-loss were shared with healthcare professionals.

People were supported to make decisions and their rights were protected in line with relevant legislation and guidance on best practice.

People told us staff were kind and caring. Staff respected people's privacy and dignity.

Care plans contained person-centred information about people's needs and preferences. Staff showed a good understanding of how best to support people. Staff received training to enable them to provide person-centred care for people reaching the end of their life.

The activities coordinators were creative and enthusiastic and led on arranging a wide range of activities to provide meaningful stimulation for people who used the service.

The registered manager was responsive to feedback. There were clear lines of communication and information was effectively shared. This ensured an organised and coordinated approach to providing care. Whilst some people who used the service did not know who the registered manager was; we received generally positive feedback about how approachable they were. Staff told us advice, guidance and support was always available when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The systems in place to manage medicines did not keep people safe.

The provider completed robust recruitment checks and sufficient staff were deployed to meet people's needs.

Risks were assessed and plans put in place to guide staff on how to safely meet people's needs.

Staff received training to support them to identify and respond to safeguarding concerns.

Is the service effective?

Good 

The service was effective.

Staff received an induction and on-going training.

Supervisions and spot checks were used to monitor staff performance and support their continued professional development.

People were involved in decisions about their care. Staff completed mental capacity assessments and made best interest decisions when necessary.

People gave generally positive feedback about the food available. Staff supported and encouraged people to promote a healthy nutritional intake.

Staff supported people to access healthcare services.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and compassion. The majority of people who used the service told us staff were caring.

Staff supported people to maintain their privacy and dignity.

People had choice and control over their daily routines and staff encouraged people to make decisions.

Is the service responsive?

Good ●

The service was responsive.

People's needs were regularly reassessed. Care plans were person-centred and staff showed a good understanding of how best to support people.

The activities coordinators were creative and enthusiastic and arranged a wider range of activities for the benefit of people who used the service.

There were systems in place to manage and respond to complaints about the service.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Audits had not been effectively used to identify and address the concerns we found.

Previously identified shortfalls had not been addressed at this inspection. The provider did not have effective systems in place to ensure the service was compliant with the fundamental standards of quality and safety.

Staff told us management were approachable and supportive.

Systems were in place to share information and oversee a coordinated approach to planning and delivering care.

Belmont House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6, 9 and 12 March 2018. The first day of our inspection was unannounced; we gave notice of our visits on the second and third day. The inspection was carried out by two inspectors, a pharmacy inspector, an inspection manager and three experts 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. The experts by experience who supported this inspection specialised in care for older people, people living with dementia and people with nursing needs. They supported the inspection by speaking with people who used the service and visitors to gather their feedback. They also observed interactions including the care and support provided in communal areas and with activities.

Before the inspection we reviewed information we held about the service. This included notifications providers send us about certain changes, events or incidents that occur which affect their service or the people who use it. We also contacted the local authority adult safeguarding and quality monitoring team to ask if they had any relevant information to share. We used this information to plan our inspection.

Due to technical problems, we were not able to access a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The registered manager provided a copy of the Provider Information Return on the first day of our inspection and we used this information when we inspected the service and made the judgements in this report.

During the inspection we spoke with 14 people who used the service, 18 visitors who were their relatives or friends and two health and social care professionals. We spoke with the registered manager, deputy manager, quality compliance officer, and 10 care staff including nurses, care practitioners, senior carers and care workers. We spoke with the maintenance person, activities coordinators and head chef.

We had a tour of the service, which included with people's permission their bedrooms. We observed interactions in communal areas and support provided with meals and activities.

We looked at six people's care plans, risk assessments and daily notes, as well as medicine administration records on each of the service's five suites. We reviewed five staff recruitment, induction, training and supervision records, maintenance records, staff rotas, meeting minutes, surveys and audits as well as a selection of other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in January 2017, arrangements were not in place to ensure medicines were administered safely. This was a breach of regulation relating to safe care and treatment. At this inspection, the systems in place to manage medicines still did not keep people safe.

Staff used an electronic recording system (eMARs) to document the support provided with medicines, but these records were not always accurate. For example, one person had duplicate entries on their eMAR. On this unit, two medicines stock balances were also incorrect. This meant we could not be sure these medicines had been administered correctly.

Records relating to self-administered medicines were not maintained in line with the provider's medication policy. For example, staff told us one person was self-administering creams and inhalers. The person's care record provided conflicting information about the level of support staff were required to provide. We found medicines in this person's room which had expired, were incorrect in relation to prescribed instructions and also a medicine which was no longer prescribed. We could not be sure this person was receiving their medicines appropriately.

Medicines were stored securely. However, room and fridge temperatures were not always recorded in line with the provider's policy. On one unit, the fridge had exceeded the recommended temperature on 24 occasions in the last month with no action taken. We could not be sure these medicines were safe to use as they had not been consistently stored at the correct temperature.

Topical medicine records for the application of creams were incomplete and not accurate. This meant we could not be sure topical medicines were being applied as prescribed.

Staff had not followed their medication policy in relation to the application of patches. We looked at five records and found all to be incorrect. For example, one patch needed to be rotated and applied to different areas of the body as per the manufacturer's instructions. This patch had been applied in the same place two weeks running.

Protocols for medicines prescribed to be taken only when needed were not always accurate. The dose did not match the prescribed instructions on one protocol for pain medicine. A second person was prescribed a medicine for a respiratory condition; however, there was no protocol in place. We could not be sure staff had sufficient information to administer when required medicine safely.

These findings evidenced a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3).

Between the first and second day of our inspection the registered manager had taken action to implement new procedures to address our concerns. For example, a new template for fridge monitoring and memos to all staff regarding the application of creams. However, we could not see the full effects of these changes until

they become embedded in practice within the service.

People told us they felt safe with the care provided. Feedback included, "I feel safe here, because there always seems to be plenty of staff about", "I feel safe here. The carers are all so very nice, very kind" and "I have my own key to my room, this is my security. I have alarm buttons in my sitting room, bathroom and bedroom if I need help." Relatives commented, "They are safe as they can possibly be" and "From what I've seen, it's very safe here."

The provider had a safeguarding policy and procedure, but this had not been updated to reflect changes introduced by the Care Act 2014. On the second day of our inspection, the registered manager showed us the action they were taking to update this in response to our feedback.

Staff completed safeguarding training and understood their responsibility to identify and report safeguarding concerns. Records evidenced safeguarding concerns were appropriately reported and further investigations were completed in consultation with the local authority safeguarding team when necessary.

Care records provided guidance to staff on the risks associated with meeting people's needs and how best to provide support to keep them safe. For example, where people had issues relating to their skin integrity, the level of risk had been assessed and information provided about what equipment was in place and the support required from staff with repositioning to prevent deterioration.

When people had been involved in an accident or incident, a record was kept of what had happened and how staff had responded. The registered manager reviewed accident and incident reports to ensure staff had taken appropriate action in response to any identified concerns. Although we noted one incident when staff had not ensured appropriate action was taken to update the person's family in a timely manner. We shared these concerns with the registered manager who agreed to address this.

We received mixed feedback about staffing levels. Comments included, "They are very busy, but do a good job", "I don't have to wait for assistance day or night", "Staff are very, very kind, but very busy. If they are busy, you can wait a long time", "There are always people about" and "Most of the time, it is ok."

Relatives said, "Sometimes I think they are short staffed", "[Relative's name] is very safe here, there is always plenty of staff" and "The carers are kind, but they are short staffed. I can be in here for 2-3 hours and they don't know I'm here."

Staff told us, "It is quite challenging at times, but we ring other units and ask for support if needed. Shifts are always covered by agency. It is very, very rare that we go short" and "There are no issues with staffing levels. We report gaps in the rota and they book agency staff as soon as possible."

The registered manager used a dependency tool to determine target staffing levels. Rotas showed staffing levels were maintained at or above the target levels with agency staff used when necessary to cover gaps in the rota. The deputy manager monitored agency usage and profiles were in place. These evidenced what training they had received and that a DBS check had been completed. We observed agency staff being supervised by existing members of the team throughout our inspection.

The provider employed a large team of domestic and ancillary staff so care workers and nurses could focus on providing care to meet people's needs. During our inspection, people's call bells were answered in a timely manner and staff were generally available and a visible presence throughout the service. Although we spoke with the registered manager about continually monitoring staff deployment as people were left

unsupervised in one communal area for long periods of time.

Robust recruitment checks helped ensure suitable staff were employed. The registered manager completed checks with the Nursing and Midwifery Council (NMC) to ensure nurses employed had active registrations to practice.

The service was clean, tidy and generally well-maintained. People told us, "It's clean. It's spotlessly clean", "The cleaners keep this home spotless and smelling beautiful" and "It's clean everything is wiped down. Once a month the carpets are cleaned."

Schedules were in place to ensure areas of the service were regularly cleaned and deep cleaned. Staff wore appropriate personal protective equipment (PPE) such as gloves and aprons and followed good hand hygiene practices during our visit.

The provider ensured on-going checks and regular maintenance were completed to maintain the safety of the home environment. Regular checks of wheelchairs, bed rails, window restrictors and hot water outlets ensured these were safe. We noted air mattresses had not always been appropriately calibrated to people's weight and spoke with the registered manager about regularly checking these. They took immediate action to address this concern.

The fire system was regularly serviced and checks were completed to ensure fire doors, extinguishers and emergency lighting were in safe working order. The provider had completed a fire risk assessment, which was due to be updated at the time of our inspection. Personal emergency evacuation plans recorded the level of assistance people would need to evacuate the building in the event of an emergency. Regular fire drills were scheduled involving members of the day and night team to ensure staff knew how to respond in the event of an emergency.

Is the service effective?

Our findings

People provided positive feedback about the staff who supported them. They told us, "Staff are generally very good", "They go on training courses. They know how to move and handle me. They are always gentle and kind" and "Staff know how to get me out of bed; they have to have two people."

The provider had a robust system in place to induct, train and supervise staff. New staff completed induction training and shadowed more experienced members of the team to develop their confidence and practical skills. Staff completed a range of on-line and practical training courses. Topics included fire awareness, first aid, manual handling, health and safety, safeguarding adults, infection control, food safety and dementia awareness. The provider also supported staff to complete a nationally recognised diploma in health and social care to further develop their knowledge and skills.

A 'development pathway' was in place to support nursing staff to develop their clinical skills. This included additional training and 'skill checks', for example, around catheter care. The provider had also introduced a 'care practitioner' role. Through this a number of senior staff had completed a comprehensive training programme to enable them to work, under supervision of the nursing team, and assist with clinical tasks. For example, with dressing wounds. We received positive feedback about the training, support and supervision provided to care practitioners to enable them to safely develop their clinical skills.

There were clear systems in place to review the training each member of staff had completed and identify when this needed updating.

Competency checks were used to monitor staff practice and ensure they had learnt the necessary skills to safely support people. This included checks of moving and handling practices and medicine administration with feedback given to support their professional development.

The registered manager ensured staff received regular supervision during their induction and on an on-going basis. Supervision records evidenced staff were proactively encouraged to complete additional training to support their continued professional development. Staff told us, "I think it is a fantastic place to work. I have been given opportunity after opportunity" and "There are always courses available. It is interesting and you can keep updated with things that change."

The registered manager used supervisions and spot checks to address specific concerns regarding staff's practice and ensure lessons were learned if things had gone wrong. This demonstrated a positive approach to monitoring and ensuring staff provided safe and effective care and support.

People who used the service provided generally positive feedback about the quality of food. Feedback included, "The food is lovely. We always get a choice and you can have a sandwich if you don't like the main course", "The food is smashing, like in a hotel" and "They give me a choice the day before. The food is good; I always manage to eat what's on offer",

Seasonal menus were in place offering a range of options at each meal. People were encouraged in a variety of ways to provide feedback and make suggestions about what should be on the menu. A person who used the service told us, "[The head chef] is in constant contact with the residents asking us what we like and what we would like changing...I find the food and variation excellent."

People were supported to eat where they wanted to. In the dining areas, tables were nicely laid with menus available showing the day's choices. Food was served hot and looked appetising. People were given a choice and offered alternatives if they did not like what was on the menu. There was generally good conversation and interaction between staff and people who used the service throughout mealtimes. Staff prompted and supported people when necessary to ensure they ate and drank enough.

People were regularly weighed and these records were audited to identify concerns and ensure appropriate action was taken. Staff explained how they shared concerns in daily handovers, used food and fluid charts to more closely monitor what people ate and drank and referred people to the dietician if necessary.

The head chef spoke knowledgeably about people's nutritional needs how their specialist dietary requirements were met. They described how fortified drinks and snacks were made readily available to encourage people to eat and drink regularly. We saw 'graze boxes' with fruit, biscuits, snacks and crisps available throughout the service and staff routinely encouraged people to eat and drink.

The service was awarded a food hygiene rating scheme (FHRS) score of five in November 2017. This is the highest score possible and showed the standard of food hygiene in the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found applications to deprive people of their liberty had been made to the supervisory body. Staff completed training on the MCA and DoLS and showed a good understanding of the importance of supporting people to make decisions and respecting their choices. Staff asked people's permission before providing care and people confirmed staff listened to them and gave them choices.

People's care records evidenced consent to care was explored. Staff obtained copies of powers of attorney and documented mental capacity assessments and best interest decisions when necessary.

The service was spacious, bright and welcoming. It had wide corridors, grab rails and accessible equipment in communal areas, toilets and bathrooms to enable people to use the facilities and move independently about the building. Dementia friendly signage and decorations were used to create an engaging and stimulating environment and to prompt reminiscence. Some areas of the service showed evidence of wear and tear, but the registered manager explained a scheme of redecoration was underway. We observed areas of the service being repainted on our subsequent visits.

We received generally positive feedback about the support staff provided for people to access healthcare services. People told us, "If you are not well they will come and start the process. They are kind and speak to me nicely and ask what is wrong", "Staff will talk to the duty nurse. If it was bad they would get the doctor. The doctor comes in twice a week to see people" and "If I was unwell, I would press my call bell day or night they will come fairly quick and they will refer me to a doctor."

Relatives told us, "When [relative's name] has needed attention, staff have got them in a safe position and got them to A&E. Staff know what to do so they may not need to go to A&E if the paramedics agree" and "Whenever they've not been well, they've been very good at letting me know and getting doctors in. They've been extremely good with that sort of thing."

A local GP completed a weekly visit to the service to see people listed for routine appointments. Staff liaised with the GP or ambulance service where more urgent medical attention was needed. We received generally positive feedback about this effective working relationship.

Is the service caring?

Our findings

People who used the service gave generally positive feedback about how caring staff were. Comments included, "They are kind, caring, dignified and respectful", "I think staff care about me. They are very kind" and "98% of staff are absolutely fantastic, because what they do, they do cheerfully. I'm full of admiration for them."

Relatives praised staff for their caring approach. They told us, "The carers are very kind", "Staff care, they are marvellous with my relative. Nothing is too much trouble for them" and "Staff are caring and respectful. They treat [Name] with respect."

Each of the service's five suites had a team of staff who worked mainly on that unit. Whilst staff did sometimes move between units, this approach helped to improve consistency and support staff and people who used the service to get to know each other. A member of staff told us, "We've been with them for so long we know what they like and dislike. They feel like family some of them as you see them every day."

Staff spoke kindly with people who used the service. They were patient and caring in their approach and provided compassionate support to meet people's needs. Our conversations with staff showed us they knew people well and genuinely cared about their wellbeing and improving their quality of life.

Staff laughed and joked with people and spoke with them in a way which showed us they knew them well. A relative told us, "A bit of banter is what [Name] likes. [Name] likes that the staff tease them." People spoke positively about 'favourite' members of staff and explained how they enjoyed the conversations and time they shared with them. Other people told us how staff cared about how they were feeling and took time to reassure them. One person said, "Sometimes I get upset because of being here so the staff stop and talk to me." We observed staff were kind, courteous and patient with people encouraging them to be independent and providing calming reassurance to reduce people's anxiety. This showed us people had developed positive caring relationships with the people who supported them.

People had choice and control over their daily routines. Staff addressed people by their preferred names and explained what they were doing before providing support. One person told us, "I can spend my time doing what I want." People explained that they could get up and go to bed when they wanted to. People were supported to decide what they wanted to eat for lunch. The activities coordinators and staff offered people the opportunity to join in activities, but respected people's decisions if they preferred not to take part.

Staff treated people with dignity. People appeared comfortable and well cared for. They were supported to take pride in their appearance and dress according to their preferences. This maintained people's dignity.

People who used the service confirmed that staff respected their privacy and dignity. Comments included, "Staff are always very courteous", "They always make sure I am covered up when getting me dressed." A relative told us, "They shut the door and help [Name] up to take them to the toilet. They get them settled in

the bathroom then wait outside until they are ready."

A member of staff described the support they provided with personal care. They said, "We make sure their doors are shut and their curtains are closed. Their dignity is so important." A Person who used the service explained, "Staff are very caring. They help me to be independent. I dress myself, they don't watch me while I have a shower, they leave me get on with it."

Throughout our inspection staff knocked before entering people's room. People we spoke with confirmed this was usually the case. This showed us staff respected people's privacy and personal space. Care and support provided in communal areas was dignified and respectful. Staff supported people to their bedrooms or bathrooms to assist with personal care and used screens when necessary to shield people from public view. For example, when assisting with hoisting in a communal area. This maintained people's privacy and dignity.

Is the service responsive?

Our findings

People told us staff provided person-centred care, which was responsive to their needs. Comments included, "The staff are marvellous, nothing is too much trouble for them", "The staff do very well really. People get as much help as they need" and "They know how I like to be showered and how I like to get dressed. They ask me if I want to get up and will always help me into my chair."

Relatives said "They have done a fantastic job here. They look after [Name]. When I ask them to come and make them comfortable, they come straight away", "Staff are so good with the patients, they are 'there' before you ask them for help" and "[Name] is much calmer here. Staff had a problem getting them in the shower. They are sensitive to water and were lashing out, because they were frightened. Now they get a bubble bath ready and tell them they are having a pamper session. They know what they are doing. They have taken time to get to know how to support [Name]."

The provider used an electronic care planning system. People's needs were assessed before they started using the service and staff created care plans and risk assessments which were stored and updated electronically. Care plans contained person-centred information about people's individual needs as well as details about their preferences, likes and dislikes.

The electronic records were easy to access and had been regularly updated by nurses, care staff and agency workers. Where people had more complex needs, nurses used the electronic record system to document clinical interventions. For example, around the support provided with wound care or to closely monitor people's food and fluid intake.

Staff completed training in 'death, dying and bereavement' to support them to provide effective care to people at the end of their life. End of life care plans recorded people's wishes regarding resuscitation and preferences for where and how they should be treated. They evidenced involvement from palliative care nurses and showed consideration had been given to how staff could make people as comfortable as possible.

Care plans and risk assessments showed people had been involved in shaping the support they received. A relative we spoke with described the process. They told us, "Staff asked about [Name's] likes and dislikes and their family history and put it in a booklet; it was really nice. I felt like they wanted to get to know them." Staff described how they read the electronic records and also spoke with people and their family to understand their needs and preferences. This ensured staff had the necessary information to meet people's needs.

Staff knew people well and showed a good understanding of their needs and how best to meet them. This helped staff to provide person-centred care. Staff used people's preferred names and knew the important people in their lives and when they visited. Staff routinely offered people choices based on their knowledge and understanding of their needs and preferences and tailored their approach to suit people's personality. For example, laughing and joking with some people, whilst providing quiet and compassionate reassurance

to others when necessary.

The provider employed activities coordinators who organised a wide range of events seven days a week. These included meditation and exercise classes, bingo, craft sessions, visits from entertainers, animals and pet therapy and church services. The kitchen staff worked with the activities coordinators to hold 'themed events' including a cheese and wine event, national pie day and banana week. Monthly minibus trips were arranged as well as trips to the local library.

Activities schedules were displayed in communal areas and a weekly newsletter provided further information about upcoming events. They showed a good provision of entertainment, events and one to one opportunities for meaningful stimulation.

We observed a number of the activities on offer throughout our inspection and saw people enjoyed making Easter bonnets and playing bingo. The activities coordinators were energetic, creative, skilled and kind in the way they supported people and encouraged them to join in.

Commenting on the activities, people told us, "They do entertainment. It was Elvis last week; he was brilliant. It's the second or third time that we have been to see entertainment. There's a programme; bingo, personal time and so on." and "Tomorrow I will go to the church service. I enjoyed the Elvis impersonator he made the old people feel a million dollars."

There were no restrictions on when relatives and friends could visit people who used the service. Visitors told us they were made to feel welcome. Comments included, "Everybody has been lovely. You are made to feel welcome", "There is open visiting and staff are always very welcoming. They offer you a drink or you can make yourself one" and "Everybody you meet in the home smiles and asks you how you are. The staff are lovely." This showed us staff supported and encouraged people to maintain relationships that were important to them.

The provider had a process in place to manage and respond to concerns and complaints. The majority of people told us they felt able to raise concerns or complain if necessary. They said, "I would go to the manager or a few other staff if I needed to complain", "I would go to [staff member's name] who would sort it out" and "I would complain to the senior carers." A relative said, "I have never needed to make a complaint, but if I did, I would speak to one of the senior nurses."

The registered manager maintained a log of complaints about the service, how these were addressed and the outcome. These records showed steps were taken to investigate and respond to concerns with apologies given when necessary. We found positive examples which evidenced how the registered manager had investigated concerns and made changes and improvements to their policies and procedures in response to the concerns. Where people remained unhappy about the outcome of a complaint, they were given information about their options including how they could escalate their concerns to the Local Government Ombudsmen.

Staff had also received a number of compliments about the care and support they provided. Comments included, "Your nurses and carers are truly dedicated to the work they do" and "Thank you for the care and patience you showed to our father."

Is the service well-led?

Our findings

At the last inspection in January 2017, audits had not been effectively used to monitor and improve the quality and safety of the service. This was a breach of regulation relating to the governance of the service.

At this inspection, there were on-going concerns about the systems in place to manage medicines safely. The frequency of audits completed was not sufficient to ensure medicines were managed safely. At the time of our inspection, the auditing regime meant each of the service's five suites would be audited once every 11 months. Although the provider's quality compliance officer also completed monthly audits of the service and a pharmacy audit had been completed in January 2018, together these systems had not been effective in identifying and addressing the issues we found with medicine management. This showed us audits were still not being consistently and effectively used to identify and address areas of concern.

This was the third consecutive inspection where the service was found to be in breach of one or more regulations and rated requires improvement. This showed us the provider had not consistently operated effective systems and processes to ensure the quality and safety of all aspects of the service.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about our concerns regarding medicine management and they took action to investigate and resolve these issues. Following our inspection the registered manager implemented monthly medicine audits for each of the service's five suites to address our concerns. We will review whether these changes have been effective and the improvements sustained at our next inspection.

Although we identified on-going concerns regarding medicine management, we received generally positive feedback about the service provided. People told us, "I am happy here, I am well looked after", "It's clean and tidy and the staff are helpful", "I am generally well cared for here" and "Overall it's a smashing place; there is good banter."

Relatives said, "Staff are nice friendly people and there is always help when needed" and "It's very good; they've put weight on, they are well fed, kept clean, they get their clothes washed and their nails cut."

However, we received mixed feedback about communication. Relatives told us, "Communication between Belmont House and the family is good" and "They always phone me if my relative has a fall or is poorly." Other relatives said they were not always kept up-to-date and were unhappy that they had not been informed when their relative was unwell. People did not always know who the registered manager was and told us they did not feel they were a visible presence within the service. Feedback included, "I don't know who the manager is" and "I have never seen the manager." Other people told us, "I always see the manager around the building" and "Management are good. They always talk to us." We spoke with the registered manager about exploring more ways to encourage people to raise concerns about communication issues and about promoting their profile within the service. They told us they would display pictures boards

throughout the service to help people and visitors identify staff and management. A more accessible version of the provider's complaints policy was also displayed to ensure people could access the information they would need to raise concerns.

The registered manager showed us completed surveys which were used to gather feedback from people who used the service and their relatives. Results had been collated, analysed and published in February 2018. They included feedback from 13 people who used the service and 36 responses from family and friends. Results showed performance had improved from the previous year, with 94% of family and friends and 100% of people who used the service reporting they were satisfied with the overall standard of care.

'Residents and relatives forums' provided additional opportunities to speak with the registered manager, share information and gather feedback about the service. The last meeting had been held in February 2018 and topics discussed included the food, changes within the home and activities. The registered manager also encouraged people to share suggestions on how to improve the service and provided information on how people could complain if they were unhappy with any aspect of their care. This demonstrated an open culture and showed us the registered manager was keen to seek and respond to feedback to improve the service.

Staff told us the registered manager was approachable, easy to talk to and they provided advice, guidance and support when needed. Feedback included, "[Registered manager's name] and [Deputy manager's name] are brilliant. They will do anything for you and will give advice on everything. They are really supportive" and "The minute you ask for help they give it."

Staff spoke positively about the culture, atmosphere and teamwork at Belmont House Care Home. They told us, "I love it here"; "I think it is a fantastic place to work. We are quite a good team", "It is great working here, the staff are friendly" and "I enjoy here, everybody speaks to each other and gets along and are there to help if you need it."

We observed there was a positive atmosphere in the service. It was warm, welcoming and friendly. Staff understood their responsibilities and worked well together sharing tasks to ensure people received support when they needed.

The registered manager held weekly 'unit manager meetings' and used memos to share information about important changes within the service. Staff praised the communication and told us they were kept up-to-date with changes and any actions they were required to take to make improvements. Records were very organised and generally well-maintained. Information was securely stored, but accessible on request.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider and registered manager had not ensured the proper and safe management of medicines. Regulation 12(2)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes and had not be operated effectively to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a).