

Mr & Mrs P S Phillips

Belmont House Residential Home

Inspection report

13 Greenover Road
Brixham
Devon
TQ5 9LY

Tel: 01803856420
Website: www.belmonthousedevoncarehome.com

Date of inspection visit:
24 June 2019

Date of publication:
06 August 2019

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Belmont House Residential Home accommodates up to 24 older people in one adapted building. There are communal lounges, bathrooms and a garden. At the time of the inspection there were 19 people living in the service.

People's experience of using this service and what we found
Infection control processes did not always protect people from cross infection.

Staff did not always follow the system in place for reporting incidents. This meant appropriate action may not have been taken to safeguard the people concerned or reduce the risk of reoccurrence. Where concerns, complaints or incidents had been brought to the attention of the registered manager or senior staff, action had been taken.

Systems were in place to help ensure staff were recruited safely and people received their medicines as prescribed. However, there were some areas requiring improvement and we have made recommendations about these.

People felt safe, staff understood any risks to people and helped them stay safe.

When people lacked the capacity to make their own decisions, assessments had been completed on their behalf.

Staff received an induction and regular training. People were supported to stay healthy and to eat and drink well. The provider had recently reviewed and changed the use of the environment to better meet people's needs.

People were well cared for by staff who understood their needs and supported their independence. Staff had time to spend with people and enabled them to make decisions about their day.

Staff knew people well but information about people's preferred routines, the way they wanted to be supported and how to promote their wellbeing and social needs were not recorded in detail. We made a recommendation about this.

The way people required information presenting to meet their needs had not been assessed or recorded. We have made a recommendation about this.

People, visitors and staff knew the registered manager and described them as 'hands on'. The provider and senior staff showed they were keen to learn from mistakes and take action to improve the service.

Governance procedures within the service had not been effective in identifying all areas for improvement or

ensuring changes were made to reflect best practice.

Following the inspection, the provider shared what action they were taking to improve the service following feedback from the inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belmont House Residential Home on our website at www.cqc.org.uk.

Rating at last inspection The last rating for this service was good (report published 19 December 2016).

Why we inspected This was a planned inspection based on the previous rating.

Enforcement We have identified breaches in relation to infection control, management of risks to people and how the quality of the service was monitored at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Belmont House 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Belmont House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the previous inspection report and other information we had received about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service, two visitors and a visiting hairdresser about their experience of the care provided. We spoke with eight members of staff including the deputy manager, senior care workers, care workers and the chef. The registered manager was not available during the inspection but we contacted them following the inspection to discuss our findings.

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.

Following the inspection, the provider supplied further information which we reviewed and used to inform the report.

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.

Preventing and controlling infection

- People were not protected from cross infection as staff were not following best practice regarding infection control.

- The registered manager had completed an infection control audit and told us they notified staff of any improvements required. However, not all the concerns we identified had been checked in the audit.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Action was not always taken to ensure people were safe in the environment. Risk assessments and checks of the service and the environment had been completed. These did not identify all environmental risks to people.

- Staff did not always follow the system in place for reporting incidents. This meant appropriate action may not have been taken to safeguard the people concerned or reduce the risk of reoccurrence.

- When people experienced anxiety, staff understood how to reassure the person, but this information was not recorded. This meant staff may not have been consistent in the way they supported people.

- Some people had risks relating to their needs that required monitoring, so staff could identify when further support was needed. However, sufficient detail to identify changes to their health was not always recorded and there was no comprehensive system to review the information collected.

Learning lessons when things go wrong

- There was no clear overview of incidents and accidents within the home which meant it was difficult to identify any themes, trends or areas for improvement.

Systems, processes and checks had not been effective in monitoring and ensuring people's safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When concerns had been raised with the registered manager or senior staff, appropriate action had been taken.

- The deputy manager gave examples of how improvements had been made in response to individual incidents or complaints.

- Following the inspection, the provider shared an updated incident form and details of an incident audit and action that had been taken to improve infection control practice.

- People felt safe. One person told us, "I had a fall, I rang the bell and they were quite quick. They always are."

- Staff were confident they would recognise abuse and understood their responsibilities to report any

concerns.

- People's risks were assessed and staff were aware of how to reduce risks to people. However, guidance for staff about how to reduce each risk was not always easy to find.

Staffing and recruitment

- At our previous inspection we recommended the provider kept staffing levels under review. At this inspection we found staff were not rushed and had time to spend with people.
- Staff numbers were altered according to the needs of the people using the service.
- Checks had been completed to help ensure new staff were safe to work with vulnerable adults; however, a full employment history had not always been recorded. The registered manager told us they had discussed new staff's career history with him but had not recorded the conversations.

We recommend the provider seek reputable guidance on completing and monitoring safe recruitment processes.

Using medicines safely

- Medicines were stored and managed safely.
- People received their medicines on time in the way they preferred from trained staff.
- When people had medicines to be administered 'as required' (PRN), information to guide staff when this medicine should be administered, had not been recorded. This might mean people did not receive these medicines in a consistent way.

We recommend the provider seek advice from a reputable source regarding the implementation of protocols for PRN medicines.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed and this information was used to help ensure their needs and choices were met regarding their care.
- Staff regularly sought advice and support from other agencies and professionals about how to best meet people's needs.

Staff support: induction, training, skills and experience

- New staff received a thorough induction into the service. This involved shadowing staff and being observed by senior staff.
- Most staff training was up to date and the deputy manager described what action was being taken to ensure all staff were up to date with the required training.
- The registered manager and senior staff took time with staff to discuss and develop staff skills regarding their role.

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

- People told us they enjoyed the food. Mealtimes were pleasant and social occasions. Staff supported people as they needed it and were gently encouraging.
- People's preferences and requirements relating to food and drink were clearly recorded for kitchen staff. These were updated regularly.
- The kitchen staff regularly spoke with people about the menu and any changes or suggestions were implemented.

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

- Pictorial signs were placed around the home to help people find bathrooms, toilets or their own rooms.
- The service had recently been redecorated and the way the environment was used had been changed, to better meet people's needs. The provider's PIR stated people had been able to influence how the home was decorated.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were met by staff who knew them well and who could identify changes to their health.
- When needed, people were referred promptly to healthcare professionals and any advice received was

followed by staff.

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 Act 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When people could no longer make decisions for themselves, MCA assessments had been completed.
- DoLS applications had been made on people's behalf where appropriate, but the service was awaiting their authorisation from the local authority.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 told us they were treated well. One person commented, "I'm very contented, very happy."
- The PIR stated, "We have a very happy home where our staff treat everyone with a great deal of compassion, respect and understanding." This was evident in the interactions between people and staff.
- Staff spoke about people positively and with affection. They were empathetic when discussing people and their needs.

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

- Staff regularly sought people's preferences before providing care or support.
- Staff enabled people to make decisions about where and how they spent their day.

Respecting and promoting people's privacy, dignity and independence

- People's independence was supported by staff. Staff supported people with patience and provided regular direction, reassurance and encouragement.
- People's privacy and dignity was protected.
- People and relatives had recently been informed of the responsibilities of the service for looking after information about people under the General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. 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 people's needs were not always met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Senior staff were not aware of the Accessible Information Standard.
- People's individual needs had not been clearly recorded in line with the requirements of the standard.

We recommend the provider seeks advice on implementing the Accessible Information Standard.

Following the inspection, the registered manager told us they had issued staff with information about the accessible information standard.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 gave people choice and control about how, when and where their needs were met.
- Staff understood people's routines and preferences well and so were able to offer the right support to people at the right time. However, this information was not always clearly recorded in people's records.
- Some activities were available to people. A knitting club had been started in response to the wishes of some people. However, guidance was not available to staff to ensure each day was tailored to each individual's preferences.
- Visitors told us they were always made to feel welcome. However, one visitor told us they thought the person they visited was sometimes bored.

We recommend the provider seek reputable guidance to ensure people's records reflect their physical, mental, emotional and social needs, as well as their personal history, individual preferences, interests and aspirations and that staff use this information to tailor the support people receive.

- People and a relative told us staff encouraged people to spend time with other people, to reduce isolation. One person told us, "Carers are all lovely, I couldn't fault any of them. They pop in to chat and check all is well."
- Following the inspection, the provider shared an updated document which recorded a summary of people's needs. This would give staff a clear overview of people's needs and any related risks.

Improving care quality in response to complaints or concerns

- No complaints had been made to the service, however, the deputy manager shared examples of when

people had raised concerns and how these had been resolved for people.

End of life care and support

- No-one at the service was receiving end of life care.
- As people approached the end of their life, information about how they wanted to be supported was sought.

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; Continuous learning and improving care

- The systems in place to monitor the quality of the service had not all been effective in identifying areas for improvement.
- The provider had held meetings with staff to discuss best practice and told us they regularly told staff what improvements were required. However, staff and people's records did not always reflect best practice.

The provider had not ensured the quality of the service was monitored effectively or that changes to best practice were understood and implemented by staff. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was keen to improve the service. The PIR stated, "We are always looking at how we can improve on our service for the service users and the effectiveness of the service that we provide." Following the inspection they shared details of how they had updated their records to reflect the feedback from the inspection in order to improve the service.

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

- Senior staff told us people were regularly involved in conversations about the service; and the PIR stated people would continue to be involved in conversation about how to improve the service. However, it was not clear all people had been engaged in a way that met their needs.
- The provider held meetings with staff to discuss any ideas or improvements.

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

- People were happy with the way the service was run and with the support they received.
- There was a caring atmosphere within the service. People and staff clearly enjoyed spending time with each other.
- Staff told us managers were approachable and supportive. Comments included, "Managers are super, super hands on."
- The provider valued their staff team. The PIR stated, "We are very proud of our staff for the compassion and professionalism they show on a day to day basis."

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

- Senior staff were honest during the inspection where improvements were identified and were keen to make the improvements.

Working in partnership with others

- Senior staff gave examples of how they worked with external professionals to help ensure people got the right care and support for their needs.

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 Systems, processes and checks had not been effective in monitoring and ensuring people's safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured the quality of the service was monitored effectively or that changes to best practice were understood and implemented by staff.