

Diomark Care Limited

Belmont Lodge Care Centre

Inspection report

392-396 Fencepiece Road
Chigwell
Essex
IG7 5DY

Tel: 02085005222

Date of inspection visit:
15 June 2021

Date of publication:
29 June 2021

Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●

Summary of findings

Overall summary

About the service

Belmont Lodge Care Centre is a care home providing personal care and accommodation for up to 46 older people and people living with dementia. At the time of the inspection, there were 18 people using the service.

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

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. Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

People had developed positive relationships with the staff, who treated them with respect and kindness. Staff supported people to make choices about their care and their views were respected. People and their relatives were involved in making decisions about their care and support.

Care plans were person centred and reflected people's likes, dislikes and preferences. People were involved in meaningful activities. A complaints system was in place and was used effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 13 January 2021) and there were two breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service on 8 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions effective, caring and responsive which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has

changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in the caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Belmont Lodge Care Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Belmont Lodge Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had recently been appointed who was in the process with registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care

provided. We spoke with nine members of staff including the nominated individual, the manager, deputy manager, senior care workers, care workers and the chef. We spoke with a professional who regularly visits the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to training and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider failed to work within the principles of The Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvements had been made and the provider was no longer in breach of Regulation 11.

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.

- The service was working within the principles of the MCA. All DoLS applications were current and appropriate. Staff had received training around MCA and DoLS.
- One staff member told us, "We always assume people have capacity and can make day-to-day decisions. We carry out best interests' meetings for any decisions people need support with."
- A visiting professional told us staff had been very organised ensuring all consents were in place prior to people having COVID 19 vaccinations.
- At the last inspection consents were not in place for CCTV in communal areas. This was now in place.
- Throughout the inspection we saw numerous examples of staff encouraging people to make decisions about their day to day care and support. One person could not decide between the two meals shown to them visually at lunch and asked for both which staff served without question.

At our last inspection staff did not always have the knowledge and skills to support their role. This was a breach of Regulation 18 HSCA RA Regulations 2014 Staffing.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

Staff support: induction, training, skills and experience

- People were supported by staff who received training to develop the skills they needed to support them. Staff explained to us about their training saying it was monitored and, where updates were needed, they received reminders from the provider to complete any training they felt was important.
- At the last inspection not all staff had received training related to people's behaviour. At this inspection, staff were up to date with all their training and we were able to observe staff diffuse situations that could have escalated without intervention. For example, one person was becoming angry with another person and a staff member responded by telling the person they were sorry they were upset and asked how they could help. This was enough to reassure and distract the person. The staff member then supported the person to be involved in something they enjoyed.

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

- People had their needs and choices holistically assessed in line with best practice.
- Staff told us they used the care plans to guide them to provide effective care and support people.

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

- People had their nutritional needs met. Where people required additional support with their dietary requirements, this was provided in line with their care plan.
- We observed the mealtime experience. People were supported attentively by staff. Visual options of meals and drinks were offered to people. The chef oversaw the mealtime experience in both dining rooms to ensure standards were maintained.
- People told us the food was good. One person said, "The food is very good, and staff help me 24 hours a day, they are very good to me."
- The atmosphere during lunch in both dining rooms was very positive with people also offered wine or a beer with their meal. One person said to a staff member, "I will have that beer later."

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

- The service worked well with other relevant professionals such as district nurse, GP's and mental health teams to ensure people received effective care and support. A visiting professional told us, "Staff treat people with dignity, are respectful and polite. The communication with the service is good and staff follow my instructions."
- Staff had received training to ensure people's oral health needs were met and oral care plans had been completed, in line with guidance.
- The manager held a meeting with all heads of departments daily to discuss any issues or concerns. This ensured all staff were aware of everything that was happening on the day and could respond to any concerns immediately.

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

- People were encouraged to personalise their rooms with their own possessions to encourage a sense of belonging and to create a homely environment.
- The environment was suitable for people in relation to safety and cleanliness. The service was in a good state of decoration and repair and there was planned and routine maintenance.

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 requires improvement. At this inspection this key question has improved to 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 treated with kindness and the staff knew each person very well. A person told us, "I find it good here; staff are very kind." A relative said, "When I have visited, staff are caring." Another relative said, "I think it is a good home."
- There was a very relaxed and calm atmosphere at the service and staff interacted with people throughout the day. We observed staff interacting well with people during the inspection and taking time to ensure people were not rushed.
- Profiles of individual people and staff member's interests were on display in people's rooms. This helped staff and people engage in conversation about what they liked and were interested in.
- Staff were positive about the care and support being provided at the service. One staff member told us, "I think people are getting good care."
- People's equality and diversity was recognised and respected. Care files contained information about people's specific needs, whether these be spiritual or cultural. Staff had undertaken training in equality and diversity.
- Compliments had been received at the service and one said, "Today was a lovely day with my [family member] arranged by [activity organiser]. [Activity organiser] arranged lunch with [family member] and the memories left today will be with us always. Lunch was very good thank you girls, [activity organiser] and the staff are very caring."

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

- People were encouraged to be active in decision making processes. Staff encouraged people to make choices and promoted their wishes. For example, staff knelt to people's level to hear what they were saying and gave them time to respond.
- Staff spoke compassionately about people and one staff member said, "By talking to people we keep them involved."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and promoted their dignity. Staff told us how they ensured people were treated with dignity. One staff member said, "I try to be calm, reassure, explain what we are doing and why. Calmness helps."
- Care plans we saw documented what support people needed and gave staff guidance on how best to support people in order to promote their independence. For example, one care plan recorded, "Encourage [person] to brush teeth twice a day independently with toothpaste and a medium sized toothbrush."

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 requires improvement. At this inspection this key question has improved to 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

- Care plans were personalised, and people's needs and wishes were considered and planned for. They included detailed guidance for staff so they could consistently deliver the care and support people needed. For example, one care plan recorded, "[Person] likes coffee in the morning with no sugar. Eats and drinks independently. Likes meals in the dining room at the back near the radio."
- People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at handovers and the 10/10 meeting to ensure they were responding to people's care and support needs. The 10/10 meeting was held every day with all heads of departments.
- From our observations we found staff knew people well and delivered care in line with people's wishes.
- We had mixed feedback from relatives in relation to communication. Most relatives told us whilst they had not had formal meetings, the service had communicated with them during the pandemic. One relative told us, "I do think they understand [family members] needs and they are listening to me if I make suggestions." Another relative told us, "The communication could vary dependent on what staff were on, some staff were very good but others it was more difficult." We fed this back to the manager.

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.

- People's care plans contained information about their communication needs. For example, one care plan recorded, "Staff to speak clearly to [person] and ask consent. Staff to read out what is on the weekly programme and remind them each day what is on."
- People were supported by staff who knew them well and how they communicated. During our inspection staff adapted how they interacted with people depending upon their needs.

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

- A programme of events and activities which considered people's cultural needs, wishes and preferences was available. The activity organiser and staff had worked hard to ensure activities were personalised and meaningful.
- One person liked football so staff ensured they could watch it when it was on. They also liked word searches, and these had all been personalised to match their interests and preferences.
- Another person cared for in bed was a marathon runner and the activity organiser created a memory wall

with so staff could sit and reminisce with them.

- During the inspection we observed a hydration activity and people were tasting flavoured waters and cutting up fruit to make kebabs, a lot of fruit was eaten in the process. The fruit kebabs were being made in readiness for a Wimbledon event.
- The activity organiser told us they used national and community days to feature events such as national tea day, national selfie day, Pride month. Other events included exercise sessions, craft, gardening clubs and activities that included life skills. The activity organiser told us, "I try to make activities person centred and meaningful. One person asked for table tennis and that is now on the programme." A relative told us, "The activities are really good and do stand out here, whatever is going on it gets people together."

Improving care quality in response to complaints or concerns

- There were systems in place to investigate concerns or complaints. The manager had acted on concerns raised and documented the actions taken.
- People and relatives told us they would raise any concerns with the management team. One relative told us, "If there is a problem, they try to sort it out."

End of life care and support

- People's end of life wishes, and preferences were recorded in their care plans.
- Care plans recorded whether people had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decision in place. The purpose of a DNACPR decision is to provide immediate guidance on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly.
- The service liaised with health professionals in relation to people's end of life care when required.