

Belmont House Care Home Ltd

# Belmont House Care Home Ltd

## Inspection report

41 Belmont Road  
Tottenham  
London  
N15 3LS

Tel: 02088880874

Date of inspection visit:  
05 July 2016

Date of publication:  
22 August 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected this service on 5 July 2016. We last inspected the home on 4 November 2013 and the service was meeting all the requirements inspected. The inspection was unannounced.

Belmont House Care Home Limited is registered to provide residential care for up to nine people with mental health needs. At the time of the inspection there were eight people living at the service. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

We found the service was in need of a deep clean and the systems for infection control were not effective. The provider did undertake some quality audits but these did not cover all the relevant areas to ensure the service was consistently good.

Employment references were not verified for one person prior to them starting work. Other checks were completed to ensure staff were considered safe to work with vulnerable adults.

We saw staff were kind to people living at the service and the majority of people living there confirmed this.

Staff were able to tell us what they would do if they had any concerns about safeguarding adults from abuse, and there were policies and procedures in place.

We found there was a discrepancy between records and actual medicines so not all medicines could be accounted for, and records of temperatures had not been kept so the service could not confirm medicines were stored at a safe temperature for use.

Care plans were personalised and detailed and individual needs and preferences were recorded. Risk assessments were in place and up to date for all but one person who had recently moved into the service.

Staff told us they were supported well and we saw evidence of regular staff supervision. Relevant training had been undertaken.

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. We found the service was working within the principles of the MCA but needed to obtain consent for a locked front door at the scheme from those not subject to restriction under the legislation.

We found three breaches, in relation to the safe care of people including the management of medicines and infection control, with ensuring the people living at the service are treated with dignity and respect and in

relation to the governance of the service

We have made a recommendation in relation to verification of staff recruitment references.

You can see what action we told the provider to take at the back of the full version of the report.

## 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. Medicines were not safely managed and there were some issues with infection control at the service.

There were sufficient numbers of trained staff to meet with people's individual care needs.

Peoples' money was managed safely and appropriate records were kept.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff received regular supervision and training.

We could see that people had access to a wide range of health professionals.

People had a choice of menu and individual preferences were catered for.

**Good** ●

### Is the service caring?

The service was not always caring. Three people told us staff went into their rooms very early in the morning to clean their room when they were in bed and they were not comfortable with this practice.

The service identified and met people's religious and cultural needs.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive. For those who needed support there were a limited range of activities people could access at the service and in the local area.

People's care plans were detailed, personalised and up to date.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led. There were insufficient

**Requires Improvement** ●

audits undertaken to ensure the service was of a good standard.

People told us they found the registered manager approachable.

Regular staff meetings and meetings for people who lived at the service took place so there was a forum for people to discuss their views.□

---

# Belmont House Care Home Ltd

## **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 5 July 2016 and was unannounced.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. We looked at the information sent to us by the provider in the Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Following the inspection the registered manager provided us with additional information relating to policies and risk assessments required to carry out the inspection. They also updated us on work they had undertaken following the inspection.

The inspection was carried out by one inspector and one 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.

We spoke with the registered manager and four members of the care staff. We spoke with seven people living at the service, and spent some time watching interactions between staff and people living at the service. We contacted four health and social care professionals to gain their views on the care provided by the service. We talked with two relatives.

We looked at four recruitment files for staff and four care records for people living at the service. We looked at accidents, incidents and complaints records. We checked records for essential facilities such as gas, electricity and the fire alarm systems. We looked at staff meeting minutes, training records and audits carried out by the registered manager.

# Is the service safe?

## Our findings

Risk assessments were comprehensive and covered a wide range of issues including risk to others, use of drugs, damage to property or theft. Risk assessments were updated regularly and when events had taken place. However, we noted that one person who had moved in three weeks prior to the inspection did not have a risk assessment in place. The registered manager explained he was imminently moving out to another service, but undertook to complete the risk assessments the day after the inspection which she did.

We looked at the rota for the service and there were enough staff available to meet people's needs. Staffing levels were adjusted to meet the needs of people living at the service at the time.

Several people told us they took their own medicines, and we were aware of one person returning from the pharmacy where they dispensed a controlled drug directly to the person involved. No controlled drugs were held on the premises.

We checked medicines against records. All medicines were in blister packs but they had different start dates for the four-weekly cycle on the medicine administration records. There was a discrepancy between the records and the tablets for one person. The registered manager spoke with senior staff as only they administered medicines and they explained to her the different start date had confused them. This meant the medicines were not being managed safely. Since the inspection the registered manager has undertaken a full audit of the medicines to ensure all are correctly accounted for. The registered manager has also spoken to the pharmacist to ask them to align the dates for the medicines going forward.

We also noted there was no temperature taken of the cupboard where the medicines were stored. This meant the service could not confirm the medicines were fully effective as they require a temperature below 25 degrees to maintain efficacy. The registered manager was unaware this was a requirement.

The service had a medicines policy that stated two staff were required to give medicines. This was not custom and practice at the service. The registered manager undertook to update the policy to reflect practice accurately.

On the day of the inspection the carpets were not clean in the office and on the stairs, and the paintwork was stained in places. On walking through the service we found there were no hand towels in one upstairs toilet, nor was there a lightbulb. We raised this with the registered manager who ensured both were replaced by the end of the day.

We checked the fridge and found that jars and milk were not labelled with the date of opening. On talking with the registered manager she acknowledged that the service had stopped labelling foods when they were opened. This meant people were at risk of eating out of date food.

Whilst the fridge was not dirty, we noted from the cleaning schedule that it was only due to be cleaned every three months. As kitchen cupboards were not on the cleaning schedule we could see they had not been

recently cleaned, and one was very dirty as spices had spilled onto the cupboard shelf.

We found that whilst there was guidance as to which chopping board to use, there was no guidance for the mops and staff were unable to tell us what mop was for which area of the service. This meant that people were at risk of the spread of infection.

The above concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection the registered manager has told us she has labelled the mops, has reminded staff to label food when it is opened and has updated the cleaning schedules to cover all areas and increased the frequency of the cleaning of the fridge.

Fridge temperature records were taken daily to ensure food was stored safely and a Safe Hygiene Book was completed on a daily basis to confirm the kitchen equipment was safe for use.

We looked at staff files and could see the majority of staff had been employed for some time. One person had been employed in the last year. Two references had been received prior to starting work, from individuals the person worked for. From discussion with the registered manager we were aware these had not been verified. A third reference from a care agency had been received after the person started working in the service. A Disclosure and Barring Service criminal records check was in place at the time of the person's start date and a new one had been applied for once the person started work.

We recommend that references are verified unless it is evident they have been sent by a previous employer.

Staff were able to tell us what to do if they suspected abuse and we could see that in the case of the one safeguarding recorded in the last 12 months this had been dealt with appropriately.

Most people told us, "I feel safe here" and they felt their belongings were safe. One resident told us he felt unsafe because "There's no fire escape and there are smokers here. If there's a fire we'll all be burnt. Some of the doors leading to the fire exits are locked." We discussed this with the registered manager as there was a lockable door on the first floor through which people would need to go to get to the fire escape. She could not state with complete assurance that the staff were not locking the door at night when they were sleeping in. She undertook to remove the key from the key chain to ensure this door was not locked going forward, and following the inspection has confirmed the keys are now in her possession so the door cannot be locked. We were told people were not allowed to smoke in their bedrooms.

The registered manager told us most people held their own money. The service managed two people's money and administered money for local authority staff who held appointeeship or had Court of Protection arrangements for people. We checked receipts and the balance for one person and checked the book which the person signed to evidence they received money every day. All records were accurate.

We checked accident and incident logs which were completed correctly.

We checked all records for gas, electricity and fire safety equipment. All had been serviced within the last 12 months and so were considered safe. We could see from records that the fire system was checked weekly.

The window handle in the roof of the office was hanging off and had the potential to hurt someone if it had fallen. People living at the service did not routinely enter the office. The registered manager undertook to get



the handle fixed and has confirmed since the inspection it has been repaired.

# Is the service effective?

## Our findings

We could see from records that training had taken place in relevant areas including safeguarding from abuse, infection control, food hygiene, fire awareness, medicines, and dealing with behaviours that can be challenging. All training was completed via DVD followed by a computer test to check staff understanding of the course. One staff member who had been studying at a college for an unrelated course was not up to date with refresher training although he had returned to the service over six months ago. This staff member was completing the national Care Certificate but had not covered all the relevant areas at the time of the inspection. We spoke with the registered manager who undertook to ensure this staff member would complete the refresher training by the end of August 2016.

We could see that an induction took place for new staff that covered the relevant areas, and that staff supervision took place regularly every two months in line with the provider's policy. Appraisals were on file for people employed for over 12 months. Staff told us they found supervision helpful and the registered manager was available if they had any concerns they needed to discuss.

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. The application 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. There were DoLS in place for people who needed them at the service. However the registered manager undertook to gain consent for the locked front door at the scheme from those people not subject to DoLS.

We could see from records that staff obtained consent from people living at the service. For example, people's consent to have a photograph taken was obtained, as was permission to give them their medicines. People also signed a document 'House Rules' and this was helpful as it meant that staff had discussed with people what behaviour was acceptable and unacceptable at the service.

We could see that health appointments were made for people in relation to their physical and mental health and for dentistry and optical services. Health and social care professionals confirmed the registered manager and staff worked co-operatively with them to manage people's mental health.

People had their meals prepared for them at the service. Most people were positive about the food. One person told us, "I like the food and I get a choice." Another person said, "The food's OK and fish and chips are good." Staff were able to show us the weekly menu for a person who was vegetarian; this was kept in a

folder in the kitchen. Staff were aware of people's food preferences and these were written in their care files upstairs. The registered manager undertook to ensure people's stated preferences for food were stored downstairs where food was prepared.

The service operated out of an end-of-terrace house and had stairs to the first and second floor. The premises were not suitable for people with significant mobility needs but this did not present a problem for people living there or the staff.

## Is the service caring?

### Our findings

We asked the people living at the service what they thought of the staff and they all said they felt that the staff were "kind" or "nice". One person told us they enjoyed living at the home: "I've been here several years. It's nice". Another said, "It's lovely here. The staff are very nice." A third person told us "I'm happy here and the staff are good as well. I like it here. I've been here a long time and it's my home." We observed interactions between staff and people living at the service and noted staff spoke to and replied to people in calm and kindly tones.

Staff were able to tell us how they showed dignity to people living at the service, and the majority of people living there confirmed they were treated with dignity and respect. However, on entering the premises we noted the cleaning schedule had been signed as completed and it was 8.45am. We asked the staff how this was undertaken so early and were told the living room had been cleaned the previous evening and cleaning had taken place early morning in some people's bedrooms. We asked people living at the service about this practice and three of them told us they were unhappy as they were in bed with staff cleaning the room around them. Two people told us staff came in as early as 6am to clean their rooms, the other said staff come in before breakfast when he was still in bed, prior to 7.45am. We discussed this with the registered manager who agreed to discuss this with staff and confirmed later that day that this practice would no longer occur.

The above concern was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We could see from records that people living at the service were involved in discussions about their care. There were signatures on the majority of documents and we could see key-working sessions took place approximately every two months. The discussions were relevant and actions were progressed as a result of the discussion. We also noted from care records that people were encouraged to be independent in relation to their activities of daily living. Where people were able they were encouraged to attend college. One person had an advocate to assist them in making life choices.

One person told us he was helped to shower on Tuesdays, Thursdays and Sundays. We asked him if he could have a shower at other times if he wished but he seemed confused by the possibility. People told us they could go to bed when they wanted, "As late as 12 o'clock if I like." Staff told us people could eat their meals when they wanted. For people who came and went from the service on their own this was in evidence. For people who were not able to go out alone or who had lived there for some time, meal times were broadly set. One person told us he had to get up early because breakfast was served between 7.45 and 8am. Most people appeared for their lunchtime meal at the same time, and they told us coffee/tea was served mid-morning at a set time.

We could see that people's bedrooms were personalised with their own possessions. One person had an exercise bike in their room.

We could see from records that people's cultural and religious needs were noted and staff knew how to meet these. We could see from meat in the freezer that one person living at the service had Halal meat. One Jewish resident told us that he didn't eat pork. He also said he was being supported by an advocate to make links with the Jewish community locally.

As many of the staff and people living at the service had lived and worked there for years, most staff were able to tell us about people's personal histories. However, newer staff were not aware of people's past or their family makeup. We discussed this with the registered manager who explained that it was contained on historical care records. She undertook to look in the archives for information on the personal history of people and ensure it was accessible for new staff.

We could see from the activities rota there was time set aside to promote "family contact" which a member of staff explained was an opportunity for staff to help people living at the service to keep in touch with their relatives, if they chose to. The staff member told us that people were allowed to use the phone on occasion to phone their family.

A conservatory attached to the lounge was used for smoking by those people who chose to. We discussed the need to keep the door shut to prevent smoke blowing back into the area where people and staff sat. The registered manager told us after the inspection that people have been smoking in the garden as the weather has been good, but will continue to smoking in the conservatory in poor weather.

We noted that on each person's care records there was a section for people to express end of life wishes and their religion was again noted. This meant people could say if there were any particular issues they want considered or who to liaise with in the event of their death.

## Is the service responsive?

### Our findings

All the people who lived at the service had up to date care plans. These were comprehensive and covered a broad range of activities as well as information related to activities of daily living. The files contained documents related to the likes and dislikes of the person, house rules and a medicines agreement. Each person had a service user guide on their records.

We could see that care records were regularly updated and records of appointments with health professionals were recorded. Regular reviews took place and the majority of health and social care professionals told us the service was responsive in dealing with people's mental and physical health needs.

People living at the service ranged in age. Some of the younger people had active social lives and relationships that they maintained themselves, and did not seek support from staff in relation to activities.

The group of older men needed support to carry out activities. Activities at the service were limited. These included board games, taking people out to the shops locally or to Alexandra Palace. There was light exercise in the garden which people told us they enjoyed. People told us they had really enjoyed organised outings to the seaside in the past, but there was no firm plan for a trip this summer. We were told there were activities at Xmas including a pantomime. Some people used their personal budgets or benefits to attend a day centre two to three days a week. One relative thought it would benefit their family member to get out walking more regularly.

During the inspection we did not see any prolonged interaction between staff and people using the service. The interactions consisted of either a request by a person living there, for example, "Is it coffee time yet?" and a factual reply by the member of staff, or a suggestion by a member of staff to a person that they help them up out of their chair to go to lunch. We discussed this with the registered manager who undertook to review activities to promote better interaction between staff and people living at the service.

We saw there was a garden at the back but at the time of the inspection people told us it wasn't being used very much, although in the past two people told us they had enjoyed using the garden very much. We discussed this with the registered manager who told us there was garden furniture in the garage which they intended to get out for use. The registered manager has since confirmed the furniture has been brought out of the garage and she will consider if there are opportunities for activities within the garden. She told us in the past people have been involved in growing flowers and helping keeping the garden tidy and pleasing to look at.

Health and social care professionals had mixed views as to the service's ability to proactively support people back to independent living. Whilst one health and social care professional noted the person they worked with was being encouraged to make sandwiches and a hot drink, another told us the service was not chosen for its proactive approach to independence. In their view people who had long term chronic mental health needs were best suited to this service. A third health and social care professional had recently reviewed the care of a person and concluded they were "happy with the care provided and it is in the best interest of the

client to keep residing there."

We noted when each person finished their meal, they took their empty plate and cutlery to the serving hatch and one person laid the table ready for everyone else. We also saw some people helping with tidying up the living room.

There had been no complaints recorded in the last 12 months. Two people told us they hadn't complained about the early morning cleaning. One person told us they had told staff they were not happy about it but it had continued. The registered manager was not aware of this complaint but explained people had the opportunity to comment at key worker sessions and meetings for residents if they were not happy with anything. There were posters on the wall to tell people how to make a complaint. The registered manager undertook to remind people at the service of their right to make a complaint.

## Is the service well-led?

### Our findings

Belmont House Care Home Limited had a vision for the service "To operate its activities in a manner that enables residents to live as normally as possible in a situation where their individuality, independence, and personal dignity are respected."

The service was not consistently well led as we would expect the registered manager to be aware that staff were cleaning people's rooms very early in the morning with little regard for people's privacy and that medicines needed to be stored at less than 25 degrees to maintain their efficacy. We also noted there were a limited amount of audits taking place. The latest audit on 5 Feb 2016 covered care records, staff files, food, medicines and accident and incident forms. There was no audit of the cleanliness of the service, nor of the dignity of people living there. There had not been a survey of people's views of the service. We looked at the quality assurance policy and although it covered the main areas it did not stipulate how often audits needed to take place. We discussed this with the registered manager who undertook to update the policy which has since been sent to us.

The above concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were areas in which the service was well-led. For example, one person told us, "I think this place is well-run." Another said, "I would recommend it to people." Staff told us the registered manager was accessible and we found them to be open to suggestions throughout the inspection process. Both family members spoke well of the registered manager and noted the service had improved since the new registered manager had started.

We could see that five staff meetings took place in the last 12 months where staff could discuss issues that were of concern and the registered manager used the opportunity to share information. We also saw regular meetings, every two to three months, for people living at the service at which topics were discussed of interest to the group. We were told, "I go to the residents' meetings and I can say something." Another person told us "I'd talk to the Manager and she'd listen to me."

The registered manager told us she attended provider forums on a regular basis and was keen to develop the service to promote greater independence amongst people living at the service in the coming 12 months.



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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People using the service were not being treated with dignity and respect. Staff were cleaning the bedrooms of people very early in the morning when people were in bed. Regulation 10(1)(2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The management of medicines was not proper and safe. There was a lack of assessment of the risks to the health and safety of people using the service, and actions to mitigate those risks in relation to infection control issues at the service. Regulation 12 (1)(2)(a)(b)(g)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager did not have sufficient systems or processes in place to assess, monitor and improve the service. Regulation 17(1)(2)(a)(b)</p>