

Vitality Care Homes Ltd

# Belgrave Court Residential Care Home

## Inspection report

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22 March 2023

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Belgrave Court Residential Care Home is a residential care home providing accommodation and personal care to up to 30 people, some of whom may be living with dementia. At the time of our inspection there were 20 people living at the home.

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

People told us they felt safe living at Belgrave Court Residential Care Home and received care in line with their needs and wishes. One person told us, "I didn't believe I could get such wonderful care and treatment."

The provider, management team and staff had worked hard to make improvements in the home, and to improve people's outcomes. People, their relatives and staff told us the home was well managed and there was a positive atmosphere. One person's relative told us, "They are very friendly carers here, we see it all the time. It's first class care and informal."

Governance and oversight systems had been embedded, sustained and were fully effective in ensuring appropriate standards of quality and safety were maintained at the home.

Staff had received training in safeguarding and knew how to identify and report concerns. Any safeguarding issues had been reported in line with guidance.

Systems and processes to mitigate risks to people's safety and wellbeing had been improved to ensure staff had sufficient information to support people in line with their needs, risks and preferences. Accidents and incidents were documented, investigated and reviewed to identify any patterns and trends, with lessons learned considered to help reduce future risks.

There were enough well-trained staff available to meet people's care and support needs. Medicines were managed safely by trained staff.

The home was clean, with effective cleaning and infection control processes in place.

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.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 December 2022) and there was a

breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

#### Why we inspected

This focused inspection was carried out to follow up on action we told the provider to take at the last inspection. This report only covers our findings in relation to the key questions of safe and well led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection. Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last inspection, by selecting the 'all reports' link for Belgrave Court Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Belgrave Court Residential Care 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 completed by 2 inspectors.

#### Service and service type

Belgrave Court Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Belgrave Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The 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 who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people who were living at the home, and 2 people's visiting relatives about their experience of the care provided. We spoke with the registered provider and 4 members of staff including the registered manager, care, and administration staff.

We looked around the environment to review the facilities available for people and the cleanliness of the home.

We reviewed a range of records. This included 4 people's care records in part, and 6 peoples medication records. We looked at 3 staff files in relation to recruitment, and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe at the service. Comments included, "Oh, yes I am safe. I can lock my door if I want to. I'm so happy here."
- Staff were trained to understand the importance of safeguarding people from poor care and harm.
- The registered manager was aware of the requirement to notify incidents that had occurred to the appropriate organisations. Safeguarding alerts were raised externally when required to the local authority and the CQC.

Using medicines safely

- People received their medicines as prescribed, and by trained staff. One person told us, "Staff do my medicines for me. They know what they are doing."
- Medication rounds had been improved to ensure people received their medicines in line with specific instructions.
- Staff were trained and had their competency assessed to ensure they were suitable and confident to manage people's medicines.
- Systems were in place to regularly audit medicine records and follow up any identified issues.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- People who used the service were protected from the risk of avoidable harm.
- People had risk assessments in place, these were personalised to them and were regularly reviewed. Staff knew people well and were aware of people's risks and how to keep them safe.
- Fire alarm tests and fire drills were undertaken regularly to help ensure the staff would know what to do in the event of a fire. People had personal emergency evacuation plans in place. They contained relevant information about the person, their needs and how staff should support them to safely evacuate in the event of a fire or emergency situation.
- Accidents and incidents were recorded and analysed by the registered manager to help ensure action was taken to prevent reoccurrence.
- The provider had a system in place to ensure they had an overview of any accidents, incidents, and near misses.

Staffing and recruitment

- There was enough staff to meet people's needs in a timely way. We observed the staff were visibly present, providing people with the appropriate care and support they needed.
- We received positive feedback from people about staffing levels. Comments included, "There is no delay

when I press my buzzer. Staff come straight away."

- Staff confirmed there were sufficient numbers of staff to support people. One member of staff told us, "There have been huge improvements at the home namely that the staff turnover has reduced."
- Recruitment checks had improved and were thorough. Important information about prospective staff was collected, such as references, identification and Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to receive visits in line with government guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where people had been assessed as lacking capacity to make a specific decision, decisions had been made in people's best interests.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection governance systems were not sufficiently robust to improve the quality and safety of the service, and the provider had not always kept accurate, up to date and contemporaneous records. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a culture of continuous improvement at the home. The provider, management team and staff had worked together to successfully make improvements at the home to ensure people received quality care.
- The registered manager spoke positively about their commitment to learning and making improvements to the care people received.
- The provider visited the home every week and kept in regular contact with the registered manager. A member of staff told us, "[Name] is more visible now and I feel I can now approach them if I wanted to."
- There was good oversight of the governance systems in place. Regular audits were undertaken by the registered manager, and the senior staff. Audits undertaken included, peoples care records and risk management, medication, health and safety, infection control and the environment.

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

- The provider, registered manager and staff had worked hard to create a relaxed and welcoming atmosphere within the service, which supported good outcomes for people. One person told us, "My mobility has increased 50% since being here [the home]. I'm now able to move. I used to need 2 people to help me move and now I'm down to 1. It's all down to them [staff] giving me a sense of confidence. I feel so at home here." A relative told us, "All of them [staff] have taken the time to get to know me. It's intimate and friendly."
- Staff told us the home had continued to improve. One said, "There have been improvements to the communication and cleanliness of the home. The managers talk to staff more and they listen and take action." Another told us, "There has been lots of change, good change. It's been lovely. Everything is really,

really good. I want to come to work, it's a pleasure."

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

- People told us they were involved in planning their own care and deciding on how the home should be improved. One person told us, "I chose this pale green colour in my room. Staff know me well, they know what I like." Another said, "They [staff] take me out. I like the fresh air. I also have some cans of beer to drink at home which I enjoy."
- Staff told us they felt supported by the registered manager at the home. One told us, "We get regular supervisions. I love the team work, it's like a home from home. It's very rewarding."
- Staff told us they had regular team meetings and daily 'flash' meetings to keep them informed about changes and improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility to be open and honest when something goes wrong. They submitted notifications to CQC for significant events that had occurred at the service, such as accidents and incidents.

Working in partnership with others

- The home worked proactively with health and social care professionals to ensure people received good care.
- When needed referrals were made via the GP for people to receive support from other health and care professionals such as speech and language, and falls teams.