

# Larchwood Care Homes (North) Limited

# Belmont

## Inspection report

Inglewhite Road  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Belmont is a care home providing accommodation and personal care for up to 49 people aged 65 and over. At the time of the inspection there were 39 people using the service.

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

People did not always receive their medicines as prescribed and in line with best practice guidance to improve their conditions or symptoms. Not all staff had received training in the handling of medicines. People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise, respond and report concerns. Allegations of abuse had been dealt with in a robust manner to assure people about their safety. People and their relatives told us they were safe. People and their relatives gave us mixed feedback regarding staffing levels at the home. The registered manager had robust and safe recruitment procedures and monitored the safety of the premises.

Staff supported people with meaningful day time activities inside the home and in the local community. People's individual communication needs had been assessed and staff had tools to assist their interactions with people. The registered manager dealt with people's concerns and complaints appropriately.

People told us their care and support had not always been planned in partnership with them and their relatives. Staff had received regular training. Improvements were required to ensure all staff were trained in the safe handling of medicines and received supervision in line with best practice guidance. 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.

People were positive about the service and said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. People were comfortable in the company of staff.

The governance and quality checks in the home did not consistently promote safe management of medicines. People, their relatives and staff spoke positively about the registered manager. The registered manager and the provider needed to improve the quality monitoring systems to ensure they were robust.

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

### Rating at last inspection

The last rating for this service was good (16 August 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement:

We have identified breaches in relation to the management of medicines and lack of effective quality monitoring systems at this inspection. Please see the action we have told the provider to take at the end of this report.

#### 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 safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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

## 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

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Belmont 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 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 reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with eight people who lived at the home and 10 relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, care staff and kitchen staff. 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 had a walk around the home to ensure the environment was a safe and homely place for people to live.

We reviewed a range of records. This included five people's care records, multiple medication records, two staff recruitment records and we looked at a variety of records relating to the management of the service. We sought advice from a pharmacy inspector regarding the use of specific medicines.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records and read feedback from two health professionals.

# 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 good. At this inspection this key question has 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.

### Using medicines safely

- People did not always receive their medicines safely and as prescribed. People who required their medicines at specific times did not always receive their medicines in a timely manner. We observed the medicines round on the day of the inspection was long and finished late. This impacted on people who were prescribed time specific medicines such as Parkinson's medicines.
  - These medicines were delayed by over two and half hours from the prescribed time. Staff did not have clear guidance and understanding on the impact of delaying these medicines on people's conditions. This had an impact on the effectiveness of the medicines. One person told us, "My evening medication was late last night, so I didn't get to sleep on time. That's why I feel so tired today."
  - Medicines management practices did not always meet best practice guidance. Not all staff who handled medicines had received training in medicines management such as topical creams. This was against the provider's own medicines policy. In addition, records for thickening powders were not signed to show if people who required them had received them as prescribed. Medicine audits had not identified the shortfalls above.

Medicines management systems were not robust enough to protect people from the risk of not receiving their medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately after the inspection. They confirmed they had taken action to monitor medicines practices and provided staff with more guidance on the management of time specific medicines and sought training.

### Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse and their human rights were respected and upheld. People told us they felt safe and any concerns were raised with the registered manager and dealt with. One person told us, "I'm treated safely and I've every confidence in the staff."
- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate the concerns.

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

- The registered manager had assessed and managed risks to keep people safe. There were risk assessments to guide staff on safe working practices and to keep people safe from avoidable harm during care delivery. The premises and equipment had been maintained to protect people from risks.

- There was a process that ensured when accidents and incidents occurred these were appropriately recorded, investigated and areas for improvement identified and acted on. The registered manager followed good practice guidelines. They carried out monthly accident and incident analysis and discussed ways to minimise them.

#### Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. All the necessary background checks were carried out. This ensured only suitable staff were employed to support people.
- We received mixed feedback regarding the staffing levels in the home. The registered manager assured us they had been dealing with challenges due to staff absence and sickness but had access to agency staff to cover any planned and unplanned absence. We observed the service had appropriate staffing levels to keep people safe during the inspection.

#### Preventing and controlling infection

- People were protected against the risk of infection. The service was visibly clean and people said they thought the home was kept clean. One person told us, "The staff keep the home clean; they are always washing the carpet."



# 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 has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. Staff told us they regularly updated their training. In addition, staff told us induction training was provided and supported them to get to know people well and provide the right support for them. The registered manager made arrangements to address shortfalls in medicines administration training. We also noted staff did not always receive one to one supervision in line with best practice. The registered manager assured us they would address this.
- People told us they had confidence in staff's skills and knowledge. Comments from people included; "They [staff] are always on training" and "Most of the staff know what they are doing."

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

- People's needs were assessed and their choices were considered before they started living at the home. Information gathered during assessment was used to create people's care plans and risk assessments.
- The registered manager and their staff had referred to current legislation, standards and best practice guidance to achieve effective outcomes. However, they needed to be consistent in respect of best practice in medicines management.

Supporting people to eat and drink enough to maintain a balanced diet ;Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain a balanced diet. Records, when appropriate documented any associated risks with eating and drinking. We observed people receiving support with their eating and drinking and being offered choice and alternatives.
- The atmosphere at mealtimes was pleasant and meals were appetising. However, people gave mixed feedback regarding choice of food, some felt there was not a lot of choice. People told us; "I enjoy the food here. All the food I've been given is quite acceptable. I'm not given a choice of meal, but fortunately I like most food." And "Some of the food is okay but there's some I don't like. You don't get enough. It's sandwiches if you don't want the dinner." We shared these views with the registered manager who agreed to review this.
- The registered manager worked effectively with healthcare professionals to ensure people's healthcare needs were met. They had an arrangement with a practice nurse who visited regularly to review people's medical needs and prevent hospital admissions. We received positive feedback regarding the staff and their caring approach. People told us; "I get the district nurse every couple of days."

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

- People's individual needs were met by the adaptation, design and decoration of premises. There were adequate spaces for people to spend their time on their own or to share with others. Access to the building was suitable for people with reduced mobility and wheelchairs. Communal areas were provided where people could relax and spend time with others

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 registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments. Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From records viewed, we saw consent to care and treatment was routinely sought and best interest decisions had been recorded.
- Staff carried out mental capacity assessments where possible. However, improvements were required to ensure that people's ability to make specific decisions were assessed fully including the details of the information given. For example, where people were deemed to be making unwise choices whilst they had a condition that may affect their capacity to make a decision. The registered manager took action to rectify this.

# 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 has 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 were supported by caring and respectful staff who treated them with dignity. People were positive and complimentary about the caring nature of the staff. Comments included; "I am very happy here, they are always working for you. I love being here." And "I have found the home to be very nice and I'm well looked after."
- We observed people were comfortable in the company of staff. People were included within conversations taking place. We saw staff giving people assurances to reduce any distress.
- Staff we spoke with showed awareness of people's human rights and their diverse needs. One person commented; "Staff treat everyone with dignity and respect."

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

- People were supported to express their views and were consulted about care and decisions for their wellbeing. Staff made every effort and encouraged people to make daily choices and involved them in doing so. One relative said; "They are very good at keeping us informed and trying not to let us worry; we are supported."
- The culture at the home was caring, calm, kind and compassionate. This reflected the attitude of staff and the registered manager.

Respecting and promoting people's privacy, dignity and independence

- The home provided support that ensured people's privacy, dignity and independence were maintained. We saw staff knocked on people's bedroom doors before entering. One person told us, "Staff always shut the door ask before helping me with my personal care." We discussed the need to ensure office doors were kept secure and closed to ensure personal information was not left visible for visitors to read.
- The registered manager was responsive to any concerns about people's dignity or treatment. Staff had received training related to dignity and respect.

# 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 deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager and staff completed an assessment of people's needs before they moved into the home. This ensured the home was right for the person and they could meet the person's needs. Care records contained important details about people. We discussed the need to include specific care plans and directions for specific needs such as medicines care plans.
- We observed staff being responsive to people's needs including seeking guidance from external professionals. We discussed with the registered manager the need to ensure people were involved in the writing and reviewing of their care plans. This was because some of the care records we reviewed and feedback from people and their relatives showed they had not always been involved.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people's relatives when they started using the service. However, people we spoke with were not always aware of the procedures. Comments from included; "I don't know how to make a complaint." And "I haven't been told how to complain but I would go to the manager."
- We saw that complaints had been dealt with in line with regulations and measures had been put in place to address the complaints satisfactorily.

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 communication needs had been assessed as required by the Accessible Information Standard. People could be provided with information and reading materials in a format that suited their communications needs.
- Signage in the home was designed to suit the needs of people who may live with a sight impairment. This was complimented by adequate lighting throughout the home.

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

- People were supported to keep active and improve their mental and physical well-being through meaningful activities. We observed people being involved in activities. Activities were provided by an

activities co-ordinator who showed passion and commitment in their involvement with people. They told us; "There was a wine and cheese tasting yesterday. We also can do dominoes, scrabble, jigsaws and bingo. Sometimes a school choir comes in." And "The activities lady is excellent; she'll help with anything."

- People's relatives and visitors were made welcome and people were encouraged to maintain relationships outside of the home.

#### End of life care and support

- People's end of life wishes including their resuscitation status had been recorded in their care plans.
- There was a policy on supporting people to discuss their end of life wishes, people and their relatives had been given the opportunity to share their wishes. No one was receiving end of life care at the time of the inspection.

# 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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. The registered provider 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 registered provider needed to improve their understanding of quality performance, risk and regulatory requirements. While the registered manager and the staff team were aware of their roles and responsibilities, we found they had not followed required standards, guidance and their own policy in relation to medicines management practices. This had led to a breach of regulation relating to medicines. The registered manager took steps to resolve this following our intervention during the inspection.
- The registered manager had a system to audits and monitor the service delivered and ensure continuous improvements. However, this was not robust as identified by the shortfalls we found during this inspection.

The governance and quality assurance systems were not robust enough to effectively monitor areas where requirements were not met in a timely manner. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 management team knew how to share information with relevant parties, when appropriate. They had notified CQC of events, such as safeguarding and serious incidents as required by law. Apologies had been offered to people where things had gone wrong.

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

- The registered manager and staff were working to promote a positive environment for people, relatives and staff. People and staff told us the registered manager was always around the home and they would feel comfortable approaching them to share their views. One person told us, "The boss lady is excellent. She's a very nice lady and runs the place, in my view, in a very sensible and caring way. She's approachable but is non-stop busy."
- The home was well-organised and there was a clear staffing structure and staff were positive about the support they received from management.

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

characteristics; Working in partnership with others

- The registered manager had systems to gather the views of people, relatives and staff. We saw meetings took place with people and their relatives and staff. Feedback included "The manager is very responsive and will talk to everyone." Visiting professionals shared the same views.

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<br><br>People who use services were not adequately protected against the risks associated with unsafe medicines management and administration practices.<br>Regulation 12 (2) (g)  |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had failed to ensure governance systems were robust and systems or processes were not established and operated effectively to ensure compliance. Regulation 17 (1) (2)(a)(c)<br>HSCA RA Regulations 2014 Good governance |