

Belmont View Limited

Belmont View

Inspection report

Fountains Place
Guisborough
Cleveland
TS14 7JA

Tel: 01287638979

Date of inspection visit:
26 November 2019

Date of publication:
15 January 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Belmont View is a residential care home that provides personal care for up to 50 people over two floors. Some people are living with dementia. At the time of the inspection 47 people were living at the service.

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

People and their relatives told us they were happy with the care and support they received from staff. The atmosphere in the home was cheerful and homely. One person said, "It's just like being at home."

People told us they felt safe whilst being supported by staff. Relatives were confident family members were well cared for. There was a proactive approach to assessing and managing risk which allowed people to remain as independent as possible.

People received person-centred care which was delivered through the assessment and planning of their individual and specific needs. Overall, care plans were detailed, informative and identified the specific care that people required. There was a wide range of activities provided each day.

Staff were skilled and spoke with passion about the care and support people received. Staff supported people in a flexible way and in line with each person's needs and wishes. The staff team was consistent with some staff working at the service for many years. Staff worked with family members and a range of professionals to ensure people were provided with the care and support they required.

Medicines systems were organised, and people received their medicines when they should. Overall, the provider was following national guidance for the receipt, storage, administration and disposal of medicines.

People were involved in decisions about the care they received. People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The management team were open and approachable which allowed people to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with staff or the management team.

The director of care and provider monitored the quality of the service. They sought people's views and had plans in place for continued development of the home and the care people received.

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

Rating at last inspection

The last rating for this service was good (published 24 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Belmont View

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 one inspector, a specialist nurse advisor and an 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection, the registered manager was unavailable.

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. 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 seven relatives about their experience of the care provided. We spoke with 13 members of staff. This included the provider, director of care, training coordinator, deputy managers, senior care workers, care workers, an activities coordinator, cook and housekeeper. We also spoke to a visiting health professional and Vicar.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records in support of the services quality monitoring.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People told us they felt safe. One person said, "I have been here a long time and I've always felt safe." Staff told us they would not hesitate to report any safeguarding concerns to the management team and were confident action would be taken to keep people safe.
- Systems were in place to safeguard people from abuse.
- People were cared for by a consistent and stable staff team.
- Safe recruitment procedures continued to be followed.
- Most people told us there was enough staff employed to meet their needs. One person said, "I have never felt there is a problem with staffing levels, they [staff] are always there if I need them."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Care plans and risk assessments were in place and regularly reviewed to ensure they reflected people's current needs. However, some risk assessments were not in place to guide staff about people's health conditions such as diabetes and epilepsy. The director of care took immediate action to address this.
- Checks and tests were carried out to ensure the premises and equipment were safe.
- Contingency plans were in place for emergencies, unforeseen events and planned maintenance.
- People were protected from the risk of infection; staff were trained and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.
- The home was clean, tidy and well maintained. One person said, "The home is very clean, they are always cleaning and tidying it."

Using medicines safely

- Systems were in place to ensure medicines were ordered, received, stored, administered and disposed of appropriately.
- Some records required further information. These included recording of creams and actions staff should take when people become distressed before administering 'when required' medication. The director of care acted on this immediately.
- People were happy with how their medicines were managed. One person said, "I don't have any problems, I have paracetamol if I need them."

Learning lessons when things go wrong

- Effective arrangements were in place to learn lessons when things went wrong.
- Accidents and incidents were analysed to see if improvements could be made to keep people safe.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed following best practice guidelines. These assessments were used to devise a plan of care.

Staff support: induction, training, skills and experience

- People were cared for by staff who were supported, well trained and experienced. One person told us, "Staff have the skills to do their job, they look after me well."
- Staff told us there was enough training to enable them to meet people's needs. This was confirmed by training records. Training was delivered by the provider's own in-house trainer in a wide range of areas which included diabetes and oral hygiene. They said, "I strongly feel that by giving staff the best training we will then be giving people the very best of care."
- The management team and in-house trainer shared new research with staff to help ensure they were aware of the latest best practice.
- A supervision and appraisal system was in place. Staff told us they felt supported.

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

- People were supported to eat and drink enough to ensure their health and wellbeing were maintained. One relative said, "[Person's name] is very picky, the things they don't like staff know about and they always offer something different. Staff know [person's name] loves sweet dishes."
- People's dietary needs and preferences were assessed and recorded in their care plans. However, we found some records required additional information to support the monitoring of people's eating and drinking needs. The director of care acted immediately to address this.
- The cook was knowledgeable about any specialist diets, including soft and high calorie foods
- People's dining experience was observed to be happy and sociable. Snacks and drinks were available throughout the day.

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

- People were supported to access external professionals to monitor and promote their health.
- Care records contained evidence of the involvement of professionals such as GPs, district nurses, dentists, podiatrists and opticians.

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

- The design and décor met people's needs. Many of the areas of the home had been redecorated and

refurbished including communal areas.

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.

- Staff followed the legal requirements of the MCA.
- The management team submitted timely DoLS applications to the local authority.
- Where people lacked capacity to make decisions, some care plans did not always demonstrate best interest decisions had been made or who was involved in making decisions on people's behalf. The director of care acted upon this immediately.
- People were asked for their consent before staff provided any care or treatment. One person told us, "Staff always ask me before they do any personal care."

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 treated with kindness.
- People and relatives spoke positively about the home and the care provided. One relative said, "Staff are super-duper, a lovely bunch. I visit at different times of the day and at weekends and they are always lovely." A number of thank-you cards from relatives and people thanked staff for their "care," "kindness" and "compassion."
- We observed many positive, caring interactions between staff and people. There was laughter, singing and some reminiscing observed between people and staff during our inspection.

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

- People were involved in their care.
- Care plans documented that people and, where appropriate, their relatives had been involved in making decisions about their care. The director of care told us, "Each person is involved in every aspect of their care where it is appropriate. We support each person to make their own choices and help them to live a fulfilled life."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. One relative told us, "Staff ask me to leave the room when they are doing any personal care for [relative's name]. They always knock on the door before coming in, they are very respectful."
- People's care plans described what a person could do independently and what support they needed.
- The home provided aids and equipment which promoted people's independence.

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 remained the same. 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

- People received personalised care which reflected their needs and preferences. One relative said, "Staff know [relative's name] so well, they know they like toffees and what drinks to offer. [Relative's name] can be in pain and doesn't always cooperate with staff but they are always kind and give [person] a cuddle. I know this is genuine because they don't always know I am there."
- Overall, care plans guided staff on how to deliver person-centred care.

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.

- The home was meeting the AIS. People's communication needs were recorded in their care plans. Information was available in large print, Braille and picture format.

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's social needs were met. They were supported to maintain their hobbies and interests. Since the last inspection two activities coordinators had been employed so they now covered 365 days of the year. The director of care told us this was to ensure there was a full activities programme in place.
- Staff supported people to establish and maintain friendships both within and outside of the home. Relatives told us they were always welcomed warmly into the home.
- People were supported to be involved with the local community where many of them were born and brought up. A newsletter was produced each month so people were aware of what activities were happening both in the home and local community. Trips were also organised to coffee mornings and other local events. Children visited, and regular church services were held within the home.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received. One person told us, "I make my views known, I would go to the manager. When I've needed to raise any concerns, they have always got things sorted for me."

End of life care and support

- End of life care was provided. Staff worked with health care professionals to ensure people received care

which met their needs.

- One visiting vicar told us, "The home and staff are very caring and know when someone needs to see me. It makes a huge difference to the person and to me to be able to see them at the end of their life."
- Staff received end of life training to ensure they had the necessary skills and expertise to support people at this important time.
- Where people wished to discuss their end of life wishes, this information was included in care plans.

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 outstanding. At this inspection this key question is now good. This meant service leadership was consistently managed and well-led. Leaders and the culture they created promoted high quality, person centred care.

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

- The service was led by a strong management team who all shared the same vision of promoting safe, person-centred care which achieved positive outcomes for each person.
- People told us they were happy and spoke positively about living at the home. One person said, "It's like being at home, very easy going and nothing seems too much trouble."
- Staff told us they were proud to work for the service and spoke of the positive support they received from the management team. One said, "I feel privileged to work here, I get a great deal of job satisfaction." There was a cheerful atmosphere throughout the home when we visited.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 consistently reviewed the service to ensure it was providing a high-quality service to meet each person's outcomes. Good governance was fully embedded into the service.
- One professional working with the service said, "The management team works hard to ensure that each person has continuity of care. There are always staff available, I've never had to look for anyone when I visit."
- The principles of the duty of candour were embedded in all practices. The director of care was open and honest and worked in partnership with other agencies to reflect on incidents and learn lessons.
- The provider had submitted the required statutory notifications to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- There was a positive culture of engaging with people, relatives and staff to achieve the best outcomes for people. One relative said, "This is one of the better homes in the area, if I had to come into a home it would be this place."
- There was a culture of questioning practices and reflective learning to continually improve the care people received. Feedback received from most relatives and professionals was that the care provided was of a good standard. Comments included, "Care is consistent, majority of the staff are the same and there isn't a high turnover which speaks for itself" and "It's a really relaxed atmosphere."
- The management team spent time with people and their relatives to gather their views to ensure staff were providing care and support that continued to meet the service values. This gained people's trust and empowered them to continue to be involved in any changes made to the service.

Working in partnership with others

- The management team continued to develop and work closely with a wide range of professionals to ensure all people's needs were met to the highest of standards.
- There continued to be close links with local schools, sporting clubs, churches and businesses to help ensure people and the service were involved in the local community.