Newcare Homes Limited

# Belle Vue Country House

## Inspection report

Warninglid Lane
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West Sussex
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22 April 2022

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19 May 2022

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service
Belle Vue Country House provides nursing care and accommodation for up to 41 people. On the day of our inspection there were 30 people living at the home. The home specialises in the care of people living with dementia and mental health conditions. The home is a country house spread over two floors with three communal lounges with dining areas and is set in large surrounding gardens.

People's experience of using this service and what we found
Risks to people's safety had been assessed, and actions taken to mitigate them. People's care plans detailed health needs but did not always reflect the personalised care which was being delivered. We have made a recommendation to the provider about further developing care plans to reflect the knowledge and practice in place. This is in the Well-Led section of this report.

People and their relatives were happy with the care they received and felt safe with the staff that were supporting them. People were safeguarded from situations in which they may experience harm. Staff knew how to identify potential harm and report concerns. People received their medicines safely from registered nurses. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

The culture of the service was positive, and people, relatives and staff were complementary of the management and provider. Improvements had been made to systems and process that monitored the quality of the service being delivered and accuracy of records. Care was personalised to meet people's individual needs and preferences. Staff knew people well and provided support in line with people's preferences. People's diverse needs were catered for and they were treated with dignity and respect. People and relatives described the staff as caring and thoughtful and said they were treated with care and kindness. Feedback about the service from people and those close to them was positive.

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

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Rating at last inspection
The last rating for this service was good. Report published (22 September 2017).

Why we inspected
This inspection was prompted by a review of the information we held about this service.
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 comprehensive inspection, by selecting the 'all reports' link for Belle Vue country house on our website at www.cqc.org.uk.

Recommendations
We have made a recommendation about the recording of information.

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.

# Belle Vue Country House

**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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Belle Vue country house 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. Belle Vue country house is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before inspection

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

During the inspection
We spoke with five people and three relatives about their experience of the care provided. We spoke with eight members of staff including nurses, care workers, chef, administrator, registered manager and providers.

We reviewed a range of records. This included four people's care records multiple medication records and two staff files in relation to recruitment. A variety of records relating to the management of the service, including checks, audits and action plans were reviewed. We viewed training records and policies and procedures. We spoke with two health professionals who visit the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

# 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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. People and their relatives told us they felt safe and could to speak to the registered manager if they had any concerns. One relative told us, "I do feel they are safe, they had one fall and they phoned straight away." Another said, "Definitely safe, I see them often, staff are friendly and attentive."
- Staff received training and demonstrated their knowledge of the safeguarding policy to prevent the risk of abuse to people. Staff understood their role in the prevention and reporting of potential abuse and told us they would speak to the registered manager if they had any concerns. Staff knew they could contact outside agencies if required. Staff were able to explain how different people needed to be supported if they became upset. We observed this in practice and saw staff calmly supporting people to reduce their anxiety and minimise risks of actions that might be harmful to the person or others happening.
- The registered manager and staff understood their obligation to report any safeguarding concerns to the local authority and to CQC.

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

- People received appropriate support to manage health related needs such as diabetes, Parkinson's disease and dementia. We observed people received their fluids and meals at the correct consistency to mitigate their risk of choking. Skin integrity care plans had been effective in mitigating the risk of people developing pressure ulcers. For example, one person was spending more time in bed and a pressure mattress had been obtained to reduce the risk of the person developing pressure sores.
- People had assessments of their needs carried out prior to admission and these formed the basis of their ongoing care plans. Where needed, people had falls plans and choking plans developed from the initial assessments or changes in their needs that happened during their stay at the service.
- Staff undertook regular safety checks of equipment and the premises to ensure these were safe. People had personal evacuation plans which guided staff to support them safely in case of emergency.
- Lessons were learnt when things go wrong, for example, when a person had a fall, the causes were investigated and action taken to reduce the risk by the introduction of a falls mat. This was discussed with staff who demonstrated they understood the importance and purpose of the falls mat.

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. For example, a relative told us they are involved in best interests' decisions made with their loved ones.

Staffing and recruitment

● People were protected by safe recruitment processes. There were enough staff on duty. The provider was using a staffing dependency tool and was able to demonstrate what safe staffing levels should be. A review of staff rotas showed that staffing hours were consistently above safe staffing levels.

● The provider carried out checks such as Disclosure and Baring Service (DBS) status and obtaining suitable references, previous training and experience, up to date information about staff's eligibility to work in the UK and evidence of registered nurses' professional registration.

● People received care and support in a timely way. We observed staff taking the time to sit and talk to people. Call bells were answered promptly and people we spoke to confirmed this was usual. The rota reflected the staff that were on duty.

● Relatives told us that staffing was consistent and staff knew people well. One relative said, "They know all [person's] likes and dislikes."

Using medicines safely

● People received their medicines safely. Qualified nurses administered medicines and those we spoke to were knowledgeable about each person's medicines. This included detailed knowledge about 'As required' medicine (PRN) describing what the medicine was prescribed for or details such as dose instructions, signs or symptoms about when to offer the medicine, interventions to use before medicines offered. Whilst nurses knew this information it was not recorded. This meant new or agency nurses may not have the relevant information, this was brought to the providers attention on inspection and recorded protocols to guide staff were immediately put in place.

● We observed people being administered their medicines in a timely and person-centred way. Care was taken by the nurse to ensure people were comfortable to take their medicine.

● The service had a clinical lead who undertook auditing and counting of medicines, including stock checks and checks on records such as the medicines administration sheets.

● We saw records of best interest decisions for some people who were authorised to have their medicines covertly administered (without their knowledge but within their best interests). Staff had liaised with professionals to make sure this was completed in a lawful way.

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 meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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.
● Visitors told us they had been kept informed of changes to guidance and arrangements for visiting their loved ones were in place.
● A recent food hygiene inspection rated the service as good. Staff responsible for the preparation of food had received training.

Good

# 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 good. At this inspection the rating has remained 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

● Staff demonstrated a detailed understanding of people's needs and risks were well managed. These were not always fully recorded in care plans. Risk assessments identified risks but did not always record what staff were doing to mitigate them. For example, air mattresses were being checked daily and the checks recorded, but this was not recorded as a mitigation in the risk assessment. We raised this with the provider who took action to address gaps in the recordings.

●People and their relatives told us that care and support were person centred. We observed this in practice. Care plans recorded people's health needs clearly but did not always reflect the good person-centred care practice which we saw to be in place.

We recommend the provider further develops care plans to reflect the detailed person centred knowledge and practice which was delivered at Belle Vue country house.

● There were systems and processes to monitor and analyse accidents and incidents and analysis was used to identify key issues and mitigate risks. For example, referrals had been made to the speech and language therapy team (SaLT), when people have experienced difficulty eating. This ensured there was clear management oversight of any relevant trends and any actions taken to avoid or reduce risk and further occurrence

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 responsibility to be open in the event of anything going wrong. They reviewed any feedback and incidents, so any learning would be taken from them and the service would continue to develop. Outcomes were shared with people and staff to ensure lessons were learnt. For example, changes were made to staff deployment following an incident.

● Staff told us communication was good and they were kept up to date. Staff felt able to speak to any of the management team, they knew how to whistle-blow and felt confident they would be listened to. We observed a pleasant and friendly atmosphere among people, the staff and managers.

● When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt. Records showed safeguarding concerns had been reported to the local authority and CQC in line with guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The culture of the service focused on providing person centred care and support. Staff knew information about people and their preferences about how they liked to be supported.

● People were encouraged to make decisions about the care they received. People told us that they were asked what they wanted, they felt listened to and were given choice and control in the way their care was delivered. For example, a relative told us their loved one had recently been supported to attend a family wedding which had been very important for them, the person was supported by staff from the service at the wedding.

● Relatives told us they were kept up to date and involved in their loved one's care. One relative said " There is good communication any issues they tell me. Care is very good. I'm always involved in decisions."

● We observed people being offered choices such as food and drink and what activities they wanted to participate in. One staff told us, "We always offer choice, even though we know what people like, they might have changed their mind."

● There were positive relationships between people and staff; interactions were warm, friendly and respectful. Relatives told us staff treated their relatives with kindness, compassion and knew them well.

● People felt able to raise concerns. The service had a complaints procedure, and relatives said that they knew how to complain and who to complain to.

Continuous learning and improving care

● Staff told us that incidents and accidents as well as people's needs and moods were discussed at handovers. They said this helped them to think about changes they could make to improve the care.

● The registered manager explained he called staff together if there had been an incident or accident straight away to discuss and put in place lessons learnt actions, rather than wait for the next book meeting or monthly audits.

Working in partnership with others

●The service worked in partnership with other agencies. These included healthcare services. There was evidence of healthcare professionals visiting the service in addition to undertaking telephone consultations.

● Visiting professional's fed back that the service worked with them. One said, "There certainly are some nurses there who are very knowledgeable about the residents and very caring. One resident was quite agitated and one of the nurses spent a lot of time with them reassuring them and caring for them." Another told us, "(name of person) always looks well cared for, their room is clean and tidy, staff very attentive, know (Name of person) well. They have taken time to understand them. Saw a nurse calming them when upset, very caring. They always contact if there is a problem or they are worried about anything. Staff I have dealt with have been spot on."

● Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.