

A Kilkenny

# Belper Views Residential Home

## Inspection report

50-52 Holbrook Road  
Belper  
Derbyshire  
DE56 1PB

Tel: 01773829733

Date of inspection visit:  
20 July 2022  
21 July 2022

Date of publication:  
10 August 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Belper Views is a residential care home providing personal care to up to 25 people. The service provides support to older people. Accommodation is provided over two floors and people have access to communal lounges, a dining room and secure outdoor space. At the time of our inspection there were nine people using the service.

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

Since the last inspection, the service had made significant improvements to governance systems which reflected positively on people's experience. The management acknowledged further improvements were required to ensure these improvements were embedded and sustained.

Comprehensive assessments of people's needs were completed, and staff understood people's needs. People were referred to relevant healthcare professionals where appropriate and advice was followed. Staff had received training to carry out their role safely.

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 generally supported this practice.

People felt safe using the service and there was a clear safeguarding policy and procedure in place. Risks to people were assessed and there was enough guidance for staff to support people safely. There were enough staff to meet the needs of people and to ensure effective cleaning of the service. People received their medicines as prescribed. When things went wrong, this was reported and investigated appropriately.

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 and update

The last rating for this service was inadequate (published 20 May 2022). 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 regulations.

This service has been in Special Measures since 12 November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We carried out an unannounced focused inspection of this service on 29 September 2021 and 5 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, governance,

staffing, safeguarding and consent.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective 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 changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belper Views Residential 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?

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Belper Views Residential 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 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

This inspection was carried out by two inspectors.

#### Service and service type

Belper Views Residential 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. Belper Views Residential Home 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 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 the inspection the service did not have a registered manager. The manager told us they are planning to apply to become registered soon. This means that, when registered, they and the provider will

be 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. We sought feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who use the service and two relatives of people. We spoke with three professionals who work with the service. We spoke with twelve staff, including the provider, manager, deputy manager, senior care workers, care workers, cook and domestic assistant. We carried out observations of communal areas. We reviewed a range of records including five people's care records, a number of medicine administration records and some 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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there was sufficient staff to meet the needs of the people using the service. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(1).

- There was enough staff. During our inspection we observed call bells and requests for support to be answered quickly. Staff were visible around the home and communal areas were constantly supervised.
- Staffing levels had improved. We received positive feedback from people and professionals visiting the service. One person told us, "Staff seem to be around more, sometimes you had to wait for ages before." A visiting professional said, "Whenever I'm there I've seen plenty of staff beavering away."
- Staffing levels were regularly reviewed. The manager completed weekly overall dependency assessments which helped determine what staffing levels were needed. People's individual needs were assessed monthly, or as their needs changed, which identified how many staff were needed to provide safe support.
- Staff rotas were in line with the managers dependency assessment. Rota's showed domestic assistants and cooks were on shift each day, meaning care staff no longer had to pick these roles up in addition to their care duties. One staff told us, "With the nine residents, we now have the time for them."
- The provider followed safe recruitment practices. This included obtaining two references prior to the staff member commencing employment and carrying out health questionnaires.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risks were appropriately assessed, reviewed and staff had enough guidance to support people safely. For example, some people at the service had diabetes. Their care files contained detailed and up to date care plans and risk assessments. These documents guided staff on what would be a normal

presentation for the person, signs and symptoms to be aware of and how to escalate if they were concerned.

- We saw improvements in catheter care. Staff had enough guidance on how to safely support someone with a catheter and how to manage risks associated with catheter care. This meant people's needs were being supported safely.
- Care plans had been reviewed. The service had implemented streamlined versions of people's care files which contained key information about people's risks and how to support them. These files were kept within easy access for staff to refer to if they needed this information quickly.
- The service took action to mitigate risks to people. For example, we saw people assessed as at risk of pressure sores were using appropriate pressure relieving equipment or being re-positioned regularly.
- Environmental risks were assessed and monitored. Records confirmed safety checks and maintenance work was carried out to ensure the premises and equipment were in safe working order. Personal emergency evacuation plans (PEEP's) were in place to ensure people could be safely evacuated in the event of an emergency.

### Preventing and controlling infection

At our last inspection the provider had failed to protect people from the risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Some minor improvements were identified to ensure the service was adhering to best infection prevention and control (IPC) practice. We found some cleaning supplies were stored on the floor and the laundry room did not have a clear dirty to clean route. However, the provider acted immediately and assured us these were addressed.
- 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 IPC policy was up to date.

### Visiting in care homes

- The provider was following current published government guidance on visiting care homes.

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

At our last inspection the provider had failed to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from the risk of abuse. The safeguarding policy was specific to the service and provided clear guidance on how to recognise abuse and report to the relevant authorities. This process was now understood and followed by the manager.
- The service had not needed to raise any recent safeguarding alerts with the local authority. However we saw consideration of whether this threshold was met when the manager reviewed accidents and incidents within the service. This demonstrated safeguarding was prioritised.
- People felt safe. One person told us, "I feel safe, definitely. I've always felt safe here, that's a good thing." Professionals told us they had no concerns about the safety of people.
- Staff had received training on how to recognise abuse. We saw safeguarding guidance and contact numbers were visible around the home and within care files. This meant staff knew how to access this information quickly in the event someone was at risk of abuse.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. Staff understood their responsibilities to report accidents and incidents.
- Accidents and incidents were reviewed. The manager completed thorough investigations of accidents and incidents, involving the appropriate people. The manager told us, "I check the trail of work, the actions that need to have been taken, I may need to trigger a safeguarding myself."
- Regular analysis of accidents and incidents took place. The manager looked at themes and trends which informed change to prevent re-occurrence. For example, updating people's care files, referring to healthcare professionals or changes to staff practice.
- Learning was shared. When discussing debriefs following an incident, one staff said, "[Manager] does go through what's in place, what we are doing and I think we are a little more proactive and creating more of a prequel to get ready for what may come." This helped to improve practice.

#### Using medicines safely

- Medicines were stored and managed safely. We identified two occasions where room temperatures were recorded as higher than the recommended temperature for safe medicine storage. This was however due to the country experiencing a heatwave. We discussed with the manager and provider who assured us they will look at ways to prevent this happening again.
- People received their prescribed medicines safely. One person told us, "They look after my medicines and bring them to me when it's time. I sometimes need paracetamol; I only have to ask. They ask me when I last had any, but I think they go and check the record too. I can't complain."
- Medicine administration records (MAR) were completed accurately. MARs were regularly checked by trained senior staff. When issues were identified, these were appropriately reported and investigated.
- As required medicine protocols were in place. Some people were prescribed medicines as and when needed. We found appropriate guidance was in place for people who took 'as required' medicine which was understood and followed by staff.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support and training to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18(2)(Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(2).

- Staff had received appropriate training. We reviewed the training matrix and found staff were up to date with mandatory training, such as safeguarding and infection control. Staff told us training had improved significantly. This meant staff had training and knowledge required to carry out their role effectively.
- Staff received specific needs training. Some people living at the service expressed feelings of distress or agitation. A professional working with the service told us, "[Staff] fully understand how to help [person] they are doing well with them. [Staff] know how to manage and support [person's] mental health."
- The manager registered all staff for the Care Certificate programme. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular supervisions which were used to review practice. Staff told us these were useful. This allowed staff to ask questions and seek to improve and develop their skills and knowledge.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to act in accordance with the requirements of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- MCA and best interest decisions were completed. We reviewed documentation and found capacity assessments and best interest decisions were in place for people who required them. These were generally completed appropriately.
- We reviewed some records for one person who was assessed as having capacity and saw a best interest decision had been made for some decisions. We were assured this person had not been unlawfully restricted and this was a misunderstanding of the documentation. The manager responded and informed us additional MCA training had been sourced to address this.
- DoLS authorisations had been completed. We found DoLS paperwork was now available within people's care files. The manager also completed a matrix which ensured they had oversight of DoLS applications and any conditions on DoLS.

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

- People's needs and choices were assessed. Staff understood the needs of the people they supported. Feedback from people confirmed this, one person said, "[Staff] know me well. They know I don't want hearing aids or false teeth. I threw them away in the past, I've told them, it's my choice."
- A range of tools were used and reviewed consistently to assess people's needs. For example, a tool to assess risk to skin integrity was completed monthly. This meant any changes in need were identified and action to prevent skin breakdown could be taken promptly.

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

- People were supported to eat and drink enough. People's weights were monitored and where people were identified as at risk of malnutrition appropriate action was taken to support them. For example, referrals to the dietician.
- Information about dietary requirements was clearly recorded and accessible. The cook was knowledgeable on people's dietary requirements, such as who required a diabetic diet. This meant people received a diet that was safe for them.
- People told us they liked the food. One person said, "Meals are very good, and the cook is lovely, [they] always come around to check what you want." We observed adaptations were made to support people to have a positive dining experience, such as additional support or equipment to promote independence.

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

- The service worked collaboratively with other agencies. For example, one person using the service was planning on returning home. We saw how the service worked with the relevant authorities and associations to ensure this transition went smoothly. This helped to ensure people received consistent and effective care.
- The service made referrals and acted on recommendations. One professional said, "Referrals or requests for advice are timely. Staff will also phone sometimes and explain a concern, while knowing that a ward

round is scheduled, allowing us to escalate the timeframe the patient is seen if clinically appropriate rather than just waiting for the scheduled visit." Another professional told us, "They now recognise and respond to health needs and changes in a timely way. And they follow instructions."

- People were supported to make choices about their health. For example, one person had requested to work on their mobility. The service referred the person to physiotherapy and supported them with exercises.

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

- Since our last inspection improvements had been made to the environment to promote accessibility for people with dementia. For example, there were now signs around the building to help people navigate their way around. This helped to promote people's independence.

- Specialist equipment was made available as required for people and kept in good working order. We observed staff quickly access moving and handling equipment for people who needed it. This ensured people's safety and dignity.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created 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

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Monitoring checks to improve standards were completed. Audit systems had been improved to help ensure action was taken when issues were identified. Further improvements were required to ensure areas for improvement were reliably identified. This would continue to support driving improvement at the service.
- Systems and processes were in place to improve oversight. The manager regularly inputted data from a range of assurance checks into a spreadsheet which provided an overall picture of service performance. This process allowed the manager to identify potential concerns and areas for improvement.
- The provider ensured the manager received guidance and support in their role. They also met regularly with the manager to discuss key service information. This demonstrated accountability and an understanding of the importance and responsibility of their roles.
- The manager and provider were engaged throughout the inspection process. Since our last inspection, there was a strong focus on continuous learning and action plans were used to drive improvements.

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

- Management did not always effectively communicate with people and relatives. We received some feedback from relatives that improvements were needed to ensure high-quality person-centred care was prioritised.
- The culture was improving. One person told us, "It's getting better, I think it just needed a bit more organisation. it definitely feels a lot better lately." One staff said, "We are definitely going in a straight line now, in the right direction" Another said, "I feel a lot happier now, the team are happier, there's mutual respect."
- At our last inspection, policies were either not in place or did not provide service specific information to

guide staff on best practice. The provider had now ensured appropriate policies were in place to support people to achieve good outcomes. We found the medicines policy needed some minor changes to ensure it was reflective of the practice at the service.

- People and relatives told us care was provided by kind and friendly staff. One professional said, "Staff are focused and motivated." This meant staff understood the service's visions and values.

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

- Feedback was sought. Regular opportunities were now available for people and their relatives to share their views. However, not everyone felt able to raise issues informally with the manager and did not always feel listened to. The manager told us they intend to work on improving communication and relationships with people.

- Staff felt engaged in the running of the service. One staff said, "We have team meetings and we are asked what we think by manager." Another said, "We can raise things with [manager], they will listen and agree a plan of support or training or whatever is relevant."

- Considerations were made to support people to feedback if they were unable to access surveys or meetings, for example due to communication impairments or anxiety. We saw how one to one support was offered and effective in gathering people's views. This meant everyone had opportunity to be involved in the service.

- Feedback was acted upon. For example, one person had requested origami as an activity so supplies were purchased for them. A professional told us the service acted on their feedback and improved the system to share information internally, "They responded well to the feedback and found a solution that works."

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 provider understood their regulatory responsibilities to submit notifications to CQC when significant events occurred within the service.

- The manager understood duty of candour. They told us, "Duty of candour is about being open honest and transparent when errors or oversight has been made or when something hasn't been done. It's about us taking ownership and apologising."

Working in partnership with others

- The service worked collaboratively with a range of external stakeholders and agencies. This included the local authority, commissioners and health and social care professionals. We saw effective sharing of information where appropriate. This helped to ensure people received the right care and treatment.