

## Sanders Senior Living Limited

# The Belmont

### Inspection report

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### 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

The Belmont is a residential care home providing personal care for up to 74 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 35 people using the service.

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

People told us they felt safe living at The Belmont and were confident any concerns they raised would be listened to. Staff had received training in safeguarding and knew how to identify and report abuse.

Staff were supported by the registered manager and deputy. They received training and supervision to help them carry out their roles effectively. Menus were planned in accordance with people's preferences and there were opportunities for people to give feedback and discuss menus with the chef.

People and their relatives were all positive about the standard of care provided by The Belmont. One person told us, "It's fantastic, it's one of the best things I've ever done, I can't speak highly enough of it". People were cared for by a dedicated team who were motivated to provide the best they could for people living at the home.

Care records were detailed, and person centred. People were able to engage in a wide range of activities, events and outings which helped to promote their well-being. Activity plans were tailored around people's preferences, suggestions and requests. Regular meetings enabled people to contribute to activities plans. The service had developed links in the community which enabled people to continue their interests and be involved in new ones. Staff were committed to enriching people's lives and supported them to achieve their wishes and aspirations.

People who were reaching the end of their life were cared for with love and compassion, and support was extended to their families and loved ones. People and their relatives told us staff were open and transparent.

People, relatives, and staff told us the management team were supportive. There was a robust system in place to monitor the safety and quality of care and support provided. The home had developed and continued to develop strong community links.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

### Rating at last inspection

This service was registered with us on 15 November 2021, and this is the first inspection.

### Why we inspected

This was the first comprehensive inspection of The Belmont since registration.

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.

### 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 caring?

The service was exceptionally caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally 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 ●

# The 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by 2 inspectors 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

The Belmont 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. The Belmont is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

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

#### Notice of inspection

This inspection was unannounced. The provider knew we would be returning on the second day of the inspection.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 5 people who used the service and 3 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, deputy, regional director, senior care staff, care staff, activity co-ordinator, chef and administrator.

We viewed 4 people's care records and a range of medication records. We looked at a variety of records relating to the management of the service, including policies, procedures, and audits. We gained feedback from 3 health care professionals.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse.
- People and their relatives told us the service was safe. One person told us, "I feel safe, the staff take care of you".
- A staff member told us, "If I ever raise anything it is always acted on swiftly and we get feedback afterwards. If they [managers] didn't act, I know I could go higher up in the organisation to seek help, but I've never needed to".
- The service had a safeguarding policy and staff had undertaken safeguarding training. Posters on how to speak out about poor practice were prominently displayed in the home and contained contact numbers for external agencies including the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks associated with people's health and well-being were managed safely.
- Care plans and risk assessments provided staff with information they needed to provide care in the safest possible way.
- Staff shared important information at daily meetings and handover notes were shared with all care staff, to minimise risks to people and help ensure they received the care they needed.
- Regular checks were carried out within the home to ensure the environment and equipment was maintained and safe to use.
- Staff attended regular fire drills and each person had a personal emergency evacuation plan to ensure their needs for support in an emergency were known. These were reviewed regularly to ensure information was up to date.
- The registered manager did regular call bell checks to ensure calls were being responded to promptly.

Staffing and recruitment

- There were enough staff to support people and meet their needs.
- Staffing numbers were determined using a dependency tool to help calculate the minimum staffing levels required. This was reviewed regularly or as people's needs changed.
- One person told us, "Staff are around, I use my buzzer and they [the staff] are there instantly".
- Recruitment checks were in place to help ensure staff were suitable for the role they were employed for. Checks included those with the applicant's previous employer and the Disclosure and Barring Service (DBS). DBS checks inform employers about an applicant's criminal history.

Using medicines safely

- People received their medicines from staff who had been trained and their competencies assessed. Stock levels of medicines corresponded with the records in place. This meant the manager had an accurate oversight of what medicines were in the home.
- We saw some gaps on medicine records and recording errors on 'as required' medicine protocols. This was brought to the attention of the registered manager who addressed these issues immediately.
- People had their medicines regularly reviewed by their GP.
- Regular checks were carried out on people's medicines to make sure they were being administered in line with best practice and to identify any errors. Where errors had been identified, appropriate actions were taken.

#### Preventing and controlling infection

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

#### Visiting in care homes

- There were no restrictions on visiting and people were supported to receive visitors when they wished. We observed people enjoying time with visitors on the day of our inspection.

#### Learning lessons when things go wrong

- There was an open culture within the home and a commitment to learning.
- Staff recorded and reported any accidents or incidents that occurred in the home. These were reviewed by the registered manager to identify patterns or trends and to ensure actions were taken to minimise the risk of the incident occurring again.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Detailed preadmission assessments were carried out before people moved into the home where information was gathered about their life history, care needs, health conditions, sexuality, cultural, and social needs.
- People's care plans reflected their needs and choices and included support they required.
- Care plans were regularly reviewed. This ensured they were up to date and continued to meet people's needs.

Staff support: induction, training, skills and experience

- Staff had appropriate skills and experience to do their job and support people well.
- New staff completed an induction when joining the service. This consisted of on the job training and mandatory training courses relevant to their role such as moving and handling, safeguarding, first aid and fire training.
- Staff had the opportunity to discuss their work, goals and training needs during supervision meetings.

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

- People were supported to eat and drink enough to maintain a balanced diet and stay healthy.
- Where people required meals to be prepared in different textures, guidance was provided from the speech and language therapist on how to do this.
- People were involved in menu planning and regular surveys on the mealtime experience were carried out to monitor and improve people's experience.
- We saw people sat chatting and enjoying the company of others whilst dining. People who chose to dine in their rooms were supported to do so. Where required, people were given a choice of meal with visual prompts such as pictorial menus and show plates.

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

- People were supported to access healthcare services. The GP and nurse visited regularly.
- Staff worked closely with external healthcare professionals to deliver effective care. For example, people who were at risk of skin damage, were referred to the community nurses.
- Where people were able to, they made their own appointments, this meant people maintained their independence. One person told us, "I have just been tested for a new hearing aid and I have arranged my own optician's appointment."

- We received positive feedback from healthcare professionals about their experience of working with the service. One healthcare professional told us, "Communication is amazing, and the staff know everyone well".

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

- People's care and support was provided in a modern, clean, and well-equipped environment.
- There were many areas for people to use to spend quiet time or when meeting with family and friends, including multiple lounges, quiet areas and secure gardens.
- There were signs to support people to identify rooms and find their way round independently where possible.

#### 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.

- The service was working within the principles of the MCA. DoLS were appropriately applied for when needed, and the registered manager had good oversight of these.
- People's ability to make decisions about their care and support had been assessed and was recorded in their care records.
- Staff asked people for their consent before providing care and support. One person told us, "Staff ask before doing anything".

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 staff who were kind, caring and compassionate. Our observations during our visit supported this.
- Feedback from people was positive. Comments included, "The staff are the most attentive people I've had the pleasure to meet", and "Staff are loving and give me hugs every morning which is very important to me".
- Staff extended their care and compassion to people's relatives. One relative told us, "The staff are amazing, managers are loving and transparent and care for us as a family". A relative described how staff had come in on their day off to sit with their family member when they were unable to visit. Another relative told us, "Staff know [Person's name] very well, they are so patient and give one to one time".
- Staff had the information they needed to provide personalised care and support and knew people's preferred routines and what was important to them.
- Staff were passionate about their work and were motivated to provide the best care and support to people.
- We saw examples of events being held for birthdays and other religious and cultural events. Examples included an Italian themed wedding arranged by staff to help one person celebrate their relatives wedding as they were unable to attend. We saw correspondence from the person's family which detailed how much it had meant to them and their relative. The chef also arranged themed meals for specific cultural days.
- Some people living at the home were involved in arranging a summer fete. Discussions had been held at meetings and people had decided which stalls they wanted to run on the day.

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

- People and their relatives were involved in making decisions about their care and support.
- People were encouraged to give their feedback and suggestions on different elements of care provided, including meals, trips, and activities. There were various channels where feedback and suggestions could be expressed, for example, meetings, suggestion box and discussions with staff. We saw from a recent meeting some people had requested jigsaw puzzles be placed around the home so people could interact as they passed by, we saw this had been implemented.
- One person had been given the role of "Ambassador" and told us they welcomed new people coming to live at The Belmont. They helped support people to go to the dementia café at a local football club and delivered newspapers to some people living at the home.
- Relatives confirmed their family members were involved in decisions about their care. One relative told us, "Staff ask [Person's name] what colour top they want to wear, they give them as much autonomy, choice and independence as they can."

- We saw staff supporting people who had difficulties communicating, to make choices regarding menu options by showing them plated food options and allowing them to choose which they wanted.

#### Respecting and promoting people's privacy, dignity, and independence

- People's privacy and dignity were respected, and their independence promoted by staff. One person told us, "Staff are very nice and treat me with dignity and respect".
- We observed staff knocking on people's bedroom doors and waiting to be invited in and care was offered in a dignified way with positive interactions seen throughout the inspection.
- People were encouraged and supported to maintain their independence where possible. For example, one person collected their daily newspaper independently and others managed their own healthcare appointments.
- Staff had attended dementia training, providing them with the skills on how to communicate with people and some understanding of what it meant to live with dementia.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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's needs were assessed prior to moving in and included people's life history. This ensured people's care planning was person centred. One person told us, "We had a meeting before admission and asked me about my likes and dislikes".
- Care plans were detailed and reflected people's individual needs and preferences. Staff had detailed guidance to follow to enable them to provide person centred care. People told us staff knew them well and how this made them feel safe and secure. A relative told us, "The staff know [Person's name] very well and this makes me feel confident to be able to go away". Staff completed daily notes about each person to share important information during shift handovers that required attention or following up.
- Care records were reviewed on a regular basis or as people's needs or preferences changed. People confirmed they were involved with reviews. One person told us, "I am treated as an individual and staff chat to you to discuss things".
- The service enriched people's lives by supporting them to achieve their goals and aspirations. A wishing tree had been created for people living at the home to make a wish. One person made a wish to go to the Black Country Museum, another person to go on a helicopter ride, we saw evidence these events had taken place. People's wishes and suggestions were evidence in 'You said, we did' posters displayed around the home. A weekly mother and toddler playgroup was held at The Belmont, this had been organised by the well-being lead following the suggestion some people made at a residents meeting. On the day of our visit the playgroup was taking place, we saw people were engaged and enjoying the activity. The playgroup had been discussed at a meeting and people had said how they had enjoyed bringing the younger generation into their home and they were excited to make connections with the families.
- People were supported to follow their faith which was important to them. Some people attended church, and other people received readings from the local priest.

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 maintain relationships with their families and friends. A relative told us, "I visit every day and I am welcomed".
- There was a wide variety of activities in place which were reflective of people's interests. Weekly and monthly activity programmes was displayed around the home and delivered to people individually. One person said, "There's always something going on I'm never bored".
- The team had developed and sustained good relationships in the local community. The Belmont held a memory café every week where people from the community were able to attend and be supported and share experiences. Links had been made with the local football club and some people living at the home

attended their weekly dementia café. Further links had been developed with a number of golf clubs, a garden centre and the local school where people living at the home visited weekly to read to pupils. This enabled people to maintain their interests and live fulfilling lives.

- 'Down tools' sessions were held daily, where all staff set time aside from their other duties to spend time with people to ensure everyone had meaningful conversation and engagement. This meant people who were being cared for in their room did not become isolated.

#### End of life care and support

- The service provided end of life care to people. This included providing support, accommodation, and meals to families so they could spend their final days together. A relative told us, "They fed us and gave us an apartment to use, they were outstanding".

- Detailed care plans had been developed and included how people wished to be cared for at the end stages of their lives.

- The service worked with other agencies to ensure people received the care and support they needed at the end of their lives. One health care professional told us, "The staff are very empathetic, kind and considerate".

- The provider had introduced the 'Yellow ribbon' which was placed on the bedroom door handle of a person that had passed away as a sign of respect and remembrance. With prior agreement from the person and their family, a wicker basket was placed in the person's room after they had passed, containing special items to be picked out by a loved one to keep providing some comfort.

- Staff formed a guard of honour for people that had passed as they left the building as a mark of respect.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of their responsibility to meet the Accessible Information Standard.

- People's communication needs were assessed and had detailed care plans in place to support staff to communicate with people effectively.

- Adjustments were made where needed to meet people's needs. For example, one person required information in large print. Another person used picture prompts.

#### Improving care quality in response to complaints or concerns

- The service had a policy in place for people and relatives to raise complaints or concerns. This was clearly displayed for people, their relatives and visitors to see. Where complaints had been made, they had been acknowledged, investigated, and responded to appropriately and in line with the provider's policy.

- None of the people we spoke with had any concerns to raise but told us they would feel comfortable in doing so if required. A relative told us, "The manager is charming, I would speak to them if I had any concerns".

- During the inspection we reviewed numerous written letters and cards of thanks, praising staff and the management team. One relative wrote what it had meant to them and their relative that staff had arranged a special event for them and the comfort it gave them knowing their relative was well looked after and loved.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service 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

- There was an open and positive culture within the home. This was reinforced by feedback from people and their relatives. Comments included, "It is a very open and loving home, everyone is open and honest" and "It's a fabulous place with kind, loving staff".
- The registered manager and deputy's caring values were embedded across the whole team and staff were motivated to provide high quality, person centred care.
- Staff told us they were proud to work at The Belmont. Some of the comments included, "I love working here it's so supportive and we all pull together" and "The team are excellent, we work well together, and all try to make this place the best it can be for people living here".

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 responsibilities for reporting notifiable incidents to CQC and understood the responsibilities under the duty of candour, to be open and honest when things had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were in place to monitor the service and drive improvements. These enabled the management team to ensure people received a high-quality, personalised service.
- The provider visited the service regularly to speak with people and staff and completed quality assurance reviews. This helped to identify any improvements required.
- Heads of department meetings took place during the week to discuss any changes in people's needs and other relevant information staff needed to be aware of.
- The service had a continuity plan in place to evidence how the service would continue in the event of an emergency.

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

- People felt part of the local community. Staff had developed good links in the community, and we saw this had a positive impact on people.
- The registered manager held monthly meetings with people and relatives to ensure their views were taken

into account and records reflected this.

Continuous learning and improving care; Working in partnership with others

- Regular handovers and staff meetings ensured staff's knowledge remained updated about people's needs.
- The registered manager, well-being lead and chef attended regional meetings and forums where they were able to share best practice.
- Staff were positive about the management. One staff member told us, "We have regular supervisions, it's useful to talk through things that have happened and how we feel about it. The manager's door is always open".
- The service appointed champions who were responsible for promoting best practice in a specific area such as weights, dignity, dementia and falls. The champions shared best practice with new starters and discussed their role at resident, relative and staff meetings.
- The service worked well with external healthcare professionals involved to ensure people's needs were met. One healthcare professional told us, "Staff are engaged and interested in learning". Another said, "The staff are very caring about the residents, and they have a passion to do the best for them".