

Belong Limited

# Belong Newcastle-under-Lyme

## Inspection report

65 Lower Street  
Newcastle-under-Lyme  
ST5 2RS

Date of inspection visit:  
25 January 2021  
27 January 2021  
29 January 2021

Date of publication:  
03 March 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Belong Newcastle-under-Lyme is a purpose-built care village. There are six separate households, each able to accommodate 12 people who require differing levels of care and support. At the time of the inspection there were 58 people living at the service who were receiving personal and nursing care across five households. The service can support up to 74 people.

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

People felt safe. However, some improvements were needed to staffing levels, particularly at night, to ensure people did not have to wait too long for the support they needed.

Improvements had been made to medicines systems since the last inspection and medicines were safely managed. Some improvements were required but the provider was aware of these and had a plan in place to address any issues.

People's risks were assessed and managed and staff knew how to support people safely. People were protected from abuse and avoidable harm and systems were in place to ensure lessons were learned when things went wrong.

The provider followed safe practices to ensure people were protected from the spread of infection.

Improvements had been made to the quality assurance systems in place. The registered manager had implemented a robust system to check and identify issues with quality and safety of services and there was an action plan in place to address any shortfalls.

The registered manager and the management team were visible and approachable. Staff and the management team shared a vision to provide good quality, person-centred care and were working towards good outcomes for people.

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 requires improvement (published 5 September 2020) and there were two breaches of regulations. The provider was issued with a Warning Notice following the last inspection. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We received concerns in relation to staffing levels, particularly at night. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We also checked whether the Warning

Notice we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. However, we found some evidence that the provider needs to make improvements. Please see the safe section of this full report. The provider was aware of the issues and working on the required improvements.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belong Newcastle-under-Lyme 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

**Good** ●

# Belong Newcastle-under-Lyme

## 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.

This inspection took place during the COVID-19 pandemic. We were mindful of the impact on services and on our regulatory function. We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic and we found the service were managing well.

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 three inspectors over two site visits. A pharmacist specialist also visited the service as part of the inspection.

#### Service and service type

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

The service had two managers 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. One of the registered managers was on a period of planned leave when this inspection was carried out.

### Notice of inspection

This inspection was unannounced. We completed the first site visit during the night, as we had received concerns about staffing levels at this time. We returned for a further site visit during the day.

### 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 all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with 18 members of staff in addition to members of the village management team including the registered manager, practice development facilitator and front of house manager.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and induction. 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 registered manager to validate evidence found. We reviewed a variety of documents relating to the management of the service which were sent to us electronically. We telephoned three relatives to gather additional feedback about their experience of care provided to their family members.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure that medicines were managed safely; placing people at risk of harm. 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.

### Using medicines safely

- Medicines were managed safely.
- The home now had a safe system in place to guide staff on how to administer medicines using a PEG tube (percutaneous endoscopic gastrostomy tube which allows medicines to be put directly into the stomach) and when given in a covert manner (hidden in food).
- Body maps were in place for medicines given through patches. Staff were guided on where to apply them to prevent applying multiple patches and using the same area of the body repeatedly.
- Improvements were still needed to ensure staff consistently had guidance available for people who were administered topical and pain relief medicines. Audits completed by the provider showed they were aware of the issue and acting to provide this guidance.
- Medicines used to treat minor ailments were kept in a locked room, though they were in plastic boxes or out on a table. This meant there was a risk they could be accessed by non-trained members of staff. The provider told us they would purchase tamper proof containers to mitigate any risks.

### Staffing and recruitment

- Some people told us they sometimes had to wait for the support they needed. One person said, "They [staff] tell me there are people in a worse state than me and that I can manage. I'm beginning to think there's not enough staff to go around."
- Staff felt they did not always have the time to spend with people that they would like. Night staff felt it could be difficult to meet people's needs without them having to wait. One staff member said, "You have to prioritise constantly, you are spread too thinly. It means people are left waiting for support."
- The registered manager had been recruiting and training new staff in order to reduce agency staff usage. They told us they would act to improve the night staffing levels. We will assess this at our next inspection.

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

- People told us they felt safe. One person said, "I feel content, I feel safe".

- Staff knew how to protect people from abuse. They had been trained and were knowledgeable in recognising and reporting abuse. One staff member said, "I would go to management with concerns. If I had no management here, I can raise a safeguarding myself and feel confident to do that."
- Systems were in place that worked well to ensure people were safeguarded from abuse and investigations were carried out when required.

#### Assessing risk, safety monitoring and management

- People's risks had been assessed and planned for. There were clear plans in place specific to each person and these were regularly reviewed and updated.
- Staff had a good understanding of people's risks and needs and spoke to us confidently about people's individual risks and how they like to be supported.
- There was a proactive approach to falls management, with a fall prevention programme and an onsite gym instructor who worked alongside people and professionals to improve mobility and reduce falls risks. One person said, "[Gym instructor's name], I have got to praise, she is fantastic. When I first came here, I was in bed all the time, she got me out. It's hard work sometimes but it's much better now."

#### 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.

#### Learning lessons when things go wrong

- The provider has systems in place to ensure lessons were learned when things went wrong.
- Incidents and accidents, including safeguarding concerns were analysed and discussed at a monthly meeting to ensure learning was recognised and cascaded to staff appropriately.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to effectively operate quality assurance systems to assess, monitor and improve the quality and safety of care provided to people. 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.

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

- Quality assurance processes were now in place and were utilised effectively to monitor the quality and safety of services and make improvements where required. A staff member said, "I think things were disorganised [about 12 months ago]. Processes weren't being followed, for example with medicines, that's been improved now."
- A suite of audits were now in place and completed regularly and effectively to ensure monitoring and oversight of all areas of service delivery. We saw these identified any issues and effected improvement where required.
- There was a management structure in place which ensured all staff were aware of their roles and what was expected of them.
- The registered manager understood their responsibilities of registration with us and ensured that legal requirements were met.

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

- People, relatives and staff told us the registered manager was approachable and supportive. One staff member said, "He is very approachable, he is always saying his door is open."
- Most staff felt well-supported and appreciated in their roles. A staff member said, "It's the little things, I get thanked for doing something. The other week [a member of the management team] noticed me [administering medicines]. They said I did that really well. It's nice."
- Staff understood the values and vision of the service and were working together to promote good outcomes for people. A staff member said, "It's person centred here. It doesn't feel like a conveyor belt. People have choices."
- The management team were aware that there were some improvements to be made to the staff culture to

ensure the whole staff team felt fully supported. They had plans in place to address this.

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

- People told us residents' meetings were held to discuss issues like activities and menu choices. People were encouraged and supported to give their views.
- Relatives felt involved in their family members care as they were able to access their relative's notes remotely. They could then discuss any issues with staff or management.
- Staff had opportunities to be involved with the running of the service through various methods including one to one meetings, staff forums and a wellbeing hub. There was also a staff satisfaction questionnaire. The registered manager was in the process of collecting responses and told us they would create an action plan in relation to any issues raised.

Continuous learning and improving care

- There was a commitment to ongoing learning and improving care.
- A Practice Development Facilitator (PDF) was responsible for ongoing training. They were passionate about their role and had plans in place for continuous learning.
- The service had continued to provide face to face learning for staff during the pandemic and had a suitable risk assessment in place to ensure this was completed safely when required.

Working in partnership with others

- The service worked well in partnership with other professionals to create good outcomes for people.
- A relative said, "They were quick at getting a [specialist] nurse involved and the continence service. And when [my relative] had trouble eating, they got professionals in to help. I just couldn't have imagined they would deal with everything so well."