

Countrywide Belmont Limited

# Belmont House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Belmont House Care Home is a residential care home providing personal and nursing care to up to 106 people. The service provides support to both older people and younger adults, some of whom are living with dementia. At the time of our inspection there were 69 people using the service.

Belmont House Care home is a large purpose-built home split across five separate units. One of these units had recently been refurbished but was not in use at the time of the inspection. Two of the units specialise in supporting people living with dementia.

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

Care records did not always provide enough guidance for staff around how to deal with people's known needs or behaviours. Records to monitor and document care provided, and the related risks, were not always completed.

Feedback about staffing levels in the service was varied and improvements had been made to staffing with a reduction in the use of agency staff over recent months. However, people still felt they needed more staff to assist them and run activities in the service. The registered manager was actively trying to recruit more staff. There is a continued recommendation about the review of staffing levels and deployment within the service. Audits and checks were in place to ensure the safety and quality of the service. However, these were not effectively embedded and had therefore not highlighted issues we found on inspection.

Staff had a good understanding of safeguarding and action was taken to mitigate risk.

The environment was clean, well maintained and safe for the people living there. Regular checks were completed to ensure the premises were safe and staff carried out regular fire drills and evacuations.

Feedback about the registered manager and leaders in the service was positive and people felt supported. Staff had a positive approach towards their work and the people they supported, they had a strong desire to improve the quality of the service they provided.

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 Care Quality Commission (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 15 December 2020). 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 some improvement had been made but the provider was still in breach of

regulations.

#### Why we inspected

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 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 requires improvement to good based on the findings of this inspection.

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 Belmont Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to records and governance at this inspection and have made recommendations around staffing levels and deployment.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Belmont House Care 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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Belmont House Care 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. Belmont House Care Home 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 on the first day and announced on the second and third 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 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

During the inspection, we spoke 9 staff including the regional director, registered manager, deputy manager and 6 care staff. We spoke with 17 people living at the service and three relatives. We reviewed 12 medication administration records (MAR) and seven care plans. We reviewed evidence following the inspection including audits and policies.

# 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 requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Health monitoring documentation were not always completed where people were at increased risk of harm. For example, bowel monitoring charts were not always completed to help identify when further action and support was needed. As a result, it was unclear if this concern was known and had been communicated to the relevant health professionals for advice and further action in a timely manner.
- Where there was a need to carry out monitoring and support tasks due to risk, for example, monitoring of food and fluid intake or repositioning this was not always documented or evidenced.
- Care plans did not always provide the most up to date, relevant information or guidance on how to best support people. For example, one person's care plan did not provide guidance for staff on how to support them with their on-going and deteriorating mental health needs.

The provider failed to do all that reasonably practicable to mitigate risk to people living at the service. This placed people at increased risk of harm. This was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had good oversight and systems in place to monitor, manage and maintain environmental safety. Regular checks were carried out both by staff and external contractors.
- Staff took part in regular simulated fire evacuations which were reviewed for effectiveness.

### Staffing and recruitment

At our last inspection, we recommended the provider review how their governance system considers and records feedback and observations of staffing to check deployment is effective and ensures people receive responsive person-centred care. The provider had made some improvements in this area, but despite this, further work was needed to effectively capture and respond to people's concerns around staffing levels.

- Staff were not always available to assist people in a timely manner or provide observations in communal

areas on some of the units, because they were busy supporting other people in their bedrooms. This observation was discussed with the manager on the first day of inspection, and key staff were redeployed immediately to ensure this shortfall was addressed.

- Feedback about staffing levels was variable from both people and staff, this was also variable across the different units of the service. One relative told us, "They [staff] say they are not able to take [person] for a walk because they don't have enough staff. It's affecting his mobility". Other people told us they had to wait long times for call bells to be answered and that there wasn't enough staff to run activities in the service.
- The registered manager was using a dependency tool to assess staffing levels, as well as asking for feedback from staff. The use of agency staff had decreased over recent months due to an ongoing recruitment campaign. and There were numerous recruitment initiatives ongoing. Activity staff were, at times, redeployed into different roles within the service. This was to ensure people's needs, especially at mealtimes, were met.

The efforts of the provider to attract and retain additional staff is acknowledged. However, from the evidence found on inspection, we recommend the provider continues to review the staffing levels and deployment across the service to ensure people's needs are met, whilst they continue to recruit to vacant posts.

- Staff had been safely recruited and all relevant employment checks had been carried out to ensure staff were suitable to work with vulnerable adults.
- The registered manager reviewed deployment across the units following our feedback on day one of the inspection.

#### Using medicines safely

- The provider was using an electronic medication system to effectively and safely administer people's medicines as prescribed.
- Staff had a good understanding of people's needs and preferences around how they liked to take their medicines. We observed people being people empowered and involved in the administration of their medicines.

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

- Processes were in place to ensure effective management of safeguarding concerns.
- Staff had reported safeguarding concerns, and these had been shared with the local authority and action had been taken to mitigate risk.
- Staff had received training around safeguarding and had a good understanding of what to do to keep people safe and prevent harm and abuse.

#### Learning lessons when things go wrong

- The registered manager ensured staff were kept up to date with issues and areas of for improvement within the service.
- If things went wrong, lessons were learnt to improve the service and prevent them from happening again. Staff had regular meetings and ad hoc meetings were scheduled as needed to discuss such issues and share best practice.

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. Any conditions related to DoLS authorisations were being met.

#### Preventing and controlling infection

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

#### Visiting in care homes

- People were supported to have visitors in line with the current government guidelines.

# 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 requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders supported the delivery of high-quality, person-centred care but further work was needed to embed practices.

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

At our last inspection systems were either not in place or were not operated robustly enough to effectively ensure safety and quality. This placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- The new systems and processes which had been implemented since our last inspection were not effectively embedded where poor practices had not been identified. This placed people at risk. For example, where health monitoring and management documents such as repositioning and food and fluid charts were required these had not always been completed. These were not identified as part of audits in place.
- The registered manager did not have a clear oversight of accidents and incidents to identify shortfalls with safeguarding notifications to CQC
- Quality systems, such as audits and spot checks, did not identify people's poor experiences of care. One person told us, they had not been able to get out of bed because of lack of staffing whilst others told us about issues with the food provided.

Systems or processes were not effectively operating to identify poor practices which put people at risk. This is a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to issues identified on inspection and appropriate action was taken to address concerns immediately.
- The registered manager had a good understanding of the service, people being supported and areas of risk.
- A thorough review and analysis of falls, pressure areas and weight loss was carried out monthly. This identified patterns, trends or shortfalls with actions identified to address any concerns in a timely manner.

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

outcomes for people; Continuous learning and improving care

- People, staff and relatives felt confident in raising any concerns with the registered manager. One person told us, "I would speak to [registered manager] or [deputy] they are very much approachable. They encourage you to go in and talk about any unsatisfactory things. They welcome you in." One staff member told us, "[registered manager] asks for your input to raise the standard of the home and works closely with staff".
- People's feedback about the service was used to steer improvements and leaders in the service responded promptly when issues were highlighted. One person told us, "It is going in the right direction now. They are doing food testing groups and meetings to try and address and to solve problems with the food."
- Staff worked well as a team and were knowledgeable about the people they supported. Staff treated people as individuals encouraging their independence, wherever possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider held regular resident, relative and staff meetings and issued surveys to seek feedback on the service. Results were analysed to drive improvement and shared with people and staff. The provider had identified engagement levels from people and relatives was low and the provider was working on ways to improve this. One staff member told us, "We have the opportunity to improve care and give feedback. There are lots of little things where we've made improvements, like days out, if we mention something it does get done".
- The provider worked with other external agencies such as the local authority, community mental health team, GPs and district nurses to meet the needs of the people living at the service. Communication with other professionals was well documented in care records.

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 and acted on their responsibilities under duty of candour.
- People and their families were kept informed and updated if there was an incident and an apology was offered.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to do all that reasonably practicable to mitigate any such risk. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 12(2)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to monitor and mitigate the risk to health, safety and welfare of the service users. This is a breach of regulation 17(2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation (2)(b)</p>