

Ryecourt Limited

# Belsfield House

## Inspection report

4 Carlin Gate  
Blackpool  
Lancashire  
FY2 9QX

Tel: 01253592605  
Website: [www.belsfieldcare.co.uk](http://www.belsfieldcare.co.uk)

Date of inspection visit:  
31 March 2022  
19 April 2022  
11 May 2022

Date of publication:  
03 October 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Belsfield House in Blackpool is a purpose-built nursing home providing residential and nursing care for up to 40 people. At the time of our inspection the home was fully occupied. Accommodation is provided over four floors, each one providing communal lounges and dining areas. Bedrooms are for single occupancy, spacious and include an en-suite facility.

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

Medicines were not always managed safely. The provider had recruited staff safely and had a high number of staff deployed with a good skill mix to ensure people's safety. Staff had received training to keep people safe and manage risks.

The provider continued to be effective in assessing and delivering care which met people's needs. The provider continued to deliver care and support to meet people's nutritional needs. Extensive staff training aimed to ensure staff were skilled to deliver effective care.

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.

There was a real emphasis on equality, inclusion and human rights. Feedback we received was overwhelmingly positive about how caring the staff team was. People were supported to be as independent as possible.

The service provided a range of meaningful activities to help improve people's health and wellbeing whilst providing opportunity for social interaction. The service was very responsive in meeting people's needs through a highly person-centred model of care. Health professionals praised how responsive and proactive the service was. The provider had continued to strive for high standards in end of life care.

The provider used a range of systems including audits and checks to assess, monitor and improve the service. However, these had not been effective in ensuring the safe and proper management of medicines, as mentioned in the safe section of this report. The service worked very well with other organisations to ensure people's needs were met. The registered manager was heavily invested and passionate about delivering a high-quality service.

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

The last rating for this service was outstanding (published 18 March 2019).

### Why we inspected

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.

We carried out a focussed inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part by a specific incident. The information CQC received about the incident indicated concerns about unexplained injury. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

We inspected and found there was a concern with medicines management, so we widened the scope of the inspection to become a comprehensive inspection which included all five key questions.

### Enforcement

We have identified a breach in relation to the safe and proper management of medicines at this inspection.

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 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.

**Outstanding** 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

**Outstanding** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** 

# Belsfield House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The first day of the inspection was carried out by two inspectors, a medicines inspector and a specialist advisor with specialist knowledge of mental health services. Two inspectors visited the home on the second day of the inspection and one inspector visited the home on the third day.

#### Service and service type

Belsfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/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 our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced.

### What we did before the inspection

We reviewed all the information we had received about the service since our last inspection. We contacted the local authority to gain feedback about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

During our visits to the home, we spoke with eight people who used the service and one person's relative. We also spoke with 20 staff at all levels of the organisation, including the registered manager. Following the inspection visits, we spoke with nine people's relatives and seven professionals to gain their feedback about the service.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed seven people's care documentation and seven people's medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We also reviewed a range of records related to the management of the service, including safety certificates, policies, procedures and quality assurance systems.

# 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 outstanding. At this inspection the rating has changed to 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.

### Using medicines safely

- Thickeners were not being managed safely. Thickener powder is added to drinks for people at risk of choking and aspiration. Some staff were not aware of which people needed their fluid thickened. For some people we could not be sure they were prescribed thickener despite it being administered. Staff were not recording when the powder was added to drinks. We were not assured that people who needed their drinks thickened were receiving them safely.
- Instructions for medicines that are given when required 'PRN' were not always person centred. This meant that staff, who did not know people who lived there well, might not know what signs to look for to indicate someone was in pain and required pain relief.
- For one person we found staff were unclear if medication should be given covertly (disguising medicine in food and drink). However, there was evidence that people who received their medication in this way were regularly reviewed and appropriate people had been involved in the decision making.
- Controlled drug balances were not always completed accurately. On the day of the inspection we found that one person had not received their pain relief patch as prescribed the day before the inspection. This was rectified immediately by staff.

We found no evidence people had been harmed. However, medicines management was not always safe which put people at risk of harm. This demonstrated a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were told after the inspection that the service had taken steps to address thickener use, allergy recording, covert medication and when required medicines.
- Staff worked well with prescribers to review people's medicines.
- Staff were trained to administer medicines.

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

- People were protected against the risk of abuse. Staff received training to understand what abuse was, how to recognise it and steps to take to keep people safe. The provider had policies and procedures to support staff to keep people safe.
- People and their relatives spoke positively about how safe the service was. Comments we received included, "I feel safe. I get treated nice and well.", "They've kept [family member] very safe. It's the safest place she's been." And, "Safe, very safe, it's tight knit community on all floors. He couldn't get out. It's secure."

## Assessing risk, safety monitoring and management

- With the exception of some aspects of medicines management, referred to above, risks were assessed and managed to promote people's safety. Staff regularly reviewed risk assessments, and any management plans, to ensure they remained current. Routine inspection and servicing were carried out as required to manage risks related to the premises and equipment.

## Staffing and recruitment

- There were enough staff on duty to meet people's needs safely. The service provided one-to-one care for many people who used the service. This meant there could be between 30 to 40 care staff on duty to support up to 40 people. Staff deployment ensured a good skill mix of staff in each area of the home. A relative told us, "One thing I will say about Belsfield, there's loads of staff. As far as I'm concerned, it's five-star. Main thing is the staff, looks like they have more than they need, always somebody there. They all really appear as though they are completely committed to it."
- Staff were recruited safely. The provider followed safe systems to recruit staff who were of good character and had the skills and knowledge to carry out their role safely. The provider had recruited nursing staff from overseas as care staff, to expand the skills of the staff team at Belsfield House.

## 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.

## Visiting in care homes

- The service facilitated safe visits into the home. The registered manager supported visits in line with government guidance. We spoke with relatives who confirmed they were able to visit and felt safe doing so because of the infection prevention precautions taken by the provider.

## Learning lessons when things go wrong

- Accidents and incidents were used as a learning opportunity. Staff recorded accidents and incidents which were reviewed by the registered manager. The registered manager used CCTV footage as well as individual and group discussions and reflections with staff and, where possible, people involved in the incident to analyse the incident and to look for any learning. This helped to reduce the risk of similar occurrences and was shared with the staff team and, where appropriate, between the provider group, to improve safety.

# 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 outstanding. At this inspection the rating has changed to 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

- People's needs were assessed and care planned in line with recognised best practice guidance. A health professional told us, "The home puts the person and their preferences at the centre of their own care." Another professional told us, "Another thing they are good at, they do life stories with families and work out a very person-centred approach to care planning."
- The service continually re-assessed people's needs and improved practices to obtain better outcomes for people. They monitored people closely for any changes in their presentation and worked with the person and external professionals to try to take a proactive approach to meet people's changing needs. This reduced unnecessary hospital admissions and reduced potential for distress for people who used the service. An external professional told us, "We have discussed things over the years about signs and symptoms. They respond and learn from that, and staff use the information and put it into practice to deliver the best care for people. They are really proactive." Another health professional told us, "They go the extra mile with things that make a difference and get things done, especially with challenging people."

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 effectively with other agencies. This helped to ensure people's needs were met and the service achieved positive outcomes to improve people's quality of life. Feedback from external professionals included, "They work together in consultation for what is best for the patient and their experience." And, "They went above and beyond in ensuring the resident's placements were successful and I always received great feedback from relatives." Another professional said, "I have seen many successful hospital discharges to the home with great improvements in quality of life, as well as health and wellbeing."
- People received effective care which helped to improve their quality of life. We saw and were told about people whose physical and mental health had improved during their time at Belsfield House. One person's relative told us, "He is improving recently in presentation. There's been a lot of trying to find the correct medication regime, now he's getting [treatment] and he has improved, including his cognitive awareness." Another relative told us, "While he's been in there he's got better. At home, couldn't stand up, couldn't talk, was incontinent, now he has come out of his shell a little bit. When I last went, he was able to talk...he could walk. He's doing a lot better in there." Another person's relative told us, "As far as his wellbeing is concerned, I don't think he could be in a better place." Another said, "Mum's welfare seems paramount to them."
- Gentle exercise programmes took place each day to enhance people's wellbeing. The provider introduced these as they had researched and identified benefits of exercise such as, preventing diseases such as heart disease and diabetes. Other benefits included improved mental health, decreased risk of falls, social engagement and improved cognitive function.

### Staff support: induction, training, skills and experience

- Prior to our last inspection, the provider had been awarded Accredited Status by Investors In People (IIP). This meant they found leaders were passionate about providing clear direction and clarity regarding quality and standards of care. Our findings at this inspection showed the provider continued to provide a good level of training and support for staff.
- The provider offered wide ranging training which aimed to ensure staff were skilled to support people effectively. We received many positive comments about the staff team including, "Never got any impression that they had anything but complete and total knowledge and understanding of what was going on."
- Staff were very well trained to achieve positive outcomes for people whose behaviour may challenge the service. A senior member of the team had completed training to enable them to deliver training on safety interventions.
- Staff at each level were very well supported. There was a clear team structure, with senior staff in each area of the home, along with floor managers and the management team were available to staff. Staff received regular supervision which covered each aspect of their role. A staff member told us, "The nurses are really good. They're there if you need them."

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

- The provider continued to operate an effective model for nutritional care. However, we identified issues during our inspection in relation to the use of thickener for people who were at risk of choking or aspiration, including some staff who were not aware of who needed thickened fluids and some records which were unavailable. The service worked with people and their relatives, along with external professionals, to assess people's nutritional needs and preferences. The chef spent a lot of time each week speaking with people to try to ensure the planned menu met their needs and preferences.
- People were supported to eat healthily and manage their weight. We received very positive feedback about how the service had supported people with their nutritional needs. Comments we received included, "If she wouldn't eat, they would try lots of options, eventually started putting weight back on and gained confidence again. They were very, very patient." And, "Definitely saw an improvement in her because of the care she was receiving. When she first moved in, was really, really thin she would just forget to eat. She was thin as a rake. Beyond thin. After she had been in there a few weeks, she certainly looked healthier. It stabilised her."

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

- The provider had made use of technology to improve people's experience of the premises. They had converted a room in the basement of the home into a cinema and sensory room which people made use of. The provider had installed air purifiers in several areas, to provide cleaner air within the home.
- The service was adapted to be safe, accessible, comfortable and homely. Corridors were wide enough to accommodate people who used a wheelchair and lift access was available on all floors. Communal areas provided space for people to relax and were homely in character. The provider ensured the premises were maintained. People's bedrooms were personalised, and the provider was working to further increase people's involvement in making decisions about how their bedrooms were decorated and furnished.

### 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.

- People's capacity was reviewed regularly when needed. The service supported people to reduce restrictions on their liberty. One person's relative told us, "When [family member] went in, she was on a DoLS. She had been in and out of hospital every 18 months. She went to Belsfield to recuperate and was brought back from where she'd been. It was down to them that she came off the DoLS. It was down to their care, love and support."
- The provider continued to apply excellent standards in relation to the MCA and consistently used least restrictive practice. Staff ensured people's consent was gained, where possible. Where people lacked capacity to provide consent, the service ensured decisions were made in their best interests. Practices were regularly reviewed to ensure they were least restrictive. Conditions on DoLS authorisations were met. A health professional told us, "They have a very good understanding of the MCA. The way they work with people shows they have good training and guidance."

## 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.

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives and health and social care professionals spoke very highly about how caring and supportive the service was. The service worked with people who had complex and often challenging needs. It was clear people had built positive relationships with staff. Staff had taken time and used available information to get to know people well. Comments we received included, "For me, whenever I've been there, it's the staff, their attitude, nothing is too much trouble and the way they present themselves when talking to my dad." And, "They couldn't do enough for her. It was like she was in some sort of hotel. Everyone was kind and courteous and wanted the best for mum." Another person's relative explained, "When she first went in, we had a chat about her history, right from birth, through work, marriage, children, hobbies, etc. They have a chart in the bedroom where they have all this written down so anyone who was with her knew her history to talk with her about it. It was really good."
- People received highly personalised and compassionate care which considered their rights to equality and acknowledged diversity. There was a real emphasis on equality, inclusion and human rights. Policies and procedures referred to articles of the Human Rights Act (HRA) 1998 which underpinned the care and support people received. One relative told us, "In a nutshell, it's second to none to be truthful. Mum is a handful, but it's very reassuring the way they are with her. They go above their duty. They make her feel human. They're very good to her. It's not just my mum, it's all of them."
- Staff had an excellent level of understanding of people's needs and rights. As well as formal training, the provider used monthly dignity challenges, which included human rights and lesbian, gay, bisexual and transsexual rights in care and focussed on people's emotional and psychological needs. Group reflection sessions were used to encourage staff to see the person beneath the diagnosis and to promote holistic care provision. A relative told us, "I've found the care, compassion and kindness of staff 110%. Listening to what people are saying, it's a home from home. If I had to go somewhere myself, would be pleased with Belsfield, can't praise it high enough."
- People were relaxed, confident and comfortable in the company of staff. There was a calm, relaxed, friendly atmosphere and we saw staff taking time to sit and chat with people. We heard several instances of good-humoured banter shared between people who used the service and staff. A relative commented, "Staff treat people like their own family." Another told us, "We're all very pleased with it. He's very well looked after. The staff are lovely."

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

- People and relatives were treated as active partners in their care. They provided information to the service which helped improve their lives. There were numerous examples where the person's wellbeing had

increased after moving into the service. These included improvements in both physical and mental health, along with enrichment to people's lives. A health professional told us, "I know the families I have been involved with feel they have been heard and all praise the home for giving the right support at the right time."

- People were involved as far as possible. Relatives told us they were involved from the outset and continued to be consulted with conversations about any proposed treatment or changes to care and support. One person told us, "The staff are really good. I can talk to them about anything." A relative told us, "I felt consulted with every decision. DoLS, they went through that with a fine-tooth comb, DNAR as well, completely involved with that."
- The management team was highly committed to developing people's personalised care and worked very hard to ensure it optimised meaning to their lives. They completed 'Get to know me' cards for staff and displayed this information in each person's bedroom. This outlined people's preferences, life stories and general personalities, which was current and corresponded to their care plans. It was an excellent approach to guide staff, including new employees unfamiliar with their needs, and ensure treatment was focused upon the individual.
- The provider ensured people had access to advocacy services when needed. Health professionals told us the registered manager was knowledgeable and always available to provide advice and support people to access other agencies without delay.
- The provider regularly sought feedback from health professionals and people's representatives. People were supported to express their experiences of the service through various methods of communication and formats such as individual and group meetings, surveys and feedback forms.

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

- The promotion of privacy, dignity and independence was at the heart of the service's culture and values. A relative told us, "Overwhelmingly positive experience, dad has particular needs, labour intensive, for first few months he has been very difficult, but they treated him with nothing but care and respect, very pleased with care he gets there." Another said, "I find the staff to be caring, kind and considerate."
- People were encouraged to be as independent as possible in their day to day lives. People's care plans acknowledged their strengths and abilities. People living at the home and their relatives shared how staff practice and the activities available meant for some their quality of life had improved. People's wishes were respected with the daily choices they made or were supported to make. People chose, as far as they were able, what they wore, when they got up and went to bed, how they spent their time and where they spent their time.
- Staff were fully aware of respecting people's privacy and dignity in all their interactions. People and relatives told us staff spoke with them respectfully and were attentive to their wishes. The provider used dignity challenges to explore different aspects of people's care and service delivery, with the aim of continual improvement. We saw dignity challenges had been used to discuss each person at handover, to examine how they felt. If a person was upset or low in mood, or had a problem, staff worked together to analyse and find solutions to help improve people's mood. Staff were encouraged to bring smiles to people's faces.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The support provided to people was highly person-centred. People, as far as possible, and their representatives were fully involved and informed in all aspects of their support. People's likes, dislikes and preferences were known and respected, staff were committed to providing personalised care. One person's relative told us, "Belsfield should be a flagship for what we're rolling out across the country for looking after older people." Another said, "They work very hard and I can only praise their commitment and efforts. I appreciate everything they do to look after my dad, and they try to meet his needs as best they can."
- Staff had an excellent understanding of each person's history and knowledge of their needs from working closely with them and the information available to them. A relative told us what they thought made the service outstandingly responsive, "The whole concept of the place itself, what they do, what they provide, the quality of the staff and the home itself and their outlook on everything, every person is individual and getting the care they need." Another relative commented, "We're fully satisfied with everything, they have gone above and beyond. The main thing is they made mum feel safe enough to get better."
- Care plans were discussed with people and clearly reflected their preferences and personal history. They were an ongoing story as people's needs changed and reflected their preferences. Staff had a very good understanding of these needs. This meant that people were supported by staff who truly understood them. A health professional told us, "The person-centred approach is high priority for them. You don't see that elsewhere with this type of service." Another told us, "Person-centred care is very much embedded into the practices at the home."
- Positive behaviour support plans were used to achieve good outcomes for people. Plans were very detailed and person-centred, giving staff information on background, needs, how people may present, people's awareness of their own needs, people's strengths and abilities, what people liked and did not like. A traffic light system was used to guide staff on how to respond to different behaviours. These guided staff on strategies to try to deescalate with the aim of achieving a positive outcome for the person.

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.

- Staff communicated with people in a way that was respectful and met their needs. They knew how people

expressed themselves, so recognised if people were in pain or how they indicated their choices. Staff had got to know people well, so were able to understand their needs and tailored communication accordingly. For example, one person unable to verbalise thoughts and wishes, but staff who had got to know the person well were able to interpret sounds they made, in order to meet their needs. For another person, we observed they simply had to make eye contact with staff and nod their head for staff to come and assist them. A relative told us, "The interaction between the staff and the residents is impressive. Really impressed by the way they interacted as it was a very sort of personalised care they showed."

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 given plenty of opportunities to take part in a wide range of activities, which contributed positively to their well-being. The registered manager and staff worked particularly hard to get to know people and ensured opportunities suited people's age, interests and personal preferences. One person's relative told us, "They want more than just survival. Where they can, they want to enrich people's lives there, they try their best."
- The service had supported people with meaningful activities. We were presented with many examples of how the service had worked with people to plan activities according to their abilities, preferences and life histories. These included, among others, afternoon tea in a local hotel, celebrations for different festivals, garden parties, trips out on the promenade, fishing and visits to pubs and restaurants. For one person, who used to work at sea, the service had arranged for them to be supported on a trip on a ferry boat.
- The provider had introduced a 'fishing for seniors' initiative. They had researched and found the activity helped to provide essential movement that aided hand strength, motor skills and dexterity, whilst providing people with the opportunity to enjoy the outdoors and have time to socialise and chat.
- The provider had purchased a 'magic table' for people to use for activities. This enabled people to engage in games and other activities, even with reduced dexterity. For example, people who could not hold a pen or pencil, were able to use their hand to colour in and play games.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints. People and their relatives told us they had not had cause to raise any concerns or complaints. The registered manager and wider leadership team took concerns and complaints seriously. Managers understood this was a good way to ensure the needs of people living at the home were met and was a method for continuous improvement. The home had not received any complaints for the past 12 months.
- People said they had no complaints or concerns about the care they received. Relatives also told us they had no complaints. One relative told us, "Everything appears to be exactly the same as pre-pandemic, no complaints whatsoever. It's a great service."

End of life care and support

- The home had previously been awarded the highest 'Platinum' status by the National Gold Standards Framework (GSF) for outstanding end of life care. This external organisation supports providers to develop evidence-based approaches to optimise care for people. The registered manager had strived to maintain these high standards since our last inspection.

# 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 outstanding. 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

- The provider used a wide range of audits and checks to assess, monitor and continually improve the service. However, the provider's systems had not been effective in identifying and addressing the issues related to safe management of medicines, highlighted in the safe section of this report.
- The registered manager and staff were all very clear about their roles and responsibilities in providing a safe, effective, caring and responsive service to people who live at Belsfield House. They understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability. A relative told us, "The way [registered manager] is, she has a handle on everything that's going on, she has a briefing for families when they come in. Same with [deputy]. Never feel like anything is too much trouble."
- The registered manager and staff were experienced, knowledgeable and familiar with the needs of people they supported. Staff were enthusiastic about their working roles. All staff had a clear understanding of their job roles and how to provide high-quality care. One relative told us, "Well managed. Oh yeah, and the staff are well organised, all got their own jobs and know what they're doing." Another said, "From what I've seen, it's superbly managed. Always appeared to be a very clear structure."

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

- The registered manager had created a culture that was open, inclusive and put people at the heart of the service. Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. A relative told us, "Don't think there was anything that we would've wanted them to have done differently, because it was a first class service for what we needed at the time."

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 had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

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

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings and satisfaction questionnaires to gain feedback about the service.
- The registered manager continually engaged with staff. Staff meetings were held, along with individual meetings with the manager. The provider also used a staff satisfaction survey to encourage feedback from staff about how the service was performing.

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced. Healthcare professionals gave us positive feedback about how the service worked with them to achieve good outcomes for people. One told us, "The partnership working/communication is very good."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured medicines were managed safely and properly. Regulation 12(1)(2)(g)