

Belvoire Care Home Limited

Belvoir Care Home Limited

Inspection report

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11 January 2024

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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

Belvoir Care Home Limited is a care home providing personal care to older people and people living with dementia. The service accommodates 24 people in one adapted building, over 2 floors. The service has 19 bedrooms, of which 5 are double rooms for families. At the time of the inspection 19 people were using the service and no bedrooms were being used for double occupancy.

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

The building was designed to meet the needs of the people receiving care. However, observations and feedback received highlighted the need for some renovations and upgrades. We made recommendations about further enhancing dementia-friendly environments.

Staff were trained to recognise potential risks and signs of abuse. Risks to people's safety and wellbeing were assessed and reviewed by the registered manager. Staffing levels were safe. The provider managed medicines safely. Staff used personal protective equipment (PPE) appropriately when supporting people.

People's needs were assessed and reviewed regularly. Healthy lifestyles were promoted, and systems were in place to make sure people's health needs were met. Menu planning met people's dietary needs and considered individual and cultural preferences. Staff had the skills and knowledge to deliver care effectively.

Staff knew how to communicate effectively with residents and were trained to meet people's needs at the end of their lives. Activities were meaningful and supported social inclusion. Relatives were encouraged to visit and had access to care plans where appropriate.

People told us staff were polite and always asked before providing care and support. Care plans were personalised and showed the care and support people wanted and needed. People and relatives knew how to raise concerns and were confident these would be dealt with appropriately.

The provider ensured systems were in place to monitor the running of the service. Staff worked well in partnership with other agencies to deliver effective care. The registered manager audited care and support records, to assure themselves of quality. Lessons were learned when concerns were raised, and these outcomes were communicated to staff.

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

Rating at last inspection

The last rating for this service was good (published 19 October 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated good, and due to the length of time since the service was last inspected.

Recommendations

We have made a recommendation about the design and decoration of the service.

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Belvoir Care Home Limited

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

This inspection was carried out by an inspector, a medicines inspector and 2 Experts 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

Belvoir Care Home Limited 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. Belvoir Care Home Limited 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.

Inspection activity started on 9 January 2024 and ended on 11 January 2024. We visited the location on 9 January 2024.

What we did before the 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

We spoke with the registered manager, nominated individual and 2 staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 5 people receiving care and a relative who was visiting the location at the time of the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke to a further 4 relatives and received feedback from 5 staff after the onsite inspection.

We reviewed 3 people's care records and their records for the administration of medicines. We reviewed records and audits relating to staff recruitment, and the management of the service, including infection control, risk assessments and management audits.

We asked the registered manager to send us documents after the onsite inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had processes in place to protect people from the risk of abuse.
- The registered manager acted in a timely manner to address concerns and allegations of abuse and took action to make sure people were safe.
- Staff had completed safeguarding training and were confident about raising concerns.
- Lessons learned were shared with staff to reduce the risk of issues reoccurring and to improve the quality of care provided.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed appropriately by the registered manager.
- The provider had systems and processes in place to identify risks associated with people's care and support needs and actions were in place to reduce risks occurring.
- The provider carried out regular health and safety checks, including fire safety, to ensure the building was safe.
- The registered manager regularly carried out audits to monitor the safety and quality of the care people received.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe.
- The registered manager looked at people's individual needs to determine how many staff were needed on shift per day to keep people safe. At the time of our inspection, staffing levels and skill mixes matched those required to meet people's needs and keep them safe.
- People and relatives said there were enough staff available. One person told us, "The service seems quite well staffed. I need 2 carers to assist me, and they are always patient and kind with me. They always let me know if there are going to be any delays. There are never any delays, but they always apologise for the shortest delay. They take their time with me, which I appreciate." One relative told us, "I have been at night and there are always plenty of staff there. It is the same faces all the time. I have not seen any agency staff."
- The provider had robust recruitment processes in place. Recent recruitment records showed staff had been recruited safely with appropriate checks and a formal induction process.

Using medicines safely

- The service had systems and processes in place for the safe storage, administration, and use of medicines.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff were trained and assessed as competent to manage medicines.

- Medication administration records for topical preparations such as creams and medication patches were completed accurately. Staff had clear instructions on where and how to apply these medicines and the registered manager was reviewing the paperwork provided by the local pharmacist to ensure body maps were always available to aid this process.
- For medicines to be administered 'when required' (PRN), person centred protocols were in place. These provided staff enough information to administer them appropriately.
- Records of the receipt, administration and disposal of medicines allowed all medicines to be accounted for.
- Audits were completed and identified issues were addressed in a timely manner.

Preventing and controlling infection

- The provider implemented effective infection, prevention, and control measures to keep people safe, and staff supported people to follow them.
- The registered manager made sure infection outbreaks could be effectively prevented or managed. The service had plans to alert other agencies to concerns affecting people's health and wellbeing.

Visiting in care homes

- No restrictions were in place regarding visiting other than 'protected' mealtimes. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.
- Relatives told us there were no visiting restrictions. One relative said, "The service provides very good care. [My relative] looks healthy and well-cared for and is always clean and well-dressed whenever I visit. I visit every other day and can ask staff about anything at all, which is helpful."

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 good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The building was designed and adapted appropriately, to enable people to have as much independence and personal freedom as possible. However, feedback from relatives and inspection observations highlighted the need for the environment to be updated. For example, minor repairs to the garden and replacing handrails to reduce the risks of entrapment would further promote people's independence.
- Consideration was given to ensuring the environment was suitable for people living with dementia. However, dementia-friendly signage was dated, and bathrooms did not always consider contrasting colours to support vision and depth perception.
- During the inspection, the registered manager assured us plans were in place to upgrade the décor and adaptations of the building to further encourage effective use of the service. We noted there was no impact of harm on people at the time of the inspection.

We recommended the provider consider current guidance on dementia-friendly environments and take action to update the accommodation accordingly.

- Staircases were accessible to all residents, with a lift available for those who were assessed as unable to use them. Mobility plans assess the risk of falls for individuals and restrictions were available if required to reduce the risk of falling on the stairs. For example, a security gate had been fitted at the bottom of one staircase for a resident who needed this.

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

- The registered manager ensured assessments had been completed prior to people moving into the service; care plans reflected a good understanding of how to care for people and meet their current needs.
- Care plans were personalised and reflected people's needs and aspirations. People, those important to them and staff reviewed plans regularly together. People told us they were regularly involved in their care and the staff would not change anything without informing them first.
- Staff asked people who used the service for important information about their likes, dislikes, and life history so these could be included in care plans. For example, one person enjoyed cycling and staff had organised for an exercise bike to be purchased to simulate this.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge, and experience to deliver effective care and support.

- Staff completed an induction period, shadowing other staff and getting to know people before starting to work more independently.
- Staff training and competencies were refreshed at regular intervals. Staff told us they received training to help support people living with specific conditions.
- Staff told us they felt supported in their role by the registered manager. One staff member said, "The registered manager is proactive, and we have regular supervisions and refresher training. We have a good team and safe care is at the forefront of everything we do. The service is a happy place, and I am proud to say I work here."

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.
- The registered manager recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.
- People told us staff went out of their way to support individual needs. For example, one person told us staff would purchase individually requested items which were their favourite 'treat'.
- Relatives told us staff offered alternatives to planned meals. One relative said, "The food is good but [my relative] is 'awkward' with his food. Staff are very accommodating, getting them what they like. We have discussed food with the manager; they go above and beyond to accommodate what they want to eat."

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support, and treatment.
- Care records showed advice given by health professionals was acted upon, and staff were prompt in raising concerns or issues.
- Staff provided support to people to maintain their oral health needs where this was identified as a need; this was recorded in care plans.
- People told us staff supported them to live healthier lives and to access healthcare services for support. One person said, "Staff call the doctor when needed and make all the referrals for me; they are very good and quickly notice if I'm off colour."

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 provider was working in line with the Mental Capacity Act. Where people lacked capacity to make decisions, best interest processes were followed.
- Appropriate DoLS applications had been made by the registered manager where the service suspected people were being deprived of their liberty. These were reviewed and re-applied for within required time frames.

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 good. At this inspection the rating for this key question has remained 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 treated well and respected and staff had a caring approach towards them. It was clear people had positive relationships with staff. People told us they were happy with their care and support.
- The registered manager was confident in supporting equality and diversity. Staff received equality training and were able to support people's religious and cultural beliefs.
- People were offered appropriate, support and encouragement. For example, we saw when a person was upset staff listened to them and were attentive to what the person was telling them. Staff offered reassurance and supported the person to find a resolution.
- People told us staff were caring and compassionate. One person said, "Staff provide a fantastic level of care; I cannot fault it at all. They are always cheerful and helpful. They take personal interest in me and chat with me about my interests."

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

- People were supported to express their views and make decisions about their care. Regular meetings were held where people had the opportunity to discuss their views and feedback.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, for example, due to cultural or religious preferences.
- The provider ensured care plans identified those appointed to support people to express their views and be represented in making decisions about their care. Arrangements were made for people to be represented by an independent advocate where this was needed.
- People told us staff included them in decisions about their daily lives. One person said, "The staff here are brilliant. They are kind, gentle and patient. They know me well. The staff always listen and help with whatever I need. I can call them on my buzzer here at the bedside if needed too. The staff listen to me and act on what I say, for example, in terms of how I want to be supported."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff respected people's personal space, they knocked on bedroom doors and introduced themselves before entering. On entering rooms staff greeted people and enquired about their comfort and wellbeing.
- People's personal information was treated in confidence. Records about people were kept securely and accessed only by authorised staff and others on a 'need-to-know' basis. Discussions of a personal nature with and about people were held in private.

- People said staff were respectful and treated them with dignity. One person told us, "Staff tell me what they are doing before they do it; they are not intrusive, and they care about my dignity."

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 good. At this inspection the rating for this key question has remained 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 and their relatives felt they had choice around their daily living arrangements, and this was respected by staff.
- People were supported as individuals, in line with their needs and preferences. The provider regularly reviewed care plans and kept information about people's needs up to date.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through handovers at each shift change.
- People said they had control over their daily lives. One person told us, "I would be able to lie in if I wanted to, but I want to be up and doing. As soon as I see the staff, I am ready to get dressed. I can choose when I am ready for bed too. I never feel any pressure on me, nothing is rushed, and staff let me as much independence with the right support as needed. For example, they let me wash myself at the sink and just support me with the places I cannot reach independently."
- Relatives told us they were involved in care planning. One relative said, "We have been involved in the care planning with my relative, which included information about their life and interests. Staff are skilled and always ready to help, which is very good."

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.

- People's communication needs were understood and supported.
- The registered manager assessed people's communication needs, and these were recorded in their care plans. Care plans were regularly reviewed.
- The provider told us information could be provided in alternative formats such as other languages, large print, or spoken format, if required and the service had access to translation computer software.
- Relatives told us staff supported people's communication needs using technology. One relative said, "[My relative] has a pressure mat if she falls out of bed and staff check on them at least every 2 hours at night. They are not able to communicate verbally so staff use Q cards (Yes/No) to check if they are ok."

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

- The registered manager ensured people were supported to follow their interests and to develop and maintain important relationships.
- People's relatives were made to feel welcome by staff when visiting; they were offered refreshments and spent as much time as they wished with their relative. Relatives were invited to join in seasonal events and celebrations held at the service.
- People were offered a range of activities and opportunities to socialise by staff. Staff ensured adjustments were made so people could participate in the activities they wanted to.
- People told us there were a variety of activities available. One person said, "Recently we had 'laughing therapy' which had us all in stitches. There are armchair exercises and singing sessions too. Then there are personalised activities based on our likes and requests."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to, and used to improve the quality of care.
- Residents and their relatives said they felt confident the provider would act on their concerns.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- The provider had processes in place to support people with end-of-life decisions.
- Staff knew how to care for and support people, and how to access the appropriate healthcare professionals to ensure end of life needs were met.
- At the time of our inspection there were no people receiving care and support who were at the end of their life

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 good. At this inspection the rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the service.
- Staff interactions whilst supporting people showed compassion, understanding and respect. This reflected the registered manager's approach to meeting people's needs and respecting their life choices.
- The provider had systems to provide person-centred care which achieved good outcomes for people.
- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics, though relatives felt there could be more surveys and questionnaires to help them give feedback.
- People said the manager and staff were approachable and supported a positive culture. One person told us, "The registered manager is lovely and very approachable; they have a good rapport with the staff. I would recommend it here because it is so friendly. It is homely and the staff treat us well. You are part of a family here and they treat you with the utmost respect."

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; Continuous learning and improving care

- Records showed the registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service. Notifications about significant events were completed and sent to CQC as required.
- The provider had clear processes for reviewing concerns and improving support by learning from the issues identified.
- People, relatives, and staff felt comfortable raising concerns with managers and were confident they would be listened to.
- People and others were supported to access the complaints procedure, and details of investigations and outcomes of complaints made, were shared on a need-to-know basis.
- Relatives told us they knew how to raise concerns and felt comfortable speaking to the registered manager and staff. One relative said, "It is a nice friendly home. I have told them the building needs a bit of updating and they said they were addressing it. Overall, it is a lovely service, and the staff are really caring towards people."

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

regulatory requirements; Working in partnership with others

- The provider had a system in place to ensure regular audits were taking place to monitor and improve the quality and safety within the service. This enabled the registered manager to see where improvements were required and assure themselves, they were compliant with the regulations.
- The registered manager was clear about their role and responsibilities. Staff spoke very positively about the registered manager. One staff member told us, "Belvoir is a wonderful, caring place to work and be part of. We have a great team which is exceptionally well-led by a very informed, supported registered manager."
- The registered manager raised any relevant concerns with the local authority and CQC where appropriate and we saw evidence of audits of people's specific needs such as falls, fluid and nutrition, and skin care records.
- Healthcare professionals told us the registered manager was very responsive. One healthcare professional told us, "The registered manager is very proactive in ensuring staff are supported and familiar with provider processes and in ensuring effective communication and training. The staff work well as a team and support each other to deliver a good quality service."