

Belvedere Care Homes Ltd

# Carden Bank rest home

## Inspection report

16 Belvedere Road  
Burton-on-trent  
DE13 0RQ

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

Carden Bank rest home provides personal care for up to 15 older people who live with dementia and/or a physical disability. There were 14 people living at the home at the time of our inspection.

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

There were systems in place to monitor the quality in the home, however improvements were needed to ensure all improvements were identified and prompt action taken. Staff were supported and listened to by the registered manager. They ensured they notified us of significant events that occurred in the home in line with our requirements. People and relatives spoke positively about the home.

People received safe care. Staff understood about safeguarding procedures and when people may be at risk of potential harm. There were enough staff to support people when they needed this. Individual risks to people were considered and reviewed. Medicines were administered as prescribed. Infection control procedures were followed in the home and the environment was clean and maintained.

The service was effective. 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 support this practice. People had access to health professionals when needed. People enjoyed the food that was offered to them, their dietary needs were considered. The home had been adapted to consider people's needs.

People were treated in a kind and caring way and they were happy with the support they received from the staff. People's privacy and dignity was considered and maintained. They were encouraged to make choices and remain independent.

People received responsive care. People's preferences including their likes and dislikes, were considered, and they received support based on these needs. Peoples' communication was considered, and adaptations made where needed. There were activities in the home for people to participate in, which they enjoyed. There was a complaint policy in the home.

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

Our last inspection at this service under the new provider was a focussed inspection, therefore no overall rating was awarded. This is the service's first five key question inspection under this provider.

Why we inspected

This was a planned fully comprehensive 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.

## 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 not always well-led.  
Details are in our well-led findings below.

Requires Improvement ●

# Carden Bank rest 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 Care Act 2014.

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

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was announced. We gave a short period of notice of the inspection this was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We gathered feedback from the local authority and the local safeguarding team.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including care staff and the registered manager.

We reviewed a range of records. This included people's care records. We also looked at records relating to the management of the service, including procedures and governance records.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We continued to speak with staff and relatives.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People and relatives raised no concerns over safety. One relative told us, "They are safe there of course, they always let me know if something has happened, I have no concerns."
- Risks to people's individual needs including their health were assessed. When changes had occurred, these plans were reviewed to ensure they reflected people's most current needs.
- We saw when people used equipment to transfer or mobilise this was used in a safe way in line with people's care plans and risk assessments. The records we reviewed ensured this had been tested to ensure it was safe to use.

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

- Although all staff did not have up to date training, they knew how to recognise and report potential abuse. One staff member told us, "It is keeping people safe and protecting them from harm. We would report any abuse, so any marks to the skin for example or any changes that might be of concern. It might be different behaviours or the way the resident is". They went on to tell us they would report any concerns to the registered manager and were confident they would take action.
- There were procedures in place to ensure people were protected from potential harm. When concerns had been raised with the registered manager these had been reported in line with these procedures.

### Using medicines safely

- People told us, and we saw they received their medicines as prescribed.
- Staff received training to ensure they were safe to administer medicines and their competency was checked on a regular basis to ensure they remained up to date.
- There were effective systems in place to store medicines to ensure people were protected from the risks associated to them.

### Staffing and recruitment

- People and relatives told us there were enough staff available to support people. One relative told us, "When I have been there is always enough staff and I know my relation thinks that too."
- We saw, when needed people received support from staff in a timely manner.
- Staff told us, and we saw they had received the relevant pre employment checks before they could start working in the home.

### 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 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.

We have also signposted the provider to resources to develop their approach.

#### Learning lessons when things go wrong

- After the inspection the registered manager sent us a lessons learnt analysis for some of the concerns we identified during our inspection. This highlighted action taken, ways this could be prevented from reoccurring and how this was to be shared with the staff team.
- Accidents and incidents were also reviewed to see what could be done differently if they reoccurred.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this key question since the new providers registration. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-assessments were carried out, to ensure people's needs could be met before moving into the home.
- People's gender, culture and religion were considered as part of the assessment process.
- People's physical, mental and social needs were assessed and considered.

Staff support: induction, training, skills and experience

- Although staff could demonstrate an understanding not all key areas of training were up to date. The registered manager had recognised this and had an action plan in place.
- Staff continued to receive an induction that helped them support people. Staff confirmed they received an induction that involved training and shadowing more experienced staff members.
- People and relatives felt staff had the skills and knowledge to support them. A relative told us, "The staff are all very good, they know my relation inside out. They are very knowledgeable on every area and what they are doing."

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

- People enjoyed the food. One person said, "The food is very nice."
- The registered manager was working alongside the kitchen staff to ensure the menu had two choices each day. In addition to this people could ask for anything they wanted, and this was prepared for them.
- People's lunchtime experience had been considered and the atmosphere was calm and relaxed.
- People's dietary needs had been considered and assessed. When people required specialist diets, we saw information was in place for staff to follow and they were aware of people's individual risks.

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

- Staff and the registered manager worked with other services and professionals to ensure people received care which met their changing needs. For example, people were reviewed by mental health services when needed and referred to the dietician when they needed support with their diet.
- People had access to healthcare professionals and their health and wellbeing was monitored. A relative said, "My relation was very unwell about six weeks ago. The staff and manager were very good, they got the doctors involved and kept me updated. My relation was stuck in bed, but they looked after him well and he's up now. They were brilliant."

- People's oral health care was assessed to ensure people received the support they needed.

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

- The home had been adapted to consider people's individual needs. There was specialist equipment available for people including adapted bathrooms.

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 Act 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found when needed mental capacity assessments were in place for people and decisions had been made in people's best interests.
- The provider had considered when people were being restricted and DoLS application had been made.
- Staff understood about people's capacity and the importance of gaining consent from people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this key question since the new providers registration This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were happy with the staff that supported them and were treated in a kind and caring way. One person told us, "They are very nice." Relatives also confirmed this to us.
- Staff spent time with people offering them support and engaging with them about things that were important to them, like their interests and their families.
- Staff knew about people and were able to give detailed accounts of them, including their likes and dislikes.

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

- People were encouraged to make choices about their day, including what they liked to wear, what time they got up and what they wanted to do.
- The care plans we looked at considered peoples' choices and preferences and how people made these.
- We saw people and relatives were involved in their care and this was regular reviewed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was encouraged and promoted.
- Staff gave examples of how they would support people with this. Including closing doors and curtains for personal care and talking discreetly with people.
- People told us they liked to remain independent and this was encouraged by staff. Staff told us how they encouraged people to do tasks for themselves when they could, to encourage their independence.
- Records we reviewed reflected the levels of support people needed.

# Is the service responsive?

## Our findings

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

This is the first inspection for this key question since the new providers registration . This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

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

- People felt involved with their care and had care plans which were personalised and detailed.
- Relatives told us they were also involved with reviewing care. They told us this had been adapted and were involved via telephone calls.
- Staff had the opportunity to attend handover where they could share information and changes about people's care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard.
- People's communication had been considered. As staff were now wearing face masks one person had found this difficult as they had lip read previously. Staff had introduced a white board so they could write down messages to communicate.

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 had the opportunity to participate in activities they enjoyed.
- Staff told us the registered manager had been working to ensure that activities taking place were more individual to the person and their needs, staff spoke positively about this.
- Throughout the lockdown people had been encouraged to remain in contact with their friends and families by talking on the phone, using social media and video calls.

Improving care quality in response to complaints or concerns

- People and relatives felt able to complain and felt the registered manager and staff team were approachable.
- There was a complaints policy in place.
- When complaints had been made these had been responded to in line with the policy

End of life care and support

- There was no one currently receiving end of life care.
- People had some plans which shared their preferences around this, the registered manager was working to develop these plans with people, to ensure their wishes were reflected.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated 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

- Whilst quality checks were in place, they had not always identified all areas for improvements. For example, we saw a radiator in the bathroom that may have posed a risk to people. No incidents had occurred and after the inspection the registered manager sent us evidence that this had been removed.
- We saw that doors were unlocked where cleaning fluids were stored. Although no one had come to any harm, this was a potential risk for people living in the home. The audits in place had not identified this. Immediate action was taken after the inspection and the registered manager sent us reassurances that a lock had been fitted to the door so it could remain closed.
- Although there was a plan in place to considering refurbishing some parts of the home and garden. Action had not always been taken to ensure it was enjoyable to use now. We saw and people told us how important the garden was to them, although we saw people accessed it, there was a lot of rubbish and damaged areas which could have been adapted to make the environment better for people now.
- The registered manager had identified that staff on nights were not always trained to administer medicines. They had taken steps to work to resolving this, however immediate action had not been taken to ensure a staff member was always available at night. There were procedures in place should people need medicines, and there were no evidence people had requested medicines during this time. During the inspection the registered manager took immediate action to resolve this.
- We saw staff wore personal protective at all times, meaning more than they were required to. This placed people at an increased risk of cross contamination as staff could potentially not change before supporting a second person.
- Other quality checks were completed within the service. In some areas these identified where improvements were needed so that action could be taken, such as with medicines.
- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the registered manager. They had the opportunity to raise concerns by attending supervision and team meetings. The registered manager had arranged a staff meeting following our inspection to share the outcome with staff.
- The registered manager ensured we received notifications about important events so that we could check that appropriate action had been taken.

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

outcomes for people. Working in partnership with others

- People, relatives and staff spoke positively about the management team and the support they received. One relative told us, "All the staff at the home seem to 'go the extra mile' they are always friendly and courteous, and I know my relation is well looked after. I couldn't ask for a better place."
- Throughout our inspection we saw positive interactions between staff and the people they were offering support to.
- The service worked closely with other agencies to ensure people received the care they needed.

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

- Duty of candour requirements were understood and met by the registered manager.

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

- Feedback was sought from people who lived in the home, in the form of surveys. The information was analysed and shared. The feedback received was mainly positive.