

Belvedere Care Homes Ltd

# Carden Bank rest home

## Inspection report

16 Belvedere Road  
Burton-on-trent  
DE13 0RQ

Date of inspection visit:  
12 November 2020

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# 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 15 people living at the home at the time of our inspection.

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

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.

People were seen to be comfortable and relaxed in the presence of staff and were supported by knowledgeable staff who knew their needs and preferences. We saw there were warm and friendly interactions between staff and people, and they were seen to be supported in a safe, but not restrictive way.

Staff were knowledgeable as to what to do if they had any concerns in respect of abuse and how to report this. People had detailed risk assessments in place which gave clear guidance for staff who were aware of this guidance. People received their medicines as prescribed by trained staff. There were enough safely recruited staff to ensure people were safe and risks to their well-being were minimised. This meant people were supported in a safe way.

The provider and registered manager regularly reviewed the quality of the service and were able to show us improvements they had made since the service had changed ownership, this to ensure the safety of the service was improved. All the management team expressed a keen interest in developing the service to ensure people were safe and had a good quality of life.

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 inadequate (published 20 August 2019) and there were multiple breaches of regulation. The service is now carried on by a new provider who was registered with us on 16/12/2019 and this is the service's first inspection under this provider. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 July 2019. Breaches of legal requirements were found. The previous provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding people from abuse, staffing and developing systems to monitor the service and mitigate risks to people.

We undertook this focused inspection to check improvements had been made and to confirm the new provider met legal requirements. This report only covers our findings in relation to the Key Questions safe

and well led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm. Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carden Bank on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 was completed by one inspector.

#### Service and service type

Carden Bank 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 two people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, nominated individual, registered manager, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 reviewed a range of records. This included four people's care records with included care plans, risk assessments and medication records. We looked at two staff files in relation to recruitment and staff supervision. We also checked a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We gained the views of two relatives of service users by telephone and those of a health care professional who was in regular contact with the service by email. We also looked at training data and quality assurance records.

# 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 inadequate. At this inspection this key question has now improved to good. The provider had changed since the previous inspection. This is the first inspection where this provider was running the service.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At previous inspections the former provider had failed to safeguard people from the risk of abuse. This was a breach of regulation 13 (Safeguarding services users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection by the new provider and they had addressed the breach of regulation 13.

- People were relaxed and comfortable in the presence of staff during the inspection. People we spoke with said they felt safe. One person said, "I am safe. I came into the home as I had a number of falls, but I must say I have never fallen since I got here".
- The registered manager and staff were knowledgeable as to what abuse my look like and what action they should take if they had concerns.
- Where safeguarding concerns had been raised, the management team reported them to the local safeguarding team and had taken appropriate action.
- Relatives knew how to raise any safeguarding concerns they may have. One relative told us their loved one was, " Safe, from what I have seen yes, absolutely".

Assessing risk, safety monitoring and management

At previous inspections the former provider had failed to protect people from the risk of harm This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection by the new provider and they had addressed the breach of regulation 12.

- People had individual risk assessments in place which had been completed with them or in their best interests, and where appropriate their family and other professionals. For example, where people needed support with mobility there were detailed risk assessments that set out how staff were to support them. Staff were knowledgeable as to what these risk assessments contained.
- Where people needed support with their skin, records showed that staff followed a person's individual support plan to ensure they received appropriate skin care. Progress was clearly documented, and

appropriate health care professionals were involved to support people.

#### 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.

#### Staffing and recruitment

At previous inspections the former provider had failed to ensure there was enough staff available to ensure people were safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection by the new provider and they had addressed the breach of regulation 18.

- There was enough staff to meet people's needs. People did not have to wait for support from staff during the inspection which reflected what the provider told us about use of a staffing tool to identify what were safe staffing levels.
- People told us there were enough staff. One person said, "Enough staff during the day, and night". A relative did comment that having staff available to consistently assist with video calls with their loved one would be helpful. The registered manager told us after our inspection that they were looking at how to facilitate this with planned appointments for video calls.
- Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

#### Using medicines safely

- People told us they received their medicines as they wished and on time. One person told us, "I get them on time, and I know if they are the right ones". Observation of medication administration by staff during the inspection showed these were given to people in a safe way and in accordance with the provider's policies.
- Medicines administration records (MARs) were accurate and up to date and the provider had introduced new systems to audit medicines records to ensure any errors were identified. Training records showed staff had received medication training and competency checks, this confirmed by staff we spoke with.

#### Learning lessons when things go wrong

- The registered manager told us about the importance they attached to following up on any issues that may arise as a result of an incidents that occurred within the home, so they were able to identify learning.
- An example of learning was seen through the registered manager having introduced post admission audits, with these identifying what was done correctly, and where improvements were needed.

# 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 inadequate. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At previous inspections the former provider had failed to ensure there was robust systems in place to address risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection by the new provider and they had addressed the breach of regulation 17.

- The management team and staff were clear about their roles and responsibilities. The registered manager understood and met all legal requirements. For example, we had been sent all required statutory notifications and the CQC rating for the service was on clear display in the home.
- The management team had introduced several new quality monitoring tools that demonstrated how the risks to people using the service were monitored. In addition, these checks and audits allowed the registered manager and staff to monitor where the provider's procedures were followed or where there were areas where action was required. For example, risk indicators (any falls, people's weight loss etc) were monitored in a monthly report that showed actions needed and an oversight of ongoing progress.
- The registered manager and nominated individual had a good knowledge of the service and the needs of individual people that used the service. A health care professional told us the registered manager, "Is very organised and proactive in her approach with an obvious desire to make a positive difference to her residents' care".

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

- People and staff said the service was well managed. People's comments included, "Staff are kind and respectful, I would give the home eight to nine out of 10" and, "I get a good service".

A relative told us, "Mother looks better than she has done for years, never heard of Carden Bank before [person's admission to home] but would recommend it".

- The registered manager promoted a positive culture across the service which was reflected by staff. Staff said they were able to discuss any issues or updates with the registered manager or provider if wished.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibilities under the duty of candour and was meeting these.
- The provider and registered manager were open and honest about the service and challenges they may face and how they were looked to counter these. A member of staff told us, "If there is anything I can talk to the manager and we are having updates, in particular with Covid. There are lots of spot checks".

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

- The service actively sought feedback and involved people and their families. People and relatives told us they could talk to staff and managers and discuss any issues with them. One relative told us, "[the registered manager] is very approachable and sent communications to us about Covid with little love hearts, a nice touch and mother had one. Any problems can talk to [registered manager] and [deputy] is approachable too".
- Staff told us they received regular and appropriate support from their managers. A member of staff told us, "I do feel 100% well supported".

Continuous learning and improving care

- The provider's systems were able to identify where improvements were needed, and actions were identified and monitored to address these issues. For example, where people had falls, the circumstances were analysed to identify any potential learning that would allow risks to be reduced.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed. For example, the service has volunteered to be involved in the pilot of the Enhanced Health in Care Home project (that looks to support Care Homes in access health care services). A healthcare professional told us the registered manager, "Was the first home I contacted regarding this pilot and she immediately saw the benefits and was keen to engage. She joins us every week and where applicable provides all the relevant information, check-in forms and updates".