

Quantum Care Limited

Belmont View

Inspection report

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20 February 2019

28 February 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Belmont View provides residential care for older people some of who are living with dementia. The home is registered to accommodate up to 85 people. The accommodation is arranged into separate units across the two floors of the home. At the time of the inspection there were 72 people living at the service.

People's experience of using this service:

- Previous improvements identified had been put in place. The registered manager was able to demonstrate where these improvements were made immediately following the inspection. This meant people had consistently experienced a better quality of care that was safely and innovatively delivered.
- The providers ethos and values were delivered to people, relatives and staff. These values ensured everyone associated with Belmont View was treated as an individual, with dignity and provided opportunities to be independent and build resilience around their well-being.
- All staff went out of their way to respect people as individuals and provided exceptionally compassionate care to all. Staff had developed meaningful caring relationships with people and were committed to ensuring people lived fulfilling lives and were protected from social isolation.
- People were treated in a dignified way and staff took time to get to know what was important to them. People received care that was individually planned, promoting people's independence as well as their well-being. Staff were empowered to develop creative activities for all people regardless of their health needs. Care provided to people when they were coming to the end of their life was very caring and supportive. All staff spoke about people in a passionate and enthusiastic manner. It was clear that people living in Belmont View were central to the care provided, and that staff would go the extra mile to ensure they were well cared for.
- The registered manager, deputy manager and senior leadership team led by example. People, staff, relatives and health professionals felt their views were important to the leadership team and that their opinions were listened to. All staff were valued by the registered manager which encouraged staff look at partnership working that improved the quality of care people received. Leadership values were inclusive and set high professional standards for staff to adhere to. Staff spoken with were long standing and spoke with pride about working for Quantum Care, feeling valued by the processes in place to support them.
- Risk to people's care was being managed well and was proactive in identifying risks to people's health and well-being. People told us they were safe and staff were able to describe how they kept people safe and reported any concerns they had. There were appropriate numbers of staff that ensured people received care when they needed in a clean and well-maintained environment.
- People's medicines were managed safely and given to people when they needed them.

- People received care from staff that were well trained and supported in their role and able to develop their skills further. Consent was sought from people prior to delivering care and legal requirements relating to consent were met. Care records were detailed and demonstrated clearly that people were involved in how they wanted their care to be provided.

Rating at last inspection:

- At the last inspection on 27 November 2017, the service was rated requires improvement (the report was published on the 12 January 2018).

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Where services have been rated as requires improvement we follow up the rating with an inspection within one year.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 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 exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Belmont View

Detailed findings

Background to this inspection

The inspection;

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert-by-experience's area was dementia care.

Service and service type:

Belmont View is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection;

The inspection site visit took place on 14 February 2018. The provider sent us further information on 20 February 2019, and we spoke with people's relatives on 28 February 2018.

What we did:

Prior to this inspection we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We reviewed the findings from the local authority's recent assessment of the care provided. We also assessed the information we require providers to send us at least once annually 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 visit we spoke with 13 people, 10 relatives, five staff members, two health professionals, the deputy manager, the registered manager and a representative of the provider. We looked at the care records for six people and records relating to the management of the service.

Not everyone living at Belmont View was able to describe to us their experience of the care provided. We therefore spent time in communal areas observing the care and interactions between people and staff at both mealtimes and throughout the day. This helped us to understand people's experience of care.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- Risks to people's health and wellbeing were identified, assessed and appropriate care plans developed. Care records described how to mitigate the risks and staff were aware of these. Equipment needed to mitigate risks, such as pressure relieving equipment, sensor mats or mobility equipment was in place and regularly serviced.
- Monthly evaluations were completed, or when people's needs changed, to give an overview of any changes made to people's care plans from the previous review. This information was concise, accurate and enabled staff to very quickly refresh their memory about a person's needs. For example, where people required repositioning due to the risk of developing pressure wounds, this was clearly recorded and provided as directed by a health professional.
- Staff were proactive in managing risks, and there was a reduction in falls due to the intervention of staff. For example, with the implementation of falls champions and staff trained to provide chair based exercise, less falls were recorded. One person told us, "Chair exercises have had a big impact on me. I feel more loose and awake and it gives me more confidence to move around."
- One health professional said, "The managers and staff have everything in place they need, they regularly contact us to review any changes and people living at Belmont View get the best care in my opinion."

Systems and processes kept people safe and protected them from avoidable harm.

- People told us they felt safe living at Belmont View. One person said, "I really like this home and I mean that. I trust everyone who supports me." A second person said, "It has such a warm and friendly feel, I don't ever worry something bad might happen because it is so well managed."
- All the staff spoken with were aware of how to identify where abuse may occur. Staff were clear about how they would report their concerns, and how to keep people safe from avoidable harm. One staff member said, "If I had any concerns about anything or anyone I would go straight to the manager and I feel confident that she would act on it. If I didn't think anything was being done I know I could go straight to the CQC. There is a whistle blowing policy here."
- Staff were knowledgeable about fire procedures. Regular checks were carried out of alarms and fire equipment and drills and evacuations were practised. One staff member said, "The person doing medicines stays in the lounge with the residents. Other staff go to the fire point and find out where the fire is before starting to evacuate. We do fire drills regularly which includes testing the fire equipment."
- Personal emergency evacuation plans (PEEP) were in place to provide staff with guidance in case of an emergency. Each staff member knew people well and were aware of how to respond in case of an emergency. These were kept available to be provided to emergency services if needed.

Learning lessons when things go wrong.

- Management ensured any incidents reported to them, such as bruising or injury were immediately investigated and appropriate action taken. Lessons were learned from these incidents, including safeguarding concerns were shared with staff through team meetings and supervisions. This demonstrated people were supported by staff who promptly identified where they may be at risk, and reviewed their practise to identify where lessons could be learned to mitigate the likelihood of recurrence.
- Managers spoken with were aware of their responsibility towards duty of candour. Where incidents had occurred, the management team were open and honest with people and their relatives, offering apologies and explaining how things went wrong and making changes to reduce the likelihood of recurrence. Where incidents had occurred, people's care had been reviewed.

Staffing and recruitment.

- All people and relatives spoken with told us there were sufficient staff. One person said, "There is always staff around, I know full well if I summoned help it would come quickly." One person's relative said, "There are enough staff and they will pop their heads round the door from time to time."
- The registered manager regularly reviewed the staffing levels and these were set based on people`s needs. Where new admissions to the home were planned, the registered manager also increased staffing accordingly. Our observations on the day were that the home was calm, organised and staff had sufficient time to spend with each person when needed.
- Staff were recruited safely and the appropriate checks were carried out to protect people from the employment of unsuitable staff. New staff employed shadowed an experienced staff member. This enabled staff to get to know people, but also for the management team to assess the competency of the staff member prior to them providing care. Where additional training was required, this was provided.

Using medicines safely

- Where staff managed, stored and administered people's medicines this was carried out safely. People's records confirmed they had received their medicines as the prescriber intended. Physical stocks of medicines tallied with the paper record and controlled medicines were managed accordingly.
- The management team carried out regular checks of the medicines and associated records. All staff that administered medicines to people had received appropriate training. The management team carried out observations of staff members competency regularly to ensure they remained safe to administer and manage people's medicines.
- People's medicines were kept under regular review by a visiting health professional. They told us people living with dementia were not over medicated to manage behaviours that challenged others and that staff were proactive in supporting people. The registered manager demonstrated to us where people had experienced a positive outcome by having their medicines reduced. This resulted in them being less sleepy during the day and able to participate in the day to day activity in the home and develop their social networks without feeling distressed or anxious.
- Some people had medicines administered covertly. There was clear guidance in people's care records about how their medicines should be administered. People's medicines were reviewed by a GP and pharmacist who in many cases had prescribed medicines in liquid form rather than tablets where people had difficulty swallowing the tablet form.

Preventing and controlling infection

- There were infection control policies and procedures in place which were followed and staff were trained. We saw a recent infection had been identified and well managed in the home.
- Regular cleaning was carried out and the home was clean with no lingering malodours.
- Staff were seen to make use of personal protective equipment (PPE) and use it appropriately when delivering personal care to people.

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.

Good: 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 comprehensively assessed prior to admission. Those needs were regularly reviewed in line with best practise. People were able to visit the service prior to admission and in many cases, came from the attached day centre so knew the home and staff well. People's views and outcomes were incorporated into this assessment.
- Assessments incorporated health professional's views about the care people required to ensure people's care was based on their current needs and good clinical practise. Where needed staff used technology to carry out assessments and reviews, such as electronic tablets to enable people to better understand the area they required support with.
- The registered manager supported staff to deliver care in line with best practise, for example dementia care. They supported staff to understand and deliver care that met national standards of best practise and looked to continually improve their approach to dementia care.
- This meant that staff applied their learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- People were positive about the skills and experience of care provided by staff. All the people, relatives and professionals thought staff were well trained and effective when supporting people. One person said, "Staff are very efficient, they are confident and I don't think they could improve their training because they are so good."
- Care was provided by staff who had been provided with a range of training, relevant to the needs of people they supported. This supported staff to deliver effective and appropriate care to people they supported. Newly employed staff received a robust induction involving training, supervision and review of their performance with management.
- Some staff had received more in-depth training in some areas of their interest like dementia, continence, falls and nutrition which gave them the roles of Champions. We saw people's care had improved as a result of this training. For example, three staff had completed their falls training. Their additional knowledge meant they were able to support people and staff to better understand how to manage this safely and positively. As a result, we were shown examples where people had suffered less falls. This meant that the registered manager was developing a staff culture of coaching and mentoring among the staff team to improve the care people received.
- All staff spoken with spoke highly of the support and development they received. One staff member said, "The managers are all on hand."

Ensuring consent to care and treatment in line with law and guidance

- Throughout the inspection we observed numerous examples where staff sought people's consent prior to providing care. Staff took time to explain the assistance they wanted to give and respected people's views when they declined.
- People's care records demonstrated consent had been sought to provide care and for other specific decisions such as sharing people's personal information. The registered manager was in the process of reviewing consent arrangement for people`s relatives who held a legal power of attorney to make those decisions on people's behalf.
- 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.
- Staff demonstrated a good awareness of MCA and staff who completed the assessments were consistently clear on when and how these should be completed. Assessments seen clearly documented why people were considered to lack capacity and had been completed with the person or appropriate relative.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We found that staff were working within the principles of the MCA, and any restrictions on people's liberty had been authorised and were the least restrictive options available. Conditions imposed on such authorisations were being met.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed the variety of food they were provided with. One person said, "I like the food, it's good." A second person said, "The food is really good and home cooked. I've eaten things here I never thought I would try and have enjoyed it."
- People's dietary needs were met and people were able to make their own choices about what they wished to eat.
- Staff were aware of those people at risk of weight loss or who had specific dietary needs such as allergies or people who required prompting or assistance to eat.
- Those people who had specific dietary needs had a risk assessment and appropriate care plan in place. Where required, this had been developed with appropriate health professionals such as speech and language therapists, dieticians or the GP.
- Staff monitored people's food and fluid intake when needed to ensure people were provided with sufficient food and fluid.
- Mealtimes were a sociable event. The dining areas were nicely laid out with a range of condiments alongside alcoholic and soft drinks on the tables. Staff organised special themed days where meals provided fitted this theme, for example a day at the seaside, or cultural events to sample foods from other countries.

Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- The GP visited on a weekly basis along with regular visits by district nursing teams, chiropodists and dieticians among other professionals. One professional said, "The staff at Belmont View are very quick to refer when they think somethings wrong. They are well informed and respond well to changes with people's health."

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

- The home was purpose built and was therefore designed to promote people's independence and accessibility. Consideration had been given to providing themed communal areas such as a pub and
- The home was well decorated and maintained and people told us they were able to move around the home with ease and without restrictions. Extensive grounds meant people were able to freely access the outside gardens where they may not have been safe to do so unaccompanied.

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

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; equality and diversity;

- All people told us they felt staff were caring and kind towards them. One person said, "The carers are wonderful, really wonderful. They are at my beck and call." A second person said, "It's like being with my friends, some of the staff I consider to be like my extended family, they are that caring." One person's relative said, "The carers are so nice. One of the carers from downstairs actually comes up to see my [Relative] even though they were moved from this section. They always acknowledge me, are patient, kind and so lovely. They are respectful: the residents seem to matter to them."
- All staff knew people and described to us what was important to them. All staff made extra efforts to provide people with special memories. One example was on the day of the inspection staff and people were preparing for a Valentine's dinner and dance in the evening. One person's relative was unable to attend, and staff being aware that the person was not well wanted to ensure the couple shared meaningful time together. Staff had organised a separate Valentines lunch for the person and their partner. A separate room was decorated with cards, wine and a special meal. This had created a buzz across the home with staff and people clearly excited about the event. One person said, "[Person] and [Relative] deserve something special, they have both been through so much lately, I am so happy for them." The person's relative was clearly overjoyed and grateful to the staff. They told us, "These people [staff] are so special to me and [Person]. I have these memories now and I am so happy."
- All staff took time to get to know people, listening and understanding their wants, needs and wishes. For example, one person visited Belmont View whilst their relative lived there. When they passed away the person found it exceptionally difficult to manage without them. Staff invited the person back to Belmont View on numerous occasions to support them. The person did not have close family to support them so staff took it upon themselves to do so. One staff member had clearly developed a close bond with the person, and when they realised the person was struggling to manage independently, they organised for them to move into Belmont View. Knowing they wanted to be close to their relative they gave the person their relative's old room, and supported them to furnish it with items from home. The person subsequently settled, feeling closer to their relative and formed a very close relationship with the staff member who they considered to be, "The daughter I never had." While the person was able to leave the home regularly, they and this staff member continued to engage in activities that both the person and their partner used to do together. One staff member said, "They are for all the world to see related. Nobody would know they are not they clearly mean a lot to each other." We saw that this approach to providing care was evident throughout the whole service, and staff clearly took time to understand all people and what was important to them.

- Staff supported people as individuals and took their time to know them. On arriving at Belmont View, staff completed biographies with people. These documented and recorded what was important to them from their lives, notable events, people and so on. Staff told us having this information and then developing their relationship meant when people's condition changed they could continue to care for them as they wanted. This was especially evident for people living in the home for a long time who were then living with dementia. All staff demonstrated a good awareness of people and were seen to provide care to meet these preferences. For example, one person was seen to be becoming more and more upset and restless. Staff knew this was because they were missing their loved ones, and spent time reassuring them with cuddles, soft reassuring words of comfort and reminiscing with photos and stories. The person was visibly comforted by this and later was seen to be contently sat in the lounge joining in with others. Numerous examples of the same level of awareness and compassion were seen throughout the inspection, and from feedback received.

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

- All the people and relatives told us that staff had developed close, meaningful relationships with people. One person said, "When my family don't visit we have the staff to talk to us. I feel very close to some of the staff who have become friends to me. It's nice to have people around me who generally care about all of us, not because it's a job but because it's how they are as people."

- Every person told us and demonstrated how staff went the extra mile to support their dignity and independence. One person said, "I know what I can do and staff don't ever interfere with that. Keeping as much of a daily routine as I can is very important and doing things myself gives me back my independence and dignity." Staff also undertook extra tasks in their own time to ensure people's dignity was met. For example, when the washing machines in the home were not working, staff took people's clothing home and washed it themselves.

- Every staff member ensured people's dignity was met. We saw countless examples of staff responding sensitively when people required assistance with personal care. Staff ensured people's hearing aids were in place and working, and they were at all times presentable and dressed in a manner of their choosing. Staff recorded in people's care records where they wanted only female staff to assist them and people confirmed this happened. One person said, "It's sometimes the little things they do. They know how I like to look every day and take time to make sure I look my best. I only like the girls to help me because they understand our lady things better." A second person said, "They [Staff] are so kind they have never made me feel exposed or treated me badly. We are treated the same as they would look after their own parents I am sure of that."

- People's cultural needs were met. Those people whose first language was not English were matched with care staff who spoke their language. For example, where one person spoke Italian, staff were able to communicate verbally with them, and signage around the home had also been adapted. A second person living with advanced dementia who did not speak English, was supported to use the magic table. This is a sensory piece of equipment that stimulates people's cognitive functioning. This enabled them to socialise with others, and staff told us this had a profound positive impact on their mood and wellbeing.

- All staff were passionate when they spoke about people and what it meant to them to provide care. One told us, "We are a family here, that's what the home is about, treating people like we would our own family, it's the best place I've ever worked, I love it." A second staff member said, "I'm most proud of making a difference, we have the privilege of helping people live and pass on with dignity, we are caring for people right to the end."

- Every person told us they had visitors at varying times of the day and night and that their visitors were made to feel welcome. People felt they were able to receive their visitors in private without intrusion. We observed when people visited staff greeted them by their name with a warm and welcoming approach. Staff clearly knew people's relatives and jokes were shared among them, which contributed to a relaxed and friendly environment.

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

- Every person and their relatives were actively encouraged to be involved in decisions around their care. One person said, "On day one we were asked about what we wanted and how we wanted things to be. None of the decisions taken are made without me or [relative] being present and that is a key reason why we chose this home." A second person said, "I feel very much part of my care. What I like and need is different to [Person] and that is exactly how we get it."
- All care plans detailed people's background and their preferences around care. For example, they noted when people liked to get up, types of drink they had at bedtime, perfumes, clothing, how to deliver personal care the way the person wanted, and key decisions relating to their health needs. One care record noted they would only like the assistance of female carers for personal care. However, they would be happy with one specific male carer as they had known them for a long time and felt comfortable with them. This we were told was carried out.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

At our previous inspection we found not all people had been treated in a dignified and personalised manner. This was following a flood in one unit the night prior to the inspection where people were unable to access their belongings. At this inspection we found significant improvements had been made and sustained since the last inspection.

- Every person and relatives were involved in the planning of the care. One person said, "From when I moved in the staff have got to know how I want things and what makes me tick. My care is how I want it, and if I want to have things different I just say and they do it." Care plans were reviewed regularly and contained detailed guidance for staff about how to provide the most appropriate care.
- Each person enjoyed a wide range of activities provided at the service. These were designed and delivered to meet people's particular needs. Such as tactile activities for those living with advanced dementia or those receiving palliative care. People were also supported to pursue individual interests, hobbies or aspirations.
- Every person was encouraged to be part of a wider community to support people's social needs. Belmont View worked with local schools to develop a 'Making Connections' scheme with their students and people living at the home. 28 children visited, spending time socialising with people and led a few songs. People and pupils joined in activities together, such as arts and crafts, games and sing-a-longs as well as getting to know each other. These relationships continue and the project is planned to go from strength to strength to continue to socially bring together people divided by generations but who socially benefitted from each other's company.
- The feedback from people, staff, parents and teachers was very positive and demonstrated all those involved had benefitted positively from the scheme. We saw feedback from children involved that the scheme had helped them better understand dementia.
- Belmont View provides 'Namaste' to support all those people with physical or cognitive impairments, such as those living with advanced dementia or those receiving palliative care. People are provided with themed activity, such as football, beaches, reminiscence, tactile activity such as lights to stimulate sight and fragrances to stimulate smell and memories.
- All staff constantly looked for new and innovative ways to engage people, both as a group and also individually. For example, one person was seen using the virtual reality headset to watch a group of monkeys up close. They clearly enjoyed this, and we saw their mood and demeanour change from appearing detached and low, to someone who was enthused by the experience. They were seen for the rest of the day to be energised and sociable after this, whereas prior to staff supporting them they were anxious and unsettled.
- Staff organised themed days which were based around popular themes such as a day at the beach,

wartime, or football and enabled all people in the home to participate. In addition to theming the home for these days, aromas were adapted to the theme to provide people with an additional sense of being at the beach for example. Foods accompanied each theme along with music which was also specific to the particular day. Although we did not see one of these themed days, everybody along with relatives and staff all told us that they collectively benefitted greatly from the days. One staff member said, "Each and everyone one of them [People] gets comfort and stimulation. It's uplifting and stimulating for them which is the result to be achieved."

- People living with dementia and who found it difficult to orientate to time were supported positively. At night staff wore pyjamas to help visually prompt people it was night-time. For those people who were awake and did not wish to go to bed staff organised frequent night clubs. People could socialise and spend time together and staff organised take away nights, sensory nights and movie nights and held a midnight Christmas dinner. We found several examples of where people had benefitted from these innovations. For example, one person was prescribed medicines to calm them and help them sleep. These medicines also made them drowsy during the day. With the structure of the nightclub, they would attend the activity and retire to bed. Their medicine was reviewed and stopped and this person now enjoys a better quality of sleep and actively engages in daytime activity now they are not drowsy.
- Activities were further tailored to people individual needs and wishes or events. For example, February was national wedding month. To celebrate this staff spoke to people and relatives requesting photos. Staff then proudly displayed pictures of their own weddings alongside those of people and their relatives. This enabled shared discussions among staff, people and relatives and reminiscence for those living with dementia. Staff told us the event had a positive impact across the home and helped close the gap between all involved.
- The impact of the activity was monitored by staff, who based their observations on people's usual presentation around their wellbeing. We saw all people across the home experienced an improvement in their wellbeing during and after each activity. For example, prior to our inspection a seaside day was held. The monitoring sheet recorded people's behaviour prior to engaging and noted people were sleepy, agitated, grinding teeth or defensive. Every person experienced an uplift in their mood and behaviour. Those people usually isolated or disinterested were vocal and engaged, or people who were usually sleepy and withdrawn were energised and engaged.

Improving care quality in response to complaints or concerns

- Every person and their relatives told us they were confident they could raise a complaint or concern it would be dealt with. One person said, "I always speak to [Registered manager] and am happy to complain if I need to. I have done before and they dealt with it very quickly." Complaints that had been received continued to be responded to promptly and outcomes of the complaint were always communicated to people or their relative. Copies of the procedure were made available to people and visitors and the provider monitored any concerns raised.
- The registered manager monitored people's grumbles but also used compliments to develop the service. They maintained a social media page where people were encouraged to share their views. Whether issues were raised, or compliments received, these formed the basis of staff supervision, observation and discussion so all were aware.
- Each person and every relative were offered their attendance at regular meetings where they could raise their concerns or suggestions. Minutes demonstrated that people and relatives were able to hold to account the registered manager and make suggestions that were noted and actioned.

End of life care and support

- No person at the time of the inspection was receiving end of life care. One person had been receiving palliative care, however their health had improved and they were no longer considered to be end of life.

Their relative told us, "I love these [staff] they have given me back [Person] and I am so happy. The care [Person] got from everyone is why they are still here."

- The registered manager continued to organise training in relation to end of life and was continually developing their working relationship with a local hospice.
- People's care records showed that end of life discussions were held with people as part of the assessment and ongoing review process. We saw that discussions were held when people moved in to ensure their wishes were known to staff and could be met when the need arose.
- A separate lounge was provided for people's relatives to use at this time. This allowed them to be able to take some time for themselves, and receive support from staff at that difficult time. Staff told us that when people were receiving end of life care nothing was too much trouble when supporting their relatives. Staff organised special days and activities with people to provide lasting memories and relatives could stay in the home for as long as they wished. One staff member said, "I'm most proud of making a difference. Helping people to go in dignity, caring for people right to the end."

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.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care:

At our previous inspection we found quality assurance systems did not always identify improvements required in areas such as reporting bruising and responding to feedback. Since the previous inspection significant work had been undertaken to improve and sustain this area, and the registered manager was able to demonstrate where care had improved as a result of the improvements made and subsequently sustained and further developed.

- The provider organisation's values and ethos were clear and effectively translated from the board and executive management team to the floor of the service. All the people living at Belmont View told us about the organisations values and how staff implemented those consistently.
- Every person, relative and staff member was extremely complimentary of the registered manager and deputy manager in Belmont View. Comments included, "Everyone is receptive to suggestions, They are very approachable. They deserve recognition for the quality of this home and the excellent job they do." "Team work from everyone makes this a happy place to be." "[Management team] are really energetic and genuinely care about us as staff but more so about the residents. I think Quantum Care as a whole is a family organisation that has those values. We are all treated as individuals and that is clear across the company and this home."
- Values were discussed in team meetings. We saw minutes recorded discussions held around key themes, such as, "Each and every employee is important."
- The philosophy of care at the service included treating all people in a dignified manner and as an individual. A strong focus was on all people's wellbeing, and supporting them to develop resilience. This approach was visible at all levels in the home and included staff. Meetings took place to ensure that they were meeting their aims. One staff member confirmed this approach and told us, "We have 'Rhythm of life'. These are outcomes around relations, choice, engagement, individuality and caring. We need to make sure these five outcomes are delivered to people every day, but also that we have these from managers. This is our ethos both as a home and as a company. I honestly feel like as staff and residents we get the same attention and respect from Quantum Care."
- Every staff member fed back positively about the leadership at the service and organisation. The registered manager and the senior management team led by example which influenced staff's attitude to work in a positive way. Throughout the inspection the management team took time to speak with people and showed a genuine compassion for both people and staff. One staff member told us, "All the managers are brilliant. [Provider] walks around, spends time with the residents, hugs the residents. [Registered manager] is very, very approachable, that door is always open. I think their ethos is making a difference to our day no matter what. [Deputy manager] is about trying new things, they just get an idea and come and ask if we can do it."

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

- There was a high level of involvement and input from people about how they wanted their home to run. All people's and relatives feedback was regularly sought through meetings and forums and discussions with the management team. Professional's views and opinions were also sought.
- Everybody living or working at Belmont View were consulted and kept informed when things happened. For example, a flood had once again put one of the communal lounges out of action. This had been managed in a much more proactive manner, with lessons learned from the previous episode. Everybody could tell us what happened, what was needed to make the repairs and when the decoration would be completed. There were several discussions with managers and staff about the flood, with people only too happy to provide their views or opinions. Everybody affected had their belongings with them and told us the situation had been handled exceptionally well.
- All staff spoken with did so with pride and shared a team ethos to providing good care. One member of staff said, "It's not coming to work for me, these people I look after are family to me and I like to think I know them as well as I do my own family at home." Another staff member said, "I am part of the wider picture, I love my job."
- All staff felt valued and supported by the management team and provider. Several staff told us how they had been supported and developed to understand people's needs and support them in a more equal and diverse way.

Continuous learning and improving care:

- The previous inspection had raised some areas for development with monitoring and auditing within the service. The registered manager had implemented this feedback immediately following the inspection and looked to further develop how they monitored and developed their service. Through the development of innovation in care delivery and monitoring quality of care they were able to demonstrate where care had improved as a result of the improvements made and subsequently sustained and also planned for future development of these.
- The registered and deputy managers had developed a new approach with local GP's to reduce hospital admissions. This involved staff being trained to observe and monitor people's vital signs, such as blood pressure, pulse, oxygen saturation and temperature. This helped staff understand people's usual signs and when they were subsequently unwell gave the GP a more accurate baseline, which enabled them to establish possible infection or illness. This resulted in reduced unnecessary hospital admissions with a reduction in people going into hospital by around 10 percent. This meant all people experienced a higher level of health monitoring in the service that enabled staff to respond quicker to changing physical needs.
- The registered manager had developed links with a local training provider and local services to improve their knowledge and support. Relationships were being made with local charitable groups to develop a voluntary pool of people to support people socially and avoid isolation.
- The management team and staff continually looked for innovative ways to increase all people's quality of life. For example, in addition to the use of virtual reality, people were also trialling a new piece of exercise equipment that used lights and sounds to improve people's cognitive function. This led to people socialising with people they may not usually choose to socialise with, and opened up a variety of communication methods with people who were usually reluctant to engage with conventional activity.
- All staff were regularly asked how improvements could be made at the service. For example one member of staff said, "We go to meetings and are always asked about how we can make things better. That's what I like here, when something works, the managers want to make it even better, they never stand still." A second staff member said, "We are told about new things before they happen and I feel we can say if it's good or not. Managers listen and only want the best for everyone so will take what we say very seriously."
- The provider's quality team and staff at the service undertook regular audits that looked at all aspects of

the quality of care provided. Each audit included an action of things that required improvement and time scales for these improvements. Audits and monitoring was also specifically targeted on certain areas if there was an increase in risk. For example, where the management team identified an increase in falls, staff supervisions, team meetings and observations focused on this area. Where this approach was undertaken we saw reductions across the home in the area being focused upon. This was then further developed and staff received in-depth around falls and three champions were appointed. They had access to the local falls prevention programme and provided chair based exercise groups to improve people's mobility. This cyclical system of sharing information across the home and areas for improvement led to all people experiencing a better quality of care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Feedback surveys had been completed to identify the areas the service performed well at, and where improvements were required. Results for people's experience of care was positive and a clear plan was in place to take forward suggestions made.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including incidents and safeguarding concerns.
- Duty of candour was promoted by all working at Belmont View. Management supported staff to report adverse incidents, and to promote an open and honest approach if something went wrong when providing care. Notifiable incidents were made within a reasonable time frame and staff ensured people and their relatives were able to review the incident and feedback where improvements could be made.
- There was a clear staffing structure in the home. Staff knew who to report to and can approach and get advice any time.