

Belmont Villa Care Home Limited

Belmont Villa Care Home

Inspection report

Belmont Villa
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Frome
Somerset
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Tel: 01373471093

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Belmont Villa is a residential care home providing personal and nursing care to 24 people aged 65 and over at the time of the inspection. The service can support up to 31 people.

Belmont Villa consists of two converted houses close to a park and not far from the town. People had several lounges they could choose from so they could invite relatives or sit in a quiet area with a book. There were accessible garden areas with a safety surface that could reduce injury if a person fell.

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 received care and support that was safe. The provider had a robust recruitment programme and staff had received training in recognising abuse and safeguarding people.

There were enough staff to look after people safely and take time to sit for a chat or go for a walk. Risk assessments were in place with guidance for staff about how to keep people safe.

People received effective care and support that was focused on the person. Staff demonstrated a very good understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.

People received care from staff who were kind and caring. Staff always respected people's privacy and dignity. People told us they felt respected and valued. People were supported to express an opinion about the care provided and were involved in the day to day running of the home.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their wishes. People's end of life wishes was recorded, and the home worked with other healthcare professionals to ensure people were comfortable and pain free.

People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development. Everybody spoken with said they felt the manager was open and approachable. All staff said they felt valued and respected. One staff member told us how the registered manager had supported them, so they could continue to work at the home. Systems in place meant the registered manager was able to retain staff so they could develop relationships with people living in the home. One person told us the staff, "...are my friends."

There were effective systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and learnt from issues raised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 3 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Belmont Villa Care 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.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

Belmont Villa 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all this information to plan our inspection.

During the inspection

We spoke with seven people and four relatives/friends about their experience of the care provided. We spoke with five members of staff including the registered manager and deputy manager. We observed how staff interacted with people in the home.

We reviewed a range of records. This included three people's care and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with one relative on the telephone following the inspection.

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.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were reported, and action taken in a timely manner.
- All staff received training in safeguarding vulnerable people and could discuss how to recognise potential signs of abuse. One staff member told us the safeguarding training had been part of their initial induction. Another staff member said they were confident they could speak to any senior member of staff if they had concerns.
- People told us they felt safe with staff in the home. One person said, "People [staff] are kindly, I feel safe and relaxed. Its two-way residents also need to be considerate to staff." A relative told us, "I have no fear of [the person] not being looked after."

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm.
- People's care plans contained detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risks assessments related to nutrition and hydration and preventing pressure ulcers.
- Where a risk was identified, action was taken to mitigate the risk. For example, people had pressure relieving mattresses and cushions in place when they had been identified as at risk of developing pressure ulcers. One person told us, "Since I have been in hospital I have to have a pressure cushion on the chair as sitting in it more, I've also got an air bed."
- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks.
- There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance.

Staffing and recruitment

- Risks of abuse to people were minimised because the provider had a robust recruitment procedure.
- There were enough staff to meet the needs of people. Everybody spoken with said there were plenty of staff. During the inspection bells were answered promptly and staff had time to sit and talk with people and join in activities. One person told us, "I think there are plenty about and they have all been here a long time, so they know all about us."
- Records showed how the registered manager worked with staff to ensure the hours they worked fitted in with their personal needs. This meant they had been able to retain staff who may have needed to leave for personal reasons.
- The registered manager explained that they only admitted new people if they had enough staff to meet

their needs.

Using medicines safely

- Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required.
- Medicines were stored safely, and the ordering and disposal of medicines was managed effectively. There was a clear protocol in place for the use of 'as required medicines.' These gave staff very clear instructions on how and when they could be used. One person told us, "The nurses do the medicines, they are always on time and they ask if I need anything for the aches and pains, they are all really good."

Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- We observed staff using PPE throughout the inspection. When asked if the home was kept clean people replied, "It's very clean and tidy," and "They [staff] clean it regularly." One staff member said, "[The housekeeper] is brilliant, the home is spotless and she is very thorough. Runs a tight ship."
- During the inspection we observed one person laying the table for lunch, Staff reminded them to wash their hands first.
- When people were being assisted to the table for lunch they were asked if they would like to wash their hands or use a cleansing wipe.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.

Is the service effective?

Our findings

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

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

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met.
- The registered manager told us they were in the process of transferring all care plans to an electronic care planning system.
- Some people could tell us about their care plans and how they had been involved, others were unclear about what a care plan was. One person said, "I know what a care plan is, and yes I was involved in what it said. I don't get as involved now but we revisit it every now and then to check it is ok." Another person said, "They wrote a care plan – my husband was involved. There were concerns and they reviewed it with him and revised the plan."
- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. The registered manager had introduced a very clear pictorial guidance on recognising when a person with diabetes was experiencing high or low blood sugar levels. This helped staff to provide appropriate and person-centred care whilst respecting individual needs.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- Training for all the organisation's mandatory subjects was reviewed and up dated as necessary. The service supported staff to take career related courses and training relevant to people's needs. One staff member said, "The training is brilliant always something to do. We have covered the National Early Warning System 2 (NEWS2) it was really interesting." NEWS2 is used in hospitals to identify when a person is acutely ill including the signs of Sepsis. This has been rolled out to nursing homes for staff to use when contacting the emergency services.
- New staff said they received an induction which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred. One person told us, "The staff always seem to know what they are doing, appear well trained to me."

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

- People were all positive about the range of food they were offered. One person said, "The food is always good here." Another person said, "I always enjoy my lunch and look forward to it."

- People who required assistance with eating were supported in a very polite and respectful manner. One person who could manage on their own but needed to be observed from a distance ate their meal using specially designed cutlery and staff were available when they needed assistance.
- The mealtime experience for people was happy and sociable with staff and people discussing the food and music playing.

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

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks. A nurse practitioner visited the home every week on behalf of the GP. One relative told us, "They [staff] have been really good they spoke to the hospital and the doctor and sorted things out."
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, people had been referred to the Speech and Language Therapy team [SALT] for advice when they had eating and swallowing difficulties. Staff also consulted tissue viability nurses when they required advice on preventing pressure damage for people considered at risk.

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

- People were encouraged to personalise their rooms, we saw people had bought in their own pictures and ornaments.
- All areas of the home were accessible with clear signage to enable people to mobilise around the home independently.
- The provider had ensured there were a number of individual lounges where people could entertain their relatives, take part in activities or sit quietly. One person told us how they liked to sit in a quiet room with a book.

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. Records showed the service had liaised with the local authority to monitor the progress of existing applications and to renew those that may have expired.

- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.
- Consent forms were signed, or best interest decisions recorded for the use of bed rails.
- People only received care with their consent. One relative told us, "Some days [the person] doesn't want to get up, the staff manage that well." One person told us, "I signed to agree to things like photographs. You get to make your own mind up here that's what I like."

Is the service caring?

Our findings

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

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

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good understanding of what people liked to talk about.
- People were relaxed and cheerful in the presence of staff. There was a very relaxed atmosphere in the home. Relatives told us they were always welcomed.
- We observed staff taking the time to talk with people. One person discussed what books they liked to read with the activities co-ordinator and they fetched a pile of books for them to choose from. One relative told us, "I have no concerns the staff are lovely, they [the people] are very lucky to have such nice caring staff."
- People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion in the home regularly. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.

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

- There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed. One relative told us how the staff had liaised with the hospital on their behalf. One person said, when they left hospital they told staff they did not want a particular medical device anymore any more. The staff supported them in their decision.
- People contributed to decisions about the activities they attended or wanted to attend. People were clear about what they wanted to do and trips they wanted organised. The activities co-ordinator spoke regularly with people about what they would like to do and when.
- A record of compliments was also kept and any received were shared with staff.
- During a care plan review one compliment said, "The home provides all round excellent care." Another care plan review said, "Staff know the residents well and they are all treated with kindness dignity and respect."
- Other compliments received included, "Thank you for installing Wi-Fi, it has given [the person] new opportunities to do something different." And "I can honestly say the kind care he received was beyond anything that money can buy. The care and real affection he received from the Belmont people restored the will to live."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people's privacy and dignity. This included respecting people's private time, listening to people, and upholding people's dignity when providing personal care.
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to

respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 received care which was personalised to meet their needs and wishes. The level of guidance included in care plans was inclusive. The care plans gave so much personalised information, such as people's preferred way to receive care and support, that any new member of staff could support the person in the way they preferred straight away.
- One staff member told us how they were transferring the care plans onto the electronic system. They said it was a long job but had given them the time to revisit people's likes and dislikes and make sure the plans reflected them as a person.
- Another member of staff told us how they always talked to people about that day, "After all the care plan is written in one or two days, people can change their mind or just feel different for a day. That is what I call person centred care. You don't just have to follow what is written down you have to talk to the person."

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.

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the AIS.
- People's care plans included how people preferred information to be shared with them.
- The registered manager was also looking at ways of providing pictures of meals. They had moved the hot trolley into the dining area, so people could see and smell the choice available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to participate in a range of activities that met their individual needs and encouraged them to continue to follow interests.
- The activities co-ordinator told us how they spent mornings with people who did not want to or were unable to join in activities. They carried out a one to one session when they could provide an activity, have a chat, or read the newspaper. Afternoons were given over to the group activities which people appeared to enjoy. One person said, "There is always plenty to do, they tell you what is happening, and you decide, there is bingo, painting, singers, musicians come in and the reptile man came, I think he is coming back." One relative said, "Seems to be plenty to do and, oh yes they also have small children come in, they enjoy watching them play."

- People told us they enjoyed going to the park which was opposite the home. One person said, "I like going to the park we can have an ice cream."
- People were also supported to go to town and visit the shops and restaurants.
- People received a newsletter informing them of activities and topical items such a reminder of when it was Wimbledon. The newsletter also kept them up to date with any changes one newsletter explained how and why staff were moving to using paperless care plans.
- Staff supported people to stay in touch with families who did not live locally. During the inspection staff were observed supporting one person to talk privately with a family member over the telephone. Another person was supported to regularly SKYPE family members, so they could keep in touch.

Improving care quality in response to complaints or concerns

- There was a concerns and complaints procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to.
- The register manager told us how they rarely received a serious complaint. They said they had introduced the "Grumble form" so any concern was recorded. This meant they could pre-empt a potential complaint or identify a pattern.
- People and their relatives had access to the complaints policy and knew who they could talk to. One person said, "I see [the registered manager] everyday so I could speak to her." Another person said, "You can talk to them all [staff] here and I have every confidence they will sort it out for you."

End of life care and support

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life.
- Care plans showed that people had a Treatment Escalation Plan (TEP) in place. These showed that matters such as planning for illnesses or hospital admission and resuscitation decisions had been undertaken.
- The registered manager told us they were aware of the changing trends with more emphasis on end of life care in care homes. Staff had access to training with the local hospice, and they were making plans to be more available for local people in need of end of life/palliative care.
- Staff spoke with people about their wishes should they become ill and not be able to discuss their preferences at the end of their life. Staff told us of one person who did not have any family. The person had planned their funeral with staff choosing the service and music to be played.
- One relative told us, "I have been here when they have had someone coming to the end of their life. The staff are so caring they make sure there is always someone sat with the person. They are never left alone."
- Staff worked with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.

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

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

- The registered manager and all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people. One staff member said, "It is down to talking to residents and their relatives and listening to what they want."
- All care plans looked at were person centred, and staff worked in a person-centred manner putting people and their preferences first.
- Comments from people and relatives/friends were positive about the culture of the home. One relative said, "They [staff] always consider [the person's] feelings. They talk to everybody and work hard to make life as good as it can be in a care home."

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

- People and staff told us the service was well managed. One person said, "I can talk to [registered manager's name] anytime I like. She runs a good home. Yes, I would say it is very well managed." A staff member said, "We work as a team nothing is too much effort. [The registered manager's name] looks after her staff as well as she does the residents, that's why we have all been here so long."
- Staff at all levels were aware of their roles and responsibilities. Senior staff were always available or on call if advise or support was needed.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter. The registered manager had also carried out an impact analysis of the effect 'Brexit' could have on the organisation.
- Staff felt supported and received regular supervisions and appraisals. Staff members told us they had staff meeting and an annual appraisal. This provided opportunities to discuss their practice and any learning requirements.
- There were effective quality assurance systems to monitor care and plan for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time. Staff members confirmed they had attended staff meetings to discuss ways to improve the service provided and how they worked.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

characteristics

- People and their families could comment on the service provided. The registered manager and provider carried out satisfaction surveys and met with people regularly.
- Comments from the last survey were positive. The register manager explained how they were looking at ways of getting more responses returned as people said they had the chance to comment daily so did not complete the survey.

Continuous learning and improving care

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other managers within the organisation. This meant they could share what worked well and what had not worked well and how they had managed it.
- The registered manager told us how they had learnt from an incident at another care home within the organisation. They had carried out a root cause analysis and put measures in place at Belmont Villa to ensure they did not experience the same outcomes.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.
- The registered manager discussed with people and gained their consent before inviting outside organisations into the home. We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people.

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 manager was aware of their responsibilities in relation to the duty of candour.