Belmont Care Centre
Care Home Service

Fairhurst Road
Stranraer
DG9 7QL

Telephone: 01776 889696

Type of inspection:
Unannounced

Completed on:
5 August 2020

Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Service no:
CS2003045190
About the service

Belmont Care Centre is registered to provide a care home service to a maximum of 29 older people. This includes two places for respite/short breaks.

Belmont Care Centre is in a residential area on the outskirts of Stranraer town centre.

The care service does not provide nursing care. Health needs are met by the local district nursing team and other health care professionals as required.

There are 28 bedrooms, of which 16 have en-suite toilet facilities and 12 rooms have not. The accommodation is across two levels with five bedrooms on the lower floor which is accessed by a lift or stairs.

There were 28 people living at the home during this inspection.

St Philips Care Limited has a philosophy statement which identifies how they will undertake the care of service users and ensure their independence, privacy, dignity and retain service users links with their community. St Philips Care Limited also state they will modernise, develop and refurbish care homes they own.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by two inspectors from the Care Inspectorate, and an Infection Prevention and Control representative from Dumfries and Galloway NHS.

What people told us

We spoke with two relatives by telephone. Both were satisfied with the service and felt the care their relative received was good. They described regular communication with the care home manager and staff which helped to keep them informed. They also recognised staff were busy and, at times, this meant meaningful activities didn’t always happen. Both of the people supported had complex needs. The relatives felt staff could benefit from more training and the environment could be improved further to support individual needs better.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

| How good is our care and support during the COVID-19 pandemic? | 3 - Adequate |

Further details on the particular areas inspected are provided at the end of this report.
How good is our care and support during the COVID-19 pandemic?

7.1 - People’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Our focus in this inspection was to establish if people’s health and wellbeing benefitted from their care and support in relation to COVID-19. We found some strengths and these ensured people’s physical and mental wellbeing were being supported to enable a positive impact on their experiences and outcomes.

People’s health needs were assessed and staff reviewed this regularly to help keep people safe and well. Routine visits by health and social care professionals were slowly resuming. Staff linked regularly with a local nurse practitioner and could seek advice when people’s health needs changed. This helped to ensure people got the right care and support.

People were checked for temperature rises in order to monitor for symptoms of COVID-19 and we saw weekly sample testing of staff and residents had commenced. This helps to reassure everyone.

The staff team communicated with people’s families and provided information on the impact of COVID-19 by letter and telephone calls. People were supported to keep in touch with those important to them and we heard about examples of using different means to do this.

Care plans we examined contained limited person-centred information to guide staff on how best to provide people’s care and support. There was little reference to support for visiting, hand washing or any difficulties with social distancing. The service provider recognised this needed more detail to guide staff and ensure people were supported appropriately. (See area for improvement 1.)

Visits by relatives had re-commenced and were taking place outside following the latest guidance. This helped people to feel connected. However, the outdoor space lacked any shelter and so this limited how effective these visits were. (See area for improvement 2.)

The activities on offer to people had reduced as a result of the current situation, but staff were trying to continue to provide some activities both individually and within small groups indoors. However, some people had little meaningful activity and staff skills in supporting them were not in keeping with best practice. This needed further development to ensure people had support to feel included and gain a sense of purpose. (See area for improvement 3.)

Staff supported people who needed assistance with food and fluids. We observed that drinks and snacks were available to people in communal areas and within their own rooms throughout our visit. This helped ensure people’s nutrition and hydration needs were met. However, the mealtime experience was poor and choices were not clear enough. The service provider responded readily to provide a hot trolley and agreed to review staff practices. (See area for improvement 4.) This will help ensure mealtimes are more pleasant and enjoyable.

We found the use of anticipatory care plans had not always been carried forward to successfully inform GP practices of people’s wishes in the event of a sudden deterioration. (See area for improvement 5.)
7.2 - Infection control practices support a safe environment for both people experiencing care and staff.

Our focus in this inspection was to establish if the setting was safe and well maintained in relation to COVID-19. We found some weaknesses but these were outweighed by the strengths in this area of inspection.

We observed mostly positive practice and compliance of staff wearing personal protective equipment (PPE). Posters were on display to remind staff of the correct procedure for putting it on and taking it off. Some staff needed reminding about correct mask use to prevent risk of self contamination by touching the front and dropping it over the chin and then replacing it. Also, some staff were not changing their mask regularly enough. This is important to keep people safe.

Staff helped to keep people safe by using good hand hygiene practices but this could be made more effective by clarifying sink use and providing pocket held alcohol hand rub. This would ensure hand hygiene is carried out at the correct points of contact.

The environment was clean and clutter free. However, some staff practices needed improvement to ensure precautions were in place to prevent the spread of infection and improve cleanliness of some carpets. The type of cleaning products in use did not provide disinfection and cleaning schedules were not used robustly to show equipment and hard surfaces were decontaminated frequently enough. There was no process for staff to follow to ensure safe cleaning of commode pots. The provider responded quickly to these issues and is installing new facilities within the next two weeks. (See area for improvement 6.)

In addition, some aspects of laundry practices needed review; for example, the use, location and cleaning of the laundry wheeled bins. The use of red plastic bags for contaminated items also did not meet the with National infection control guidelines. (See area for improvement 7.)

Although training had provided staff with some basic information about infection prevention and control practices, this needed further development to ensure care staff can comply with all the guidance within the national infection control manual. (See area for improvement 8.)

7.3 - Staffing arrangements are responsive to the changing needs of people experiencing care.

Our focus in this inspection was to establish if the staff team was sufficient with the right knowledge and skills to support people in relation to COVID-19. We found strengths outweighed weaknesses in this area of inspection. The strengths had a positive impact on people's experiences and outcomes.

We found a consistent and caring staff team who were well known to people. This meant there were positive and trusting relationships. We observed people were mostly responded to quickly and there was a calm atmosphere. However, at times, some people called out for long periods of time without a response, some interactions were abrupt and communication was not sufficient to provide explanations. People should benefit from staff interactions which are compassionate and paced appropriately. (See area for improvement 9.)

The sufficiency of staff was hard to gauge; our observations were that staff were task orientated and worked in one team. This meant people did not benefit from smaller groupings which can support more homely living and better outcomes. We discussed the use of a dependency tool to help assess care hours more accurately. The service provider agreed to review staffing numbers to be more flexible and responsive to changing needs. (See area for improvement 10.)
Staff spoke positively about the support of management and felt they were provided with enough information to care for people in the event of a case of COVID-19. We saw training had been provided. However, staff were not fully conversant with good practice resources; for example, actions to be taken if someone needed to be isolated. There were insufficient audits carried out to check staff practices and so effectiveness of training had not been assessed.

The service had a risk assessment for the COVID-19 pandemic. This was out of date and did not include a staffing contingency plan in the event of staff being absent as a result of illness, self-isolation or exclusion following a positive COVID-19 PCR test. We discussed this with the management team and they advised they would update and include this action. This would help ensure staffing arrangements are responsive.

**Areas for improvement**

1. The service provider should review care plans to ensure they cover important aspects in relation to the pandemic. There should be reference to support if needed for hand washing, social distancing and keeping in touch/visiting.

   This is to ensure care and support is consistent with Health and Social Care Standards which state that:

   ‘My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices’. (HSCS 1.15)

2. The service provider should consider how better to support outdoor visits by providing suitable cover and ensure people who experience stress/distress have an agreed way of arranging visits to help reduce such episodes and provide comfort.

   This is to ensure care and support is consistent with Health and Social Care Standards which state that:

   ‘I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing’. (HSCS 2.18)

3. The service provider should ensure people have meaningful activity in daily life.

   In order to do this the following should be developed:

   - assessment by skilled staff, care plans agreed with regular review.
   - staff team organised so people are supported in every day activities as part of care routines.
   - facilities improved such as access to sinks/dishwasher/greenhouse/outdoor space.

   This is to ensure care and support is consistent with Health and Social Care Standards which state that:

   ‘I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential’. (HSCS 1.6)

4. The service provider should review and enhance how mealtimes are organised to ensure they are pleasurable and support is appropriate to people with dementia.
This is to ensure care and support is consistent with Health and Social Care Standards which state that:

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning’. (HSCS 1.33)

5. The service provider should ensure anticipatory care plan summaries are shared with GPs for inclusion in the out of hours electronic system.

This is to ensure care and support is consistent with Health and Social Care Standards which state that:

'My future care and support needs are anticipated as part of my assessment’. (HSCS 1.14)

6. The service provider should review cleaning products and practices to meet with guidelines as set out in the National Infection prevention and control manual.

In particular, to address:

- disinfection of equipment such as commode pots/raised toilet seats and bath seats.
- cleanliness/odour and appearance of carpets.
- routine cleaning of hard surfaces.

This is to ensure care and support is consistent with Health and Social Care Standards which state that:

'Any treatment or intervention that I experience is safe and effective’ (HSCS 1.24); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment’. (HSCS 5.22)

7. The service provider should review practices in relation to laundry to be compliant with national guidance for safe management of linen.

In particular, to address:

- the location of laundry receptacles so they are not next to area which can cause contamination such as toilets.
- the use of red alginate bags to minimise handling of contaminated laundry.

This is to ensure care and support is consistent with Health and Social Care Standards which state that:

'Any treatment or intervention that I experience is safe and effective’ (HSCS 1.24); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment’. (HSCS 5.22)

8. The service provider should ensure staff become more conversant with the 10 standard infection control procedures as set out in the National Infection Control Manual as well as the transmission based precautions also set out therein. This should be to a level suitable to their role within the service. Higher levels of training and competence should be set out for infection control leaders or "champions”.

This is to ensure care and support is consistent with Health and Social Care Standards which state that:
‘Any treatment or intervention that I experience is safe and effective’ (HSCS 1.24); and

‘I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment’. (HSCS 5.22)

9. The service provider should include more direct observation of staff practice to assess competence within the quality assurance systems.

This is to ensure care and support is consistent with Health and Social Care Standards which state that:

‘I experience high quality care and support based on relevant evidence, guidance and best practice’. (HSCS 4.11)

10. The service provider should ensure staffing is flexible and responsive to changing dependency with staff organised to support smaller group living as far as possible.

This is to ensure care and support is consistent with Health and Social Care Standards which state that:

‘If I experience care and support in a group, the overall size and composition of that group is right for me’. (HSCS 1.8)
Areas for improvement

Previous area for improvement 1

Mealtimes should be reviewed and monitored to ensure that people experiencing care receive the support and supervision they need and to make mealtimes a relaxing and sociable experience.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

‘If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected’ (HSCS 1.34); and

‘I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible’. (HSCS 1.35)

This area for improvement was made on 20 January 2020.

Action taken since then

The mealtime observed was not managed well to suit people with dementia. People with dementia benefit from seeing the preparation of tables, sensory stimulation to give clues that a mealtime is approaching. This was not clear to those people observed and visual meal choices were not offered. This was discussed with the service provider and actions were agreed to provide a hot trolley to allow plating up of meals closer to individuals. An improvement plan will be devised to create better facilities and support the dining experience to be more homely. The large lounge/dining room could be sub-divided better. Mealtime audits could be used to better effect to ensure staff are aware of best practice and work towards this.

Area for improvement is not met. See area for improvement 4 of this report.

Previous area for improvement 2

To support better outcomes for people living in the care home linked to choices and preferences, the management and staff with the support of the service provider should enhance the provision of activities throughout the home. This should include, all staff having responsibility for activity provision, activities linked to individuals preferences, choices and wishes.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

‘I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities, every day, both indoors and outdoors’ (HSCS 1.25);

‘I can take part in daily routines, such as setting up activities and mealtimes, if this is what I want’ (HSCS 2.21); and

‘I can maintain and develop my interests, activities and what matters to me in the way that I like’. (HSCS 2.22)
This area for improvement was made on 8 January 2020.

Action taken since then
Some people benefitted from meaningful activities on a regular basis but others did not. The support for activities still relied heavily on the activity member of staff who was employed five days/week. When not on duty, there was little going on. Staff spoke about often being too busy. The staff followed routines which were “task orientated” and were not broken down into small group areas so support for everyday activity could be built into care. We observed some people would benefit from support to go for walks outside or changes of scenery from being in their own rooms. Staff needed support to help enhance people’s lives and ensure people’s social needs were met.

Area for improvement is not met. See area for improvement 3 of this report.

Previous area for improvement 3

The manager and senior staff need to ensure that the information and data collated within the electronic care plan system is accurate and reflects the standard of care and support provided to individuals. This should include records of physical care and support, nutritional and fluid intake.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

‘My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices’. (HSCS 1.15)

This area for improvement was made on 8 January 2020.

Action taken since then
The electronic care plan system viewed had records of physical care, support for nutrition and fluid intake.

This area for improvement is met.

Previous area for improvement 4

The manager and service provider need to demonstrate that they actively involve people who receive care and support and their relatives in the evaluation and assessment of the overall quality and standard of the service provided. This should also identify areas for improvement and be documented in a way that informs any changes and developments within the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

‘I am actively encouraged to be involved in improving the service that I use, in a spirit of genuine partnership’ (HSCS 4.7);

‘I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve’ (HSCS 4.8); and

‘I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes’. (HSCS 3.14)

This area for improvement was made on 8 January 2020.
**Previous area for improvement 5**

Detailed action plans should be developed to progress areas identified as areas for improvement. These should specify the actions to be taken and state the responsible person(s) with timescales being prioritised and regularly reviewed until planned actions have been achieved.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

‘I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes’. (HSCS 4.19)

**This area for improvement was made on 8 January 2020.**

**Action taken since then**

Not assessed. This will be reviewed at the next inspection.

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**Previous area for improvement 6**

The care provider needs to continue to provide managerial support and assistance to the care home manager. This is to ensure they have access to advice and guidance to implement quality assurance systems that are consistent and follow best practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

‘I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes’. (HSCS 4.19)

**This area for improvement was made on 8 January 2020.**

**Action taken since then**

The service provider took action to support the care home manager by providing local support and appointing a new regional manager.

This area for improvement is met.

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**Previous area for improvement 7**

So that people experiencing care can experience high quality facilities that meet their needs, the provider must develop a comprehensive environmental improvement plan detailing the actions to be taken and the timescales for achievement.

This is to ensure care and support is consistent with Health and Social Care Standard 5 which states:

‘I experience a high quality environment if the organisation provides the premises’.

**This area for improvement was made on 8 January 2020.**

**Action taken since then**

A new wet floor shower had been installed and was a good standard. This was a clear improvement.
We found other issues affecting the environment which had not changed since the last inspection, such as the lack of cleanliness and odours in some carpets. The provider had been developing an environmental improvement plan but progress was impeded by the onset of the pandemic.

This area for improvement is partly met. Issues are covered in areas for improvement within this report.

**Previous area for improvement 8**

The manager and staff should continue to develop a supportive environment for people with dementia using the Kings Fund Environmental Assessment Tool. They should consider the environment from different people’s perspectives such as people who live, visit and work in the care home.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

‘I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support’. (HSCS 5.1)

**This area for improvement was made on 8 January 2020.**

**Action taken since then**

We found issues affecting the dementia friendliness of the environment had not changed since the last inspection. The provider was aware of changes which would be beneficial to improve colour/contrasts and develop better access to outdoor space. However, progress had been delayed due to onset of the pandemic.

This area for improvement is not met.

**Previous area for improvement 9**

To ensure that the environment does not negatively impact the overall quality of care people receive. The provider organisation needs to ensure that improvements to the environment are promptly addressed and the general standard of the care home both internally and externally is maintained to a high quality. The provider should ensure that staff have the proper resources and materials to help them maintain the environment to the high standards they state in their objectives and website advertising.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

‘I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment’. (HSCS 5.22)

**This area for improvement was made on 8 January 2020.**

**Action taken since then**

This area for improvement is partly met. Other issues are covered by areas for improvement within this report.

**Previous area for improvement 10**

The environment should enhance people’s quality of life and support their independence, including individuals living with dementia or those with sensory needs such as sight loss by measuring performance against good practice guidance and action planning to make improvements.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:
'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11); and

'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16)

This area for improvement was made on 8 January 2020.

Action taken since then
This area for improvement is not met and is covered by areas for improvement within this report.
## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?

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