Belvoir Vale Care Homes Limited

Belvoir Vale Care Home

Inspection report

Old Melton Rd Widmerpool
Nottingham NG12 5QL
Tel: 01949823989

Date of inspection visit: 21 & 22 September 2015
Date of publication: 22/12/2015

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

Overall summary

We performed this unannounced inspection on 21 and 22 September 2015. Belvoir Vale Care Home provides care and support for 62 older adults, including people living with dementia. On the day of our inspection 55 people were using the service. The service is provided across three buildings, six people lived in the Gatehouse, 25 people lived in Gramby House and 24 people lived in Rutland House.

The service had a registered manager in place at the time of our inspection. 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.

During this inspection we found there were suitable arrangements in place to ensure people who used the service were safe. They were protected from abuse and medicines were managed safely. There were appropriate risk assessments in place and the registered manager shared information with the local authority when needed. The staffing levels were sufficient and staff underwent appropriate pre-employment checks.

People were supported by staff who had the knowledge and training to provide safe care and support. They were

Summary of findings

encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. People who lived at the home did not have unnecessary restrictions placed upon them.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care. They were cared for in a respectful manner by staff who behaved in an inclusive and open way.

People who used the service, or their representatives, were encouraged to be involved in decisions about their care and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

Summary of findings

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.

The provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

Good

Is the service effective?
The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake, and their health was effectively monitored.

Good

Is the service caring?
The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good

Is the service responsive?
The service was responsive.

People were supported to make complaints and take concerns to the management team.

People residing at the home, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

Good

Is the service well-led?
The service was well led.

People's opinions were taken into consideration by an approachable management team. Staff received good support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Good

Belvoir Vale Care Home

Detailed findings

Background to this inspection

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

This unannounced inspection took place on 21 and 22 September 2015. The inspection team consisted of 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with ten people who lived at the home and five people who were visiting their relations. We spoke with nine members of staff and the registered manager. We also used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of six people who used the service, six staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Good

Is the service safe?

Our findings

There were suitable arrangements in place to ensure people who used the service were safe. The people we spoke with told us they felt safe living at the home, one person said "Perfectly safe" another told us that safety seemed to be important in the home. Relatives we spoke with told us they felt their relations were safe, one person said, "Certainly is." People who lived at the home and relatives we spoke with told us they would know who to speak to if they were concerned about their safety. One person told us, "I'd say something to a senior care worker or senior management."

People who lived at the home could be assured staff had the knowledge and skills to protect them from neglect and abuse. Staff we spoke with had received safeguarding training and demonstrated they had a good knowledge of how to recognise abuse and understood the process for responding to and reporting any incident of abuse. They knew how to contact the local authority safeguarding teams should this be required.

We spoke with the registered manager who demonstrated their commitment to ensuring the safety of people who lived in the home. The registered manager had acted appropriately and informed the local authority and us when they had any concerns. We saw evidence that the registered manager had responded to safeguarding incidences. They had kept clear records to evidence the actions they had taken to ensure people's safety and to help prevent any future incidents.

We saw security in the three areas of the home reflected the level of dependence of people who lived in each area. Two of the areas had keypads and door bells to allow entry and exit. There were a number of people who lived in those areas who required supervision when they went out into the community. One area was not locked during the day as the people who lived in this area were able to maintain their own safety when they went out independently.

Risks to individuals were recognised and assessed. There was a positive approach to risk taking which enabled people to maintain their independence. Some people had been assessed to be able to go into the community independently and were able to do so. The registered manager encouraged positive risk taking and the individual risk assessments in the care plans we viewed reflected this.

People's individual risk assessments were updated monthly and signed by the person, or their relative to indicate their involvement in the decisions made. The assessments included details of how to reduce risks in areas such as pressure area care, assisting people with their mobility and reducing their risk of falling. They also identified if equipment was needed and could be used safely, such as fitting beds rails to someone's bed.

Generally people felt there were enough staff to meet their needs. One person told us, "Enough to keep me safe," another person said, "On the whole, sometimes too many." Some people said they may have to wait a bit longer at busier times, such as when getting up in the morning. One person told us, "They come when you ring [but I] have to wait." Records of call bell response times showed people were usually responded to in less than two minutes. This showed that generally people did not have to wait for excessive lengths of time for assistance.

Staff told us that the majority of time staffing levels were good and people's needs were met. Agency staff were used to cover any unexpected absences from work. The registered manager told us they had a small pool of agency workers who came regularly and knew people. The registered manager described how they were looking to increase the numbers of staff employed to cover absences in the future.

We examined staff rotas and discussed dependency levels with the registered manager. On the day of the inspection we observed there were enough staff on duty to respond to the needs of people in a timely manner including responding to call bells.

We reviewed six staff files and they indicated the required pre-employment checks had been completed. There was a record of the completion of the Disclosure and Barring Service (DBS) check. The DBS carries out checks to ensure people are suitable to work within the care sector.

People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. We observed a medicines round, the staff member followed safe practices and ensured each person took their medicines. Some people at the home had Parkinson's disease and were receiving medicines that

Good

Is the service safe?

were important to administer at the correct time. We talked with staff who were knowledgeable about this and they told us they tailored their medicine rounds to ensure people received their drugs in a timely way.

We saw medicines were stored correctly and records relating to administration and ordering were up to date. The registered manager undertook medicines audits and monitored staff competency regularly, we saw up to date records of these audits.

Good

Is the service effective?

Our findings

People we spoke with felt they received care from sufficiently skilled and competent staff. One person told us, "Yes I think I get the care I need." Another told us staff knew what they were doing when giving care. Relatives we spoke with felt their loved ones received the care they needed. One relative told us their relative had been assessed on admission, but over time their needs had changed and the care plan had changed to reflect this. They told us their relative struggled with decisions and choices between things and staff tailored how they spoke with the person to manage this.

People could be assured they were cared for by staff who had the necessary training to undertake their roles. Staff underwent induction training at the start of their employment. This included safeguarding adults, moving and handling, infection control, fire safety and food hygiene. Staff underwent yearly update training, we viewed the training matrix which confirmed this. We spoke with a new member of staff who told us their colleagues had welcomed them into the team and they had been well supported and supervised by their colleagues, senior care staff and the management team. The staff we spoke with told us they had been able to access nationally recognised qualifications in care and management appropriate to their role. They also described additional training they had received which they found useful, for example tissue viability training provided by the community nurses. Staff told us they had received regular supervision and yearly appraisals, and we viewed records confirming this.

People at the home were supported to make their own decisions wherever possible. We asked people if staff gained consent when they were providing care, one person who lived at the home told us, "Yes always ask before [they do anything]." We heard one person being offered a choice of where they would like to sit. People's decisions about their care were respected by staff even if they chose not to follow best advice. We saw an example of an individual making their own choices with regard to whether or not they followed healthcare advice they had been given.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. Where it was determined people did not have the capacity to do so the correct process was followed to make a decision in the person's best interest. Staff also understood the use of Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. The registered manager had applied for a large number of these assessments, and we viewed an approved assessment in one person's, which was up to date giving staff clear guidance on the restrictions in place.

Staff we spoke with had an understanding of the MCA and DoLS. One member of staff we spoke with told us wherever possible they allowed people to make decisions for themselves, and they used the information in the care plans to help them. Another member of staff when talking about the MCA and DoLS assessments said the assessment were in place to make sure things were done in a person's best interest with proper assessments.

We saw mental capacity assessments had been carried out when people did not have the capacity to make specific decisions for themselves and there was a record of the involvement of others in making a best interest decision for the person. Where people had a Lasting Power of Attorney in place this was kept in the care record and there was evidence of the involvement of that person in the person's care planning and decision making.

People's individual nutritional needs were met and they were supported to eat enough. People we spoke with thought the food was good, one person told us, "Food's good, got a good variety." They went on to say if there was something in particular they wanted the chef would try to get it. Another person said, "Very good [the food], I would stress this." People told us throughout the day they were given plenty to eat and offered a variety of drinks. We saw people being offered drinks during the inspection. We were told that particular diets were catered for and one relative told us they thought the food was excellent. They told us their relative was sometimes difficult to please and their food needs were met.

We observed lunch being served in the different areas of the home over the two days of the inspection. The whole staff team worked together to ensure the mealtimes ran smoothly and people received hot attractive and nutritionally balanced meals. People were given choices as to where they ate their meals, where people needed

Good

Is the service effective?

assistance to eat their meal this was given. Staff sat with the people who needed assistance and took their time to ensure people ate as much as possible. In one area there were a number of people who took lunch in their rooms. The chef and senior care worker organised this to ensure that people got their meals hot and where it was required there were sufficient staff to assist people to eat.

Staff we spoke with were knowledge about individual's nutritional needs and supported them accordingly. Each person had a nutritional care plan to meet their individual needs. We saw folders in each of the kitchens detailing people's individual nutritional needs, these had been up dated regularly. We saw food and fluid charts were completed for people who required assistance with eating and drinking. We saw from a person's care plan they required nutritional supplements each day, we talked with the person and they said they were given them regularly.

Most people were weighed monthly to ensure they maintained a healthy weight. There were some people who had not been possible to weigh, but they had their weight assessed using measurement of the mid upper arm circumference (MUAC) this is an alternative tool used to determine if a person has lost or gained weight

People's health care needs were monitored on a regular basis and any changes responded to. One person who lived at the home told us there were no major problems in getting a doctor when required. One relative told us, "The GP comes in regularly, the staff are quick to get help." They recalled an incident when paramedics had been called in the night saying the staff had responded quickly and had communicated with them appropriately.

People could be assured staff worked with a range of outside health professionals to maintain each individual's health. During our inspection we spoke with a visiting healthcare professional who told us the staff in the home called them regularly and appropriately. They told us staff listened to advice given and carried out tasks delegated to them when required. Another healthcare professional who had rung the home to speak to the registered manager told us that staff were proactive in calling their team for help, advice or assessment of individuals who lived in the home.

Individual's care records documented people's access to a range of care services such as a dietitian, speech and language therapist, physiotherapist, chiropodist and optician. A doctor from the local GP practice visited the home weekly and staff told us that if they needed to ask for a visit the doctor responded quickly. We saw evidence within the records of consultation with the doctor for a range of issues and it appeared staff responded appropriately to signs of ill health.

Good

Is the service caring?

Our findings

The people who lived at the home and their relatives told us the staff who worked at the home were caring. A number of people described the staff as kind. One person said, "I'd give them a good mark." Another person told us, "You don't get pushed into a corner and forgotten." One person told us staff had been very kind to them following a bereavement. They told us, "Staff were kindness itself." Relatives we spoke with told us staff were caring. One relative said, "Yes staff are caring to us both."

A staff member said, "It feels as though I am looking after my own; the rewards you get when you see someone smile." They went on to say, "The relatives trust you and you want the relatives to feel they have left them [the residents] in capable hands."

Our observations supported what people had told us. There was a relaxed atmosphere and we saw a member of staff doing a little dance for residents who were laughing and enjoying the interlude. Staff demonstrated in the interactions they had with people, that they knew people's preferences, and things that had happened in their lives recently. They made references to visits out individuals had undertaken, and showed knowledge of people's different food preferences.

We observed one person become a little confused at lunchtime, a member of staff sat with the person during the meal talking to them and encouraging them to eat. We also observed a member of staff escorting a person outside for a breath of fresh air after lunch, it was clear this was their usual practice.

People who lived at the home were encouraged to form friendships with each other, and there were various areas where people could sit quietly and have private discussions. The registered manager told us relatives were encouraged to come in to the home and have meals with their loved ones, such as Sunday lunch.

People's needs and preferences were well documented in the care plans we viewed, the people who lived in the home and the relatives we spoke with told us they had been involved in planning their care. In each of the care records we viewed there was a document which people or their relatives had signed to indicate they had been involved in their initial care plan and the frequency in which they wished to be involved in the future. One member of staff told us they had reviewed a care plan with a relative the day before and said of the relative, "They were very involved."

People felt they were encouraged to express their views and felt their opinions were valued and respected. We were told by one person who lived at the home that regular resident and relative meetings were held. We viewed minutes of these meetings, they showed relatives and residents were able to air their views and the registered manager took action. The registered manager also took the opportunity at the meetings to discuss plans for improvements at the home.

One relative we spoke with told us staff were very good at helping their relation express their views and assist them with making decisions. They said, "[Name] struggles with decisions and choices between things, and staff tailor how they speak to them to assist them with this."

People and their relatives we spoke with told us that staff respected people's decisions if they did not wish to participate in particular activities in the home. One relative told us, "[Name] never wanted to go into the dining room [for meals], staff encouraged them, but they respected their wish to stay in their room." Staff we spoke with showed a good understanding of ensuring people were involved in decision making, one staff member said, "Anything you do you have to ask them first."

People's diverse needs and wishes were assessed when they moved into the service, including their cultural and religious preferences. Staff ensured people who lived at the home had regular access to religious services which related to their chosen faith.

The people who lived at the home also had access to advocacy services. An advocate is a trained professional who supports, enables and empowers people to speak up. We saw an advocacy poster in the home advertising a planned drop in session at the home. The registered manager told us this was a regular session, and although no one at the home used the service at present the trained advocate came in to chat informally with people who lived in the home.

People who lived at the home could be assured staff would respect their privacy and maintain their dignity. We saw one person liked to keep their door locked. They told us, "They [staff] always respect my privacy." We saw staff

Good

Is the service caring?

knocking on doors before entering and treating people with respect. We asked members of staff how they maintained people's privacy and dignity and they all showed an awareness of closing curtains and locking doors when they delivered personal care. When staff were asked if they saw other staff protect people's dignity and respect one staff member said, "Yes, we wouldn't be allowed not to, it is really important."

Good

Is the service responsive?

Our findings

People felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. One person told us, "I can get up when I want and go to bed when I want." They went on to say staff knew their preferences and that they had been involved with their care planning when they first came to the home. The person said, "They [staff] have it right so I am not worried."

We saw there were systems in place to involve people in the planning of their care package. There was a document in the care record which people or their relatives had signed to indicate they had been involved in their initial care plan and the frequency in which they wished to be involved in the future.

The deputy manager told us all staff were involved in the review of care plans although the senior staff completed the formal reviews. They said, "It is important for staff to read the care plans and know what is important for people." A member of staff we spoke with told us they had discussed a person's care plan with their relative recently when they had queried an aspect of care. They ensured the senior care worker was aware the interaction.

Staff told us they had regular hand overs and changes to people's care was communicated to the team well. One staff member told us, "Communication and handovers are good we are encouraged to express our views." Staff told us the care plans contained up to date information about people's care needs. The care plans we viewed contained full details of the care and support people needed and their preferences in regard to their care. Where people had communication difficulties there was a care plan to ensure staff were aware of the best way to communicate with the person, and the non-verbal responses the person may make to indicate their wishes.

People told us they had the opportunity to get out and about and pursue their interests and hobbies. One person told us, "At least once a week we go to a club." Another person we spoke with told us there were aerobic classes, music and outings and went on to say, "On the whole [activities] pretty good." Another person we spoke with told us they enjoyed the regular group crossword sessions. Relatives we spoke with confirmed here was a wide range of activities.

We spoke with the activities co-ordinator who was very enthusiastic about their role. They told us of various other activities provided and we saw there was a weekly schedule of activities planned. Each person had a life history in their care plan which detailed key events of their life and included their interests and hobbies. The activities co-ordinator often worked weekends to help with the religious services.

The activities co-ordinator told us they were very aware of the isolation some people experienced when they were cared for in their rooms. As a result they allocated time to visit people in their rooms.

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us, "Yes if I had a complaint I would be listened to." Another person said, "I'd speak my mind, and get listened to." A visitor to the service also had confidence that any concerns would be addressed and said, "I have had a concern regarding laundry, it was sorted quickly and satisfactorily."

There was a complaints procedure for staff to follow and the staff we spoke with were able to describe the process for handling a complaint. They said they would listen and try and rectify the issue if they could and would document it. They said they would encourage the person to complete a complaints form or if they could not do it themselves they would provide help to complete it. Staff felt confident that, should a concern be raised with them, they could discuss it with the management team who would respond appropriately to this. One member of staff told us the senior staff were approachable, another staff member said, "Yes, I think I would be listened to." They said they received feedback about concerns and complaints and areas they could do better. Sometimes this was done by gathering people together or at staff meetings.

We also found that part of the registered manager's ongoing responsibilities included the provision of regular meetings between people who lived at the home and their relatives. The meetings provided a forum where comments and suggestions could be discussed to help identify recurring or underlying problems, and potential improvements.

The organisations complaints procedure was on display in the entrance of the home. We also found that a comments

Good

Is the service responsive?

and suggestion box was made available in the entrance which people could utilise to provide their feedback on the quality of the service. Records showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisations policies and procedures.

Good

Is the service well-led?

Our findings

People who lived at the home told us they felt confident in approaching the registered manager if they wanted to discuss anything with them. We were told the registered manager worked in partnership with people, one person told us, "I have no difficulty working with the manager." Relatives we spoke with told us the registered manager was open, one relative said, "[Name] has always been accessible to me, very approachable."

During our inspection the registered manager was visible around the home. We observed them interacting with people on a regular basis and it was evident that they had a good rapport with people.

Staff told us the registered manager and the management team were approachable and had a significant presence in the home. They said they felt comfortable making any suggestions for improvements within the home and felt the management team were proactive in developing an open inclusive culture within the service. One member of staff told us, "[Name] is approachable, I like them."

Staff told us they enjoyed working at the home and felt the registered manager was proactive in developing the quality of the service. Staff said they worked together well as a team. One said, "Everyone gets on I love working here; we all work together well as a team."

People who lived at the home could be assured the registered manager endeavoured to provide them with staff who knew their needs. The registered manager told us when agency staff were used they wore the same uniform as the home staff so residents were not confused by different uniforms. The registered manager also told us senior care staff closely monitored the performance of the agency staff who worked in the home.

The registered manager told us they had been working hard to increase staff numbers, the management team had advertised for staff and recently held a staff recruitment open day. They accepted employing new staff was a problem and as the care home was not on a regular public transport route the management team had been looking at ways to assist potential staff members get to and from work. The registered manager had also started incentives for staff who already worked at the home to promote attendance and show staff they were valued as individuals. They had introduced a reward system for staff where names were place in a hat and each week one person won a gift voucher or aromatherapy session.

Throughout our inspection we observed staff working well together and they promoted an inclusive environment where friendly chit chat was being undertaken between staff and people who used the service. We saw staff were supporting each other and it was evident that an effective team spirit had been developed.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. One member of staff told us, "The manager would deal with any issues of complaint. They said, "Yes they would [deal with the issue] I have seen them deal with things." We also found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed the registered manager had notified us of a number of relevant issues, which they had resolved appropriately. We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people residing at the service.

People benefited from interventions by staff who were effectively supported and supervised by the management team. Staff told us, and records showed, that staff had attended supervision sessions and annual appraisals. Staff told us the meetings provided them with the opportunity to discuss their personal development needs, training opportunities and any issues which could affect the quality of service provision. The meeting also provided the opportunity for the management team to discuss the roles and responsibilities with staff so they were fully aware of what was expected of them. Staff felt the meetings helped the registered manager to develop an open inclusive culture within the service. One member of staff described the registered manager and deputy manager as "good leaders."

The registered manager held regular staff meetings and keeping up to date records of the meetings. The records of these meetings showed the registered manager was open with staff and had developed an inclusive style of working in the home.