Amber Blossom Limited

BELVOIR HOUSE CARE HOME

Inspection report

Brownlow Street
Grantham
Lincolnshire
NG31 8BE

Tel: 01476565454

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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

Belvoir House Care Home is a residential care home near the centre of Grantham. The service provides accommodation and personal care for older people, some of whom may be living with dementia. There were 18 people aged 65 and over living in the home at the time of the inspection. The service can support up to 24 people.

Belvoir House Care Home currently accommodates 18 people in one adapted building. There are three bedrooms which can accommodate couples or friends who wish to be together. The accommodation is split over three floors, with communal areas on the ground floor.

People's experience of using this service and what we found.
There were systems in place to ensure that people were protected from abuse and avoidable harm. Staff knew what these systems were and how to access them. People told us that they felt their relatives were "safe and happy".

People told us there were enough staff to ensure they could have all their identified needs met, both day and night. People always knew the staff looking after them and they reported .they were well and kindly treated.

People are supported appropriately to eat and drink, with a variety of balanced diets available and a pleasant eating environment is provided .

Staff received training and supervision to help with their development and confidence when supporting people. They knew people well and were knowledgeable about when to refer to other health professionals for advice and support.

Staff communicated easily and comfortably with people, in a reassuring manner. One Community Nurse told us they had looked after her relative and the care "was second to none"

Managers and staff are clear about their roles; they understood risks and regulatory requirements

Improved quality monitoring systems had been introduced and identified where improvements were needed. Action plans were in place to monitor these .

The provider and registered manager promoted a very person-centred culture which respected people's diversity. Meetings were held with people, relatives and staff to exchange information and gather feedback.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was Requires improvement (published 13 February 2019).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

BELVOIR HOUSE 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 Team consisted of an Inspector and an Inspection Manager.

Service and service type
Belvoir House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. The second day of the inspection was announced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection
We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, team leader, senior care worker, care workers, the activities co-ordinator and a visiting health professional.
We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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 reviewed.

After the inspection
We spoke with three professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe, or their relative was safe. They told us "staff were very kind". One person said, "I feel the staff here are open, honest and trustworthy". "They look after me"
- Staff were able to tell us about the types of abuse people might experience and what they would do about this, in terms of prevention and reporting.
- Staff know about the provider's safeguarding policy. Staff could tell us what they would do and said they would feel comfortable raising concerns about their own or other people's safety.

Assessing risk, safety monitoring and management

- There was ongoing work to ensure risk assessments were person-centred, proportionate and reviewed regularly.
- Staff sought to understand and reduce the causes of behaviour which distressed people or puts them at risk of harm.
- Referrals were made to other professionals such as occupational therapists or the 'falls team' where this was required, and advice given was put in the care plans and followed.

Staffing and recruitment

- Recruitment systems are robust and make sure the right staff are recruited to support people to stay safe. Appropriate DBS checks and other recruitment checks are carried out as standard practice.
- Staffing levels and the skill mix were enough to ensure people could have all their identified needs met, both day and night. There was a consistent staff group; this meant people always knew the people looking after them.
- The registered manager used a dependency tool to calculate the numbers and skill mix of staff required to meet people needs.

Using medicines safely

- Staff were properly trained and assessed as competent to use medicines safely.
- Medicines were managed safely, with good checks and processes in place. Medicines are stored and disposed of correctly.
- People who needed pain relief on an as required basis had person centred protocols in place to keep them comfortable. One person told us "if my knee hurts I just tell (Staff) and they go and get me some pills or rub my gel in"

Preventing and controlling infection

- Two staff members were designated Infection Control Champions and attended the County Wide Infection Control meetings to keep up to date with best practice and share concerns.
- Staff told us how they prevented any infection spreading and were able to give an example of what they

had done to control a small outbreak. They told us disposable gloves, aprons and wipes were always available.
● Relatives told us the "home is always clean and fresh"

Learning lessons when things go wrong
● Accidents, incidents and unusual occurrences were documented and reviewed by the registered manager and the team leader. They were discussed at the daily handover and recorded. This meant staff were updated about any safety concerns and knew what to do reduce further risk.
● Recently, improvements had been made to incorporate a better standard of oral care and monitoring and people had mouth assessments and updated care plans to reflect this. This was in response to lessons learned from the latest research.

Good

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 Requires improvement. At this inspection this key question has now improved to Good. 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
- People had their needs assessed. Assessments were comprehensive.
- Expected outcomes were identified, for example, people's mobility needs were assessed, and action was taken to support one person to improve their mobility.
- Care and support plans were regularly reviewed. This meant care and support was reflective of people's current and changing needs.
- Appropriate referrals are made to other professionals such as occupational therapists, speech and language therapists or the "falls teams". This meant identified needs were met.

Staff support: induction, training, skills and experience
- Staff received a thorough induction, both theoretical and practical, and this was continued throughout the year, with refreshers and additional training available when required.
- One person we asked told us the "staff are brilliant and (know how to) look after Mum"
- Staff received the training and support they required; Staff told us personal development training was also available.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported appropriately to eat and drink, with a variety of balanced meals available. People told us the food was "good". Some people had second helpings and had put on weight.
- Staff ate with people in the dining room and people appeared to enjoy the social interaction as well as the food as a pleasant eating experience.
- People looked after in their beds were assisted to eat and drink in a calm and unhurried manner with positive interactive conversation. Food and fluid charts were used when required.
- Staff knew about people's eating and drinking support needs and monitored people during meal times. Referrals were made to healthcare professionals such as dieticians and diets were modified when required.

Staff working with other agencies to provide consistent, effective, timely care
- External Agencies were contacted appropriately, and staff demonstrated they had a good working relationship with them.
- External professionals we contacted were very complementary about staff at the home, telling us they were very helpful and communicated well and appropriately with them.

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

● The building environment had been modified and decorated since our last inspection, but further work was planned and ongoing to make the environment more dementia friendly. For example, doors were being personalised to support people to find their room easily. .

● The flooring and the division of the larger communal area into a designated lounge area and a dining area had created a homely atmosphere, which people found very comfortable.

● Bathrooms and toilets had appropriate signage and previously blank walls had been decorated with murals. This supported people living with dementia to orientate themselves around the service.

● A small area downstairs had been turned into a quiet Lounge or "Memory Cafe" and was decorated appropriately. People found their way here in the afternoons and were seen to be doing puzzles and reading.

Supporting people to live healthier lives, access healthcare services and support

● Staff made appropriate and timely referrals to other relevant professionals and services and acted swiftly on their recommendations. For example, Speech and Language Therapists for those with swallowing difficulties, Occupational Therapists, District Nurses and the Community Psychiatric nurses were all involved with the people in the home.

● When people needed to attend external appointments to access healthcare, carers from the home went as escorts so people had a familiar person with them.

● Care plans incorporated the community nurse plans so there was a consistency of approach

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● No one had any conditions or authorisations and Staff understood and demonstrated a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. They demonstrated how they put these into practice effectively, to ensure people's human and legal rights were respected.

Good

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 Requires improvement. At this inspection this key question has now improved to Good.

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
- People told us they were treated kindly. One person told us "I am very happy here".
- We saw people were treated with kindness and the interactions between people and staff were positive and respectful. This was reflected in the feedback from people, their families, friends. People were consistently positive about the caring attitude of the staff.
- One person said "The atmosphere is excellent" "wouldn't move Mum anywhere else, can't get better "

Supporting people to express their views and be involved in making decisions about their care
- People were supported in their ability to make choices and decisions about their care. People chose how they spend their day and we observed staff offering people choices throughout our visit. Staff had time to spend with people so they could involve people in decision making.
- People could choose the gender of the person they preferred to look after them, and we were told this was respected.
- Staff involved advocates and people's representatives to support people with making decisions where this was appropriate.
- Staff used visual cards showing faces with varying expressions from happy to neutral to sad and crying for some people to assess pain. For other people there were nonverbal cues indicating they were in pain such as agitation, or someone grimacing, and staff knew people well enough to be able to respond appropriately.

Respecting and promoting people's privacy, dignity and independence
- People's privacy, dignity and independence were respected, staff consistently treated people as individuals and quickly responded to changing needs. People knew how to seek help and felt listened too.
- Staff told us they were trained both in theory and in practice about how people's dignity and privacy were to be respected. Care plans had specific details about how people liked to be washed or dressed for example
- Staff offered reassurance and support to a person regaining their mobility, and another staff member was observed rubbing the back of one person and speaking gently to them while they waited for pain relief to work.
- One person, living with dementia, had a particularly good relationship with a member of staff and they were reassured by their approach. So much so that the person would join in events in the home such as dancing with them.,

● Staff were very clear about confidentiality and their roles in keeping peoples details and information private.

Good

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
- Care plans were being updated to include people's individual needs and preferences.
- People's needs were identified, including their protected equality characteristics under the Equality Act. People's choices and preferences and how these were met were regularly reviewed.

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.

- Staff communicated with people easily and comfortably and we saw them offering reassurance where this was required.
- Where people had communication difficulties, staff showed people plated up meals to support them to select their choice of meal.
- Staff knew people well and knew how to communicate effectively with each individual.

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 supported to maintain existing relationships with people they cared about.
- Interests and hobbies were valued and supported, as were religious preferences.
- One person was able to show us how their bedroom had been decorated to reflect their favourite football club, they told us they had "everything in their room that was important to them."
- One person had a friend in the community whom they used to provide a cooked lunch for. This friend was now welcomed into the home several times a week where they were also able to enjoy a cooked hot dinner along with their long-term friend.
- People were supported to follow their chosen religious beliefs.
- Children from a local nursery visited twice a week. People told us how they looked forward too, and enjoyed their visits.

Improving care quality in response to complaints or concerns

● The registered manager promoted a very person-centred culture. Meetings were held with people, relatives and staff to exchange information and gather feedback.
●The registered manager recorded all complaints. Open door sessions were held so the registered manager was available and accessible to all. This resulted in people who used the service, their family, friends and other carers feeling confident about the process if they should need to complain.

End of life care and support.
● Staff had a good relationship with the local palliative care teams, and there was training in place to ensure the end of life care was as person centred as it could be. A community Nurse told us staff had provided end of life care for their relative which was "second to none".
● The registered manager told us when someone had no family support when they were at the end of their life, a member of staff would be assigned to be with the person at all times so they would not be alone.

Good

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 requires improvement. At this inspection this key question has improved to Good..

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

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

- People told us the registered manager was "open, honest and trustworthy", so if they had concerns, they could always approach them, and they would be dealt with very quickly.
- People said "there is an improvement at the home"; "The staff are brilliant and always smiling"
- There was an awareness of the duty of candour and staff were open and honest with people when something goes wrong.
- Staff told us they felt "empowered" by the registered manager and this had enabled them to be more confident in their roles. For the Activities co-ordinator this meant they felt able to involve more staff in the activities. We saw evidence of this with staff encouraging and supporting even those who would not normally join in to dance to music joyfully.

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

- The registered manager and staff knew they had to keep us informed of any incidents or events which may affect the service in accordance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. They notified us appropriately when the lift was out of service for a while last year
- . At our first visit we saw staff were part way through updating, summarising and clarifying care plans, but we found there was not a consistent approach to this. At our second visit we saw that Care plans were now being updated by the registered manager, who had overall oversight, as well as taking the opportunity to teach senior staff. An action plan to ensure care plans were audited consistently was now in place.
- Audits have been carried out across the home, and action plans were seen to be in place when deficiencies had been identified and had been addressed.

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

- The registered manager found resident and relative meetings were not well attended. Instead, cheese and Wine evenings were held, which were now well attended.
- There were other good links to local community resources reflecting the needs and preferences of the people who used the service.

Continuous learning and improving care

● Staff had objectives focused on improvement and learning. Leaders, managers and staff considered information about the service's performance and how it could be used to make improvements. One staff member audits and evaluates falls and takes the appropriate action.

● Prior to the registered manager coming into post the home had used a lot of agency staff. This had been addressed by the registered manager to improve the continuity of care offered.

Working in partnership with others

● We spoke to Community Nurses, Continuing Care Assessors and the Community Psychiatric Team. All those we spoke too told us how "pro-active" staff were, how they involved the District Nurses in their person-centred care plans to ensure consistency. A visiting Health professional said staff always take them to the person, stayed with them and explained to people what was happening.

● External Professionals all told us things were improving and were very positive about the registered manager and the changes they had made, in a comparatively short time.