

Derbyshire County Council

Ada Belfield Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Ada Belfield Centre is a residential care home providing personal care to up to 40 people aged 65 and over. At the time of inspection 25 people were living at the service. The home is split over two floors and there are four units; Arkwright and Derwent which supported people with longer term care needs, Thornton which was closed at the time of inspection and Strutt. Strutt is a therapy unit with community support beds available for people requiring rehabilitation support after a hospital stay with a view to discharging home.

People's experience of using this service and what we found

Medicines were not always safely recorded, and lessons were not always learned when things had gone wrong.

People felt safe living in the home and systems were in place to protect them from abuse. People's risks had been assessed and reviewed regularly. There were enough safely recruited staff to meet people's needs. Infection control measures were in place to keep people protected.

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.

Staff were kind and caring and respected people's privacy, dignity, equality and rights. Staff knew people well and what was important to them. People were involved in, and supported to understand, decisions about their care.

There was a range of different activities for people living there to get involved in. People's independence was promoted. People were supported to have contact with friends and relatives.

The provider and registered manager had embedded a positive culture which promoted person centred care. People felt their views were listened to and acted on. There was a governance system in place that monitored the quality of the service.

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

Rating at last inspection

This is the first comprehensive inspection at the new premises registered with us on 4 June 2020. The last rating for the service at the previous premises was good, published on 31 December 2019.

Why we inspected

This was a planned inspection based on the provider not having received a comprehensive inspection since registration of the new location.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern.

We have found evidence that the provider needs to make improvement. Please see the safe section of this full report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Ada Belfield Centre

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Ada Belfield Centre 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, senior care workers, care workers, domestic assistants and a kitchen assistant. We spoke with a visiting healthcare professional.

We reviewed a range of records. This included four people's care records and multiple medication 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 reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two more professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely, Learning lessons when things go wrong

- The recording of medicines was not always safe. The provider used two different medication administration records (MAR) which used different codes to record when a medicine was not given. Staff used these codes interchangeably between both MAR which meant it was not always clear why a person's medicine was not administered.
- Staff were required to provide further information as to why a medicine was not administered by writing on the back of the MAR, however we saw that this was not always consistently done. This meant at times, there was no explanation as to why a person had not received their medicines.
- Necessary improvements were not always made when things went wrong. For example, poor recording had been identified by internal medicines audits completed by senior staff, however we found remedial actions to ensure this risk was mitigated had not been effectively implemented.
- Following inspection, the registered manager took action to address the safety of medicines recording, including updating MAR to ensure they all used the same coding. We did not find evidence that anyone had come to any harm.
- Staff were patient and thoughtful when administering medication. We observed staff to check people were comfortable and had a drink before giving people their medicine. When people had taken medicine for pain relief, we observed staff to check whether this had been effective.
- Medicines were stored safely and in line with best practice.

Assessing risk, safety monitoring and management

- Some information about fire risk management was not up to date. Three people using the service did not have a personal emergency evacuation plan (PEEP) in the fire evacuation folder. A PEEP is a document that sets out how someone would be assisted to leave the premises in the event of an emergency such as a fire. Whilst they had PEEP's in their individual care files, the procedure in the event of a fire was for staff to locate the fire evacuation folder. This was addressed immediately, and the PEEP's were correctly located.
- People's risks were assessed regularly or as their needs changed. We saw that risk support plans were comprehensive and covered a range of known risks such as falls, skin integrity and eating/drinking. Care and risk support plans provided guidance to staff on how to provide care that reduced known risks.
- Regular health and safety checks were completed on the environment and equipment.

Preventing and controlling infection

- The provider's monthly infection, prevention and control audits focused on one subject each month. This meant it was not always clear what checks the registered manager had completed to ensure the service was adhering to COVID-19 government guidance. We were informed that these checks were completed regularly but not always documented.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- There were sufficient numbers of staff to meet the needs of the people using the service safely. Staff numbers were calculated based on people's assessed dependency needs and rotas confirmed this was consistent.
- Staff were visible around the home and available in communal areas throughout the day. People told us they felt there were enough staff at the home and staff responded in a timely manner.
- The provider followed safe recruitment practices. Appropriate checks were carried out to make sure staff were suitable and had the right experience for their roles. For example, references with previous employers, identity checks and checks if staff had any previous criminal convictions.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place and staff understood how to raise concerns about abuse. Safeguarding information was clearly visible on noticeboards around the home for people and staff to refer to.
- People said they felt safe at the service. One person said, "do I feel safe here? Absolutely. Staff are competent; they know what they're doing." None of the relatives or professionals we spoke with raised any concerns about people's safety.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received ongoing training for their roles which was monitored by the registered manager. When training was overdue, staff received an automated alert to remind them. An action plan had been implemented to address some outstanding training by an agreed deadline.
- Staff received an induction which included training, shadowing shifts and spending time reading through people's care files. Staff told us this induction provided them with the necessary information and skills to carry out their roles confidently.
- Staff received regular supervision and we saw they completed a personal development plan to identify any goals they wanted to achieve or additional training and support needs. Staff told us they felt supported at work.

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

- Ada Belfield Care Centre is a new purpose-built care home designed to a high standard which provided a comfortable living experience for people. The design, decoration and space had been well planned with people in mind. The home had a welcoming atmosphere.
- People had been involved in decisions about the premises as it was being built. We saw people's rooms had been decorated with their photographs and ornaments to give their personal spaces a more homely feel.
- People had access to various communal areas which included dining and lounge areas, an activity room and hair salon. Whilst rooms had en-suite facilities, a spa bath was also available for people's comfort and sensory experience. People also had access to a choice of pleasant accessible outdoor spaces.
- Specialist equipment was available and in good working condition.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law,

- People's care plans were detailed, person centred and up to date. There was evidence of regular reviews including when people's needs changed. For example, we saw in one person's care records following a fall, their risk assessments had been reviewed and updated to reflect additional support required.
- An assessment of people's needs was completed before they went to live at the service. Staff used a range of evidence-based tools to assess people's risks and needs.

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

- Staff ensured appropriate and timely referrals to other relevant professionals and acted on their

recommendations. One professional we spoke with said "They [staff] always follow instructions; staff are on the ball"

- We saw evidence of collaborative working with services to meet people's needs. When professional advice was sought, this was recorded in people's care files. One person told us "we are meeting the social worker this afternoon regarding our home care package – it's been well organised from hospital, right through so far. So far, the right professionals have been involved at the right time."
- Staff members took on key worker roles to ensure effective monitoring of people's healthcare needs. For example, a person using the service required their fluid intake to be strictly monitored, during staff handover a staff member was named as responsible for ensuring this action was completed or to raise any concerns if required.

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

- The provider supported people with their nutritional and hydration needs. Appropriate assessments were in place which also covered people's preferences and risks, such as choking. Effective monitoring of food and fluid intake was carried out when required.
- We observed people to have a positive mealtime experience. People were offered a choice of meals and drinks. People told us that they liked the food, one person said, "There's always plenty of appetising meals and a good choice – drinks are constantly replenished. There's no way you could get dehydrated here."
- Dietary information was clearly accessible in the kitchen for catering staff to follow. The kitchen assistant was knowledgeable regarding people's dietary needs and told us information was checked daily and updated when needed by senior care staff in consultation with them.

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.

- The service was working within the principles of the MCA. Mental capacity assessments and best interest decisions were made in consultation with people's relatives or representatives when required.
- The registered manager had made DoLS applications to the local authority when it was in people's best interests to ensure their safety and we saw any conditions attached to these were met.
- When people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff received appropriate training and were aware of the principles of the MCA to support people make choices.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- We saw that people's privacy and dignity was respected. One person told us, "The staff always ensure my privacy and dignity – they are caring and discreet".
- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them. We observed staff knocking on doors before entering people's rooms and dignity curtains were used to offer additional privacy in bathroom areas.
- People were supported to direct their own care and maintain their independence. For example, an assessment kitchen was used to support people to develop skills such as using the washing machine before they were discharged home. One person using the service managed their medication independently.

Ensuring people are well treated and supported; respecting equality and diversity

- People, relatives and professionals were complimentary about the care provided. One professional told us, "Staff treat residents like their own relatives." A relative said, "Just to say that my [relative] considers herself very lucky to be there, she will say how lovely they are."
- We observed staff to take time to provide people with emotional support during our inspection and staff spoke about people warmly and respectfully. One relative told us that due to COVID-19 restrictions they were unable to celebrate their loved one's birthday with them as usual, however the home cooked a birthday breakfast, the cook baked a birthday cake and celebrations were had within the home instead.
- People were encouraged to manage their daily choices and how they wished to spend their time. One person preferred to stay in their bedroom, others used the communal areas and when people changed their minds, we observed staff to support people back to their rooms at their request.
- A multi-faith room was situated in the building to support people's religious needs.

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

- People and their relatives were involved in making decisions about their care. One person told us, "If this is care, I'll have more – they keep us in the loop for any decision making. We are treated like adults and our views are respected."
- Care plans set out how people preferred to receive their care and their regular routines. Staff told us reading care plans and speaking with people allowed them to understand how people wished to receive care. One staff member said, "I always ask what they want me to help with and how they want me to help them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

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 relationships. Technology was utilised well to enable people to keep in touch with their family. During inspection, we saw one person using a laptop to video call relatives abroad.
- Regular activities and themed days took place which people enjoyed. The home had a dedicated activities room which included technology to support with interactive games. People were also supported in their choice of individual activities, during inspection we observed one person making Christmas cards and another person was supported in their interest of racing pigeons.
- A monthly newsletter was sent to relatives which included photos of their loved ones taking part in activities each month. All relatives we spoke with really valued this communication from the provider.
- Attached to the home is a public library and an open library card is available for people using the service. The registered manager told us this had been particularly enjoyed by people who'd had to isolate on admission following government COVID-19 guidance.
- A community café was also situated in the entrance of the building. Whilst not open to the public at the time of inspection, we were told the café could be utilised for get togethers, family and seasonal celebrations.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans in place which included information about their personal needs, choices and preferences. These were regularly reviewed and updated if people's needs changed.
- Staff had built positive relationships with people and knew them well. This meant that people received care that was tailored to their needs and wishes. One relative told us, "They know the things he [relative] likes and the things he doesn't. The care is exemplary, he has thrived since he went in there."

Improving care quality in response to complaints or concerns

- There was an effective process for managing complaints at the service.
- The provider had received one minor complaint. We saw evidence the complaint was taken seriously and was dealt with in line with the providers complaint's procedure. The complainant was satisfied with the response provided.
- Whilst most people and their relatives told us they had no cause to make a complaint, they told us they would feel confident to do so if necessary. People told us they believed any concerns would be listened to and acted on by the registered manager.

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.

- The provider was following the accessible information standard. Door signs were also written in braille to support people with visual impairments and a portable loop system was available if required for people with a hearing impairment. Service information was also available in alternate formats, such as different languages or large print.
- Care plans detailed people's communication needs and preferences and we observed staff to follow this guidance when supporting people.

End of life care and support

- The provider explored people's end of life preferences when care planning. We saw evidence of discussions with appropriate professionals in order to provide people with a dignified death.
- Staff understood what good end of life care looked like and told us how they would support people's dignity, comfort and choice at the end of their life. One staff member told us "we treat them with dignity and empathy, make sure all their needs are cared for and they are clean. We ensure fluids and diet if they choose and ensure we complete documentation". Another staff member said "[good end of life care] is all about working together".
- Safe visiting arrangements, in line with COVID-19 government guidance, were in place for family to be with their loved ones who were at the end of their life.
- Support was also offered to people whose loved ones passed away. The registered manager told us they had supported a person to attend a family member's funeral when COVID-19 restrictions meant other family members were unable to take them.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The provider had implemented systems to identify risks to the quality of the service. This included bi-monthly audits by the providers quality and compliance team. Where actions had been identified there was clear allocation, timescales and priorities assigned to the action.
- The registered manager and senior staff also completed audits across a range of areas within the home. Action plans were in place to address some areas for improvement, such as staff training compliance.
- The registered manager received regular reports from the provider which provided an overview of key service statistics, such as reported incidents and falls. We saw the registered manager used this information to make changes in the service to improve people's safety. For example, an increase in falls during lunch time had been identified so tables in the dining room were changed to smaller tables. This improved safety by giving people more space when mobilising around the area.

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

- The provider and registered manager had implemented a clear, person-centred vision and led by example. Staff understood the values of the service and were proud to work at Ada Belfield Centre.
- Staff we spoke to enjoyed working at the service, found their roles rewarding and demonstrated that people living there were at the centre of everything they did. One staff member told us, "I like it, I enjoy the environment, I love being with the people, I enjoy being at the home and I enjoy being a part of the team."
- People, relatives and staff knew who the registered manager and management team were. People felt they mattered and said management were approachable, they listened and acted on what they said.
- Admissions to the service were managed effectively and the registered manager had considered the potential impact on people and the staff working at the service when making decisions about admissions.

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

- People were asked to share their experience of the service using questionnaires.
- Staff had regular team meetings which were used to share news and discuss areas of concern if required. Staff told us they had opportunities to give feedback and felt listened to. One member of staff said "their [management] office is right by the door, you walk past it, I have no problem knocking and having a word if there's things to talk about."

Working in partnership with others

- The registered manager and staff worked in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service. One visiting professional told us, "We have good working relationships, long standing and continuing. It's always very busy pace of work wise – staff know what they are doing."
- An external advanced clinical practitioner, occupational therapist and physiotherapist worked on site and provided therapeutic intervention to people using the therapy unit. We observed communication between them, and the staff employed by the provider on how best to support the people using the service.
- People's care records demonstrated how staff had worked with external professionals to support people to achieve positive outcomes.

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 registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- The registered manager understood the regulatory responsibility to submit notifications to the Care Quality Commission as required.