

Mr Graham Henry Edwin Holden and Ms Jane  
Piengjai Thongsook

# Bell Lodge

## Inspection report

25 Bell Lane  
Byfield  
Daventry  
Northamptonshire  
NN11 6US

Tel: 01327262483

Date of inspection visit:  
08 May 2017

Date of publication:  
22 June 2017

## 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

Bell Lodge is registered to provide accommodation and personal care for up to 15 people. There were 12 people living at the home at the time of this inspection. At the last inspection, in November 2014, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support to meet people's needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on going professional development that they required to carry out their roles. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open culture. The registered manager was a positive role model in the home. People and relatives told us that they had confidence in the manager's ability to provide consistently high quality managerial oversight and leadership to the home.

## 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 ●

This service remains good.

### Is the service effective?

Good ●

This service remains good.

### Is the service caring?

Good ●

This service remains good.

### Is the service responsive?

Good ●

This service remains good.

### Is the service well-led?

Good ●

This service remains good.

# Bell Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 inspection took place on 8 May 2017 and it was unannounced. The inspection was undertaken by one inspector. At the last inspection, in November 2014, the service was rated Good. At this inspection we found that the service remained Good.

We looked at information we held about the service from statutory notifications of events that the provider is required by law to submit to the Care Quality Commission (CQC) and information received from commissioners.

During the inspection we spoke with six people using the service and one visiting relative. We spoke with the registered manager, the deputy manager and four care staff. We 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 reviewed the care plans and other associated care records for three people using the service. We also reviewed records relating to the quality monitoring of the service.

# Is the service safe?

## Our findings

People told us they safe and secure at the service. One person said, "I feel safe; the staff are very nice all the time." Another person said, "I feel safe in here, I've no complaints at all." One relative said, "I am completely reassured that my relative is in safe hands, fantastic carers." All staff received safeguarding training and annual updates. One member of staff said, "It's my job to make sure residents are safe, I am clear about what I would do and who to speak to if I had any concerns."

Risk assessments were in place and regularly reviewed. They included risks of poor nutrition and hydration, falls and pressure area care. We saw the assessments were reviewed on a regular basis and updated to reflect people's changing needs. For example; when a person's mobility had decreased this was reflected clearly in the care plan including referrals to other health and social care professionals.

Systems were in place to record accident and incidents. Care staff told us the fire system was tested and records demonstrated the tests were routinely carried out.

The recruitment procedures made sure only suitable staff were employed at the service. Staff told us upon recruitment they had produced documentation to prove their eligibility to work in the United Kingdom and they were of good character. There was sufficient staff available to meet people's needs. One person said, "Yes, there is definitely enough staff; always someone on hand to help me or talk to me." Another person said, "I don't need a lot of help but those people that do have lots of help the staff are always making sure they are okay." Staff said they thought there was enough staff available, one member of staff said, "We have time to care and sit and talk with people which is just as important."

Medicines were managed safely. One person said, "The staff give me my tablets in the morning and they wait with me in case I struggle to swallow them; they are so good like that." The staff were knowledgeable about the way in which people preferred their medicines to be administered. Records showed that staff that administered medicines had undertaken appropriate training and their competency to administer medicines was regularly assessed.

# Is the service effective?

## Our findings

People received care from a staff team that were knowledgeable and skilled in carrying out their roles and responsibilities. One person said, "They all seem to know what they're doing, very clever girls [staff]." The staff told us they received induction training and specific training was provided to meet the needs of people using the service. They told us they had regular supervision meetings to discuss their learning and development needs and that annual appraisal meetings took place.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff told us they had received training in this area. The registered manager had submitted DoLS applications for some people and were waiting for authorisations. We observed staff asking people for their consent before carrying out any care tasks. One member of staff said, "It is important that we always offer choice, it keeps the person in control of their life." Another person said, "I prefer my meals in my room, but they always ask me if I want to go to the dining room in case I change my mind."

People were supported to maintain a balanced diet. We saw that snacks and drinks were available to people throughout the day and healthier alternative were available for those people who had medical concerns regarding their health. People that were unable to move about independently had snacks placed on side tables within their reach. The Malnutrition Universal Screening Tool (MUST) was used to monitor people at risk of malnutrition or obesity.

People told us they enjoyed the food and there was a variety of foods offered on the menu. One person said, "I enjoy the food, I can choose something else if I want, its not a problem." Another person said, "The food is lovely, just normal home cooking."

The service worked closely with healthcare professionals following their guidance and advice, which was incorporated into the care plans. On the day of the inspection a district nurse was visiting to change a person's dressing, we noted afterwards the visit had been clearly documented in the care notes. Records within people's care plans evidenced that staff arranged for healthcare professionals to see people for routine health checks and in response to sudden illness and changing needs.

## Is the service caring?

### Our findings

People were treated with kindness, compassion, dignity and respect. One person said, "They talk to me about the work I used to do in my younger days; I like talking about that." Another person said, "I like to spend time on my own, the staff respect that."

Staff addressed people by their preferred name and took time to ensure that people understood what was happening and offer reassurance; people took comfort from this attention. We also observed staff responding calmly to a person who was constantly saying they were cold; the staff responded by closing an open door and offering the person a blanket. We also observed care staff sitting with people and holding their hand when they were unable to communicate and it was clear to see this gesture was a great comfort to the person.

The staff took an interest in getting to know people. They knew about people's preferences, their hobbies, interests and past occupations. It was clear in people's care plans about their life history and they also detailed the topics the person liked to talk about. One person said, "The staff have got to know me really well, I feel settled now." One member of staff said, "It is really important we get to know people well and I like to remember what people have told me; it helps them to know that I listen."

Information was made available to people on advocacy services. We saw relatives visiting people throughout our inspection. One relative said, "I visit [Name of relation] whenever I like, there is no restrictions."

The staff understood the importance of maintaining confidentiality. This was reflected in the discussions we had with staff and the observations made during the inspection. Information about people using the service was kept confidential and only accessed by people that had permission to do so.

## Is the service responsive?

### Our findings

Peoples' needs were assessed prior to moving into the service, people and their families were fully involved in this process. One person said, "I can't remember in detail but I remember [the registered manager] coming to see me and my family and asking questions about what care I needed." One relative said, "I have always been involved with anything to do with [name of relative] and I talk to [name of manager] about any changes."

The information gathered from the pre admission assessments was used to develop individualised care plans. The care plans were updated to reflect changing needs. Care staff told us that they communicated any changing needs and important information about the day's events at handover time which was undertaken in a confidential area. One member of staff said "We are a small home so no information gets missed; it is important we are all up to date with any appointments etc."

There was a varied programme of individualised and group activities which was provided. People told us the activity person ran an armchair exercise session. The registered manager told us that after each activity a summary is completed of people's feedback to ascertain if the activity was a success and if people wanted to repeat the activity again in the future. One person said, "I don't always want to do the activities, but I'm always asked." We saw photographs of events that had taken place in the last twelve months including a garden party, arts and crafts events and a firework display.

People benefitted from a volunteer who visited the home and supported people out in the community. Sessions included visits to garden centres and the local area. Some people chose to follow their own hobbies and interests. One member of staff told us how they support a person to play and watch golf on an iPad; this person was a keen golfer in their younger days and really enjoyed the sessions. There were also opportunities for people to attend a local luncheon club.

There was a formal complaints procedure in place, which was on display within the service for people to access if needed. People told us they would tell a member of staff if they needed to raise a complaint. One person said, "I wouldn't hesitate to say if I wasn't happy about something, I'm sure [name of registered manager] would sort it for me." One relative said, "I haven't had cause to make a complaint; things are easily sorted out if you talk about it and the management here just want the best so I can't see it being an issue." Staff were aware of their role in dealing with complaints and when to escalate it to the registered manager.

## Is the service well-led?

### Our findings

People told us they knew who the registered manager was and had confidence in the way the service was managed. One person said, "I feel able to say anything to [the manager], he's very understanding." Another person said, "I see [the manager] every day, he's very approachable and makes me laugh." One relative said "I'm very happy with the manager, no complaints at all."

People told us they felt involved in providing feedback to develop the service. They said they and their relatives were always asked for their views on how improvements could be made. We saw that the provider had made some internal decoration changes and one person told us they were involved with choosing the colour for the entrance hall.

There was a positive, open and transparent culture in the service. Regular resident meetings took place and people told us they spoke about activities and menu choices and forthcoming events.

Systems were in place for responding to accidents, incidents and complaints and staff knew how to keep people safe from harm. They confirmed they felt supported in their roles and involved in making decisions through attendance at one to one meetings and team meetings. The feedback we received indicated the staff took pride in helping people to lead enriched and fulfilled lives. They were motivated to work to high standards and build upon their skills and knowledge through on-going training. One member of staff said, "[name of manager] is a good manager; very approachable." Another said, "The manager and the deputy try hard to keep us informed." We observed on the day of the inspection the deputy manager updating care staff on the outcome of a health professional visit.

Quality assurance systems were in place to continually drive improvement. These included a number of monthly internal audits. The audits highlight areas where the service was performing well and areas that required further development. Medicine audits were very thorough and included weighing liquid medicines to ascertain the correct amount still in stock. Activities were monitored to ensure that all people had an opportunity to be involved in all the activities that were available to them.