Derbyshire County Council

Ada Belfield House Care Home

Inspection report

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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

Ada Belfield House Care Home provides accommodation and personal care for up to 25 older people. This included people living with dementia. At our inspection visit, 19 people were receiving care.

The inspection visit took place on 7 March 2017 and was unannounced. The service was last inspected on 29 July 2014 and was rated 'Good' overall. At this inspection we found the service remained 'Good' in five questions which gives a rating of 'Good' overall.

There was a registered manager in post. 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.

People told us they felt safe. Staff understood what could constitute abuse and knew how, and who, to report to should they have any concerns. The provider had a safe recruitment process, which ensured new staff were suitable to work with people. Pre-employment checks had been carried out. There were enough staff on duty to meet people's needs.

Systems and processes were in place to ensure people received their medicines in a safe manner. Risks to people were assessed and identified and included in their care plans. Procedures were in place for emergencies and untoward incidents.

Staff understood the key principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect; staff were kind, caring and compassionate. People were supported to maintain relationships with family and friends. People had to access healthcare professionals when needed; they were supported to maintain good health.

People told us there was plenty of choice and variety around meals; personal preferences, as well as special diets, were catered for. Drinks were freely available as well as being offered periodically throughout the day.

Care plans were reflective of people and their individual needs; people had been asked to contribute to their care plans. People and relatives felt there were enough activities to keep people occupied; staff supported people to take part in activities.

People and relatives were involved in the service and their views had been sought. Auditing procedures were in place to assess, monitor and evaluate the quality of the service being provided. People and relatives felt

able to approach the staff or members of the management team and discuss any worries; people and relatives felt listened to.

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 remains 'Good'.	**Good**
Is the service effective? The service remains 'Good'.	**Good**
Is the service caring? The service remains 'Good'.	**Good**
Is the service responsive? The service remains 'Good'.	**Good**
Is the service well-led? The service remains 'Good'.	**Good**

Ada Belfield House Care Home

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 7 March 2017 and was unannounced. The inspection team consisted of an inspector and an expert by experience. The expert by experience had specific experience of dementia care and older people's services.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events that the provider is required to send us by law. We looked at the report from the previous inspection held in July 2014.

We spoke with all nine people using the service, four relatives, a cook, a senior carer, a business services representative, a member of care staff, the deputy and registered manager. We spoke with a social care professional and a visiting health care professional. We reviewed care plans and associated records for three people who used the service. We reviewed staff rotas and management records relating to incidents and accidents, training and staff recruitment information.

Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person said, "I am safe because people [staff] keep an eye on you and they do their best to get you what you want." When asked, a family member told us, "My relative has lived here for 3 years and is very safe. They are well looked after."

A relative said, "They [staff] do risk assessments as my relative can fall. My relative did slide out of bed and this was well managed." They went on to say, "They [my relative] has a sensor mat next to their bed. It's been there about six months now."

We looked at care records belonging to three people and found potential risks associated with their care and how to reduce those risks had been identified. These included risks such as falls and moving and handling. Audits of accidents and untoward occurrences took place to identify any themes, trends and learning.

People were supported to remain safe in the event of an emergency. Staff understood what their role and responsibilities were if there was an emergency or unforeseen event. The registered manager ensured up to date personal emergency evacuation plans had been completed and were readily available in the event of an emergency, for example, if people needed to leave the building in the event of a fire.

There were enough staff available to support people's needs. People, their relatives and staff felt staffing levels were sufficient to meet people's needs. A relative said, "They [staff] come in on their days off to cover and get in really early to get office work done." Throughout our visit staff responded to people's requests for assistance promptly. Staff were available and visible in the lounges and ground floor areas throughout the day. The provider had recruitment procedures which were thorough, and all the necessary checks were made before new staff commenced their employment. For example, disclosure and barring checks (DBS). These were carried out before potential staff were employed to confirm they were suitable to provide care to people.

People told us the staff managed their medicines and they were happy for this to continue. One person said, "I get my tablets on time, more or less; the staff give them to me." Another person said, "They [staff] give me my tablets which is good isn't it." The provider had systems and processes in place for the safe management of medicines. Staff had attended training in medicines management and their competency was checked to ensure their medicines administration procedures remained safe. We checked medicines administration records (MAR) and found them to be completed correctly without gaps or mistakes.

Good

Is the service effective?

Our findings

We spoke with people who used the service and they told us they had confidence in the staff and their abilities; relatives reiterated this. One person said, "The staff know what they are doing." A relative said, "The staff do a lot of training and I think it's a lot better than some of those private places."

Staff told us, and training records showed, staff had received training the provider deemed as necessary and essential to meet people's needs. New staff completed a period of induction which included essential training, participation in the care certificate and time shadowing more familiar and experienced staff. Staff had regular supervision and support with a member of the management team. Staff felt the supervision process gave them the opportunity to discuss their roles and responsibilities, along with any concerns and achievements.

Staff had received training in the MCA and confidently demonstrated their understanding; they recognised the requirement and ensured people's rights were respected. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked and found the service was working within the principles of the MCA, and any conditions and authorisations to deprive a person of their liberty were being met.

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 registered manager kept records of all the DoLS applications that had been made, along with copies of authorisations.

Mealtimes were led by the needs, choices and preferences of people. One person told us, "The food is excellent and I can't complain at all". A relative said, "The cook and the food is phenomenal. I came for lunch last Mother's Day and I couldn't fault it. My relative can have what they want." Most people chose to eat in the dining room, although people were given the choice to eat their meals wherever they chose. People told us, and we saw, they were offered choice around their food and mealtimes. We saw people were given main course options, and a number of people requested a variety of alternatives. For example, we heard one person requested a specific alternative; this alternative was made to suit the person's specific requests and need. Special diets, such as fortified or diabetic meals, were catered for; drinks were freely available as well as being offered periodically throughout the day.

People were supported to have access to healthcare professionals and any treatment suggestions were followed by staff. One person told us, "I had to leave my own doctor but they [staff] call the doctor if I ask

them to. This Doctor will either come and see me here or I can go there." Another person said, "They [staff] help me with tablets and I see the Doctor if I need to." During our inspection we saw one person was supported to speak with their specialist consultant; the person chatted with them over the telephone and sought the persons view regarding their health and treatment. With the persons consent, we saw the consultant then contacted the staff to ascertain their views about the person's health and treatment, to ensure a joined up and consistent approach to the person's care and treatment. We saw documentation to support referrals to healthcare professionals had been made when advice and was needed; for example, referrals to the speech and language therapist and physiotherapist had been made.

Good

Is the service caring?

Our findings

Staff were kind, caring and compassionate to people and their relatives. One person said, "I've never regretted coming here, not once. They put me back together when my [relative] died" A relative said, "I know the difference between poor and good care; the care here is excellent." The relative described how the registered manager and the staff, "Bend over backwards and care." They went on to explain, they felt reassured their family member was looked after by caring staff.

The atmosphere at the service was calm and relaxed with people, their relatives and the staff, chatting and laughing together. The lounges catered for people's needs and preferences. For example, in one of the lounges people chose to watch television and agreed what program they wanted to watch. In another lounge, people chose to listen to easy listening music.

It was evident the staff knew people well and maintained good relationships with their family and friends. Relatives were observed to come and go during our inspection visit. We heard staff and relatives engaged in conversations, which showed effective relationships had been forged.

Care plans we looked at included a brief social and past history of the person. This information was provided in the form of 'My Family Tree' and 'Life Story File'. Where possible the person and a relative contributed to completing the document. Some people had information files the staff used when the person became anxious or confused, due to living with dementia. For example, when one person became confused and anxious, staff had a file, with key information and photographs. This was used to aid discussions and allay their anxieties.

People's dignity and privacy was respected and promoted. Staff used people's preferred names and chatted to them in a manner which showed positive caring relationships had been formed. A relative said, "My [relatives'] dignity is important and always respected." We spoke with staff about how they maintained people's privacy and dignity and they were able to share some examples. For example, staff told us how they ensured people were supported with personal care in a manner which promoted dignity and independence. At mealtimes, we saw people were offered aprons to protect their dignity and clothing. The aprons were discrete and looked very much like clothing.

We saw a display called, 'What Dignity Means to You'. We saw written notes from people, staff and relatives as to what dignity means to them. We also saw the service had previously been awarded a Dignity in Care Award from the provider. This demonstrated dignity and respect was recognised as important and was promoted at the service.

Good

Is the service responsive?

Our findings

People we spoke with told us they felt involved in their care. People and their relatives told us staff understood how to meet their needs effectively. People and relatives felt care was person centred and included individual choices and preferences. There was a person-centred culture at the service; the registered manager and staff were familiar with people and their specific needs and preferences. For example, we heard the registered manager chatting with one person about their shared appreciation of foreign food and travel. Staff recognised the importance of gearing routines to each person. For example, one person had worked night shifts and staff understood their sleep pattern had been affected by this; staff accommodated this to avoid increasing the persons anxiety and stress.

People and relatives told us they had discussed their care plans with staff. Not everyone was able to recall the specifics about care planning, but explained how they had talked to staff about what was important to them and the manner they wanted to be supported. Where appropriate, relatives confirmed, they were involved in the development of their family members care plan. One relative told us, the management team updated them with regards to their family members care, and they saw this as, "Reassuring."

Activities at the service were arranged and led by the staff; one person said, "I like the chair exercises we do." A relative said, "My [family member] will join in with activities and likes the sing songs." People told us they had enough to do to feel occupied and staff supported them with taking part in activities. In the reception area we saw a collection of photographs of some of the activities people had taken part in. Some people were able to recall recent activities they had participated in.

People's opinions were sought about the service they received. One person told us, "The staff do ask me now and again about changes." The registered manger made us aware, following discussions with people, there were plans to alter the lay out of the lounges to accommodate a small dining area. The registered manager told us this would mean people had more choice as to where they wanted to eat their meals and make mealtimes a more personal experience.

The provider had a complaints procedure which was on display; people and relatives knew they could complain and felt comfortable in voicing any concerns. One person told us, "I would talk to the manager if I was worried about anything. " A relative told us they had, "No complaints at all." Another told us they felt staff would listen, take any concerns seriously and when necessary take action to resolve it.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the service. 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.

It was evident people who used the service clearly knew who the registered manager was; people and relatives found them to be approachable. One person said, "[Registered manager] is visible and I would give them 12 out of 10." A relative said, "The leadership is really good and this demonstrates to staff how it should be. The managers are brilliant examples to everyone." The service had a clear set of values which were central to developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice.

Staff felt supported by the management team. They told us the registered manager and deputies were approachable and listened to any concerns and suggestions they raised. The service had a clear leadership structure in place. Staff were knowledgeable about their roles and responsibilities. Staff told us there was effective team working in place, they also told us they supported each other. Staff told us they felt comfortable speaking with members of the management team if they needed further support or advice. The registered manager managed the service in an open and inclusive manner; staff felt included and respected.

Evidence showed people who used the service were supported in having a voice in how the service was run. We saw questionnaires had been collated to gain people's and relatives' views about the service. The outcome of the questionnaires were positive and included such comments as, "Extremely welcome," "No complaints," "Friendly," and, "Homely."

We were made aware the provider had future plans to close the service (in two years' time) and move to a building they felt would be more fit for purpose. People and relatives had been made aware of the plans and felt the move would be a positive move. The registered manager felt it was essential the service remained safe and effective and continued to meet people's needs in the interim period. The registered manager continued to monitor the quality of the care people received. They completed a number of audits to ensure the quality of service was maintained. These included areas such as, health and safety and medicines. Each audit had an action plan to address any issues found where improvements were identified as being required and these were addressed promptly.