

Cloverform Limited







The Belfry Residential 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	

Overall summary

The Inspection took place on 27 October and was unannounced.

When we inspected this service on 09 June 2014. We found the service was in breach of regulation 13 - Management of medicines and regulation 10 - Assessing and monitoring the quality of service. The provider provided us with an action plan, dated 22/07/14, which detailed the measures they had taken, or planned to take to address the areas of non-compliance. We found during our current inspection, that the provider had made the required improvements and was now meeting the regulations.

The Belfry provides accommodation for up to 12 older people mostly for those living with dementia. The service is not registered to provide nursing care. On the day of the inspection there were 12 people living at the home. There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies, procedures and information available in relation to the MCA and DoLS to ensure that

people who could not make decisions for themselves were protected. We also saw evidence that staff training had been provided in respect of the MCA. We saw from the records we looked at that the service was applying these safeguards appropriately.

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.

The provider had systems in place to protect people from abuse. These included guidance to staff about recognising the signs of abuse, and policies linking to the local authorities reporting and investigating procedures. People's care plans contained individual assessments in which risks to their health, such as developing pressure ulcers and malnutrition, were being assessed and managed appropriately. Care plans included individualised guidance for staff where people displayed behaviour that was challenging to others. These provided guidance to staff so that they managed behaviour that was challenging in a consistent and positive way, which protected people's dignity and rights. We saw examples of staff responding to people who displayed behaviour which challenged in a calm and supportive way during the course of our inspection.

Thorough recruitment process were in place that ensured staff had the right skills and experience and were safe to work with people who used the service. Staffing levels were based on the assessed needs of the people who used the service and this was kept under review. People who used the service, visiting professionals and staff told us that there was enough staff available to meet people's needs. We observed staff supporting people in a timely way when, for example, people expressed a desire to use the toilet. Staff confirmed they received training and support which kept their knowledge up to date and gave them the skills, knowledge and confidence to carry out their duties and responsibilities effectively.

The provider had introduced a number of measures to improve the safety of its procedures for the safe administration of medicines, such as daily audits completed by staff and new medication recording records. During the course of our visit we saw evidence of these measures being used effectively.

People who used the service and their relatives were complimentary about the staff and told us that they were caring at all times and respected their privacy and dignity. Staff were motivated and demonstrated that they knew people's needs well. Staff turnover was identified as low by people we spoke with during our inspection. The interaction between staff and people was warm, caring and friendly.

People told us they were able to discuss their health needs with staff and had contact with the GP and other health professionals, as needed. Relatives told us staff were good at keeping them informed about their relative's health and welfare. People were protected from the risks associated with eating and drinking. People spoke positively about the choice and quality of food available. Where people were at risk of malnutrition, referrals had been made to the dietician and speech and language team for specialist advice (SALT).

People, and those that mattered to them, were able to have a say on how they wanted their care and support provided. Information in three people's care plans confirmed that their personal preference on how they wanted their care and support provided had been sought, and acted on. A customer satisfaction survey had been completed in October 2013 providing positive feedback about the service.

People we spoke with, including visiting professionals and staff praised the registered manager for their values, such as openness, compassion and respect for people who used the service. Staff told us that the manager was very knowledgeable and inspired confidence in the staff team and led by example.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Systems for recording and managing

Summary of findings

complaints, safeguarding concerns and incidents and accidents were monitored and management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

The registered manager and senior staff accessed local training initiatives and meetings to keep themselves up

to date with new ways of working and changes in legislation. The provider was also a member of several good practice initiatives, such as Dignity in Care and the Dementia Pledge, working towards developing good quality care for people living with dementia.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe and would feel comfortable talking to the manager, or care staff, about any concerns they had about their care. Care staff were informed about how to recognise any abuse and also how to respond to any concerns appropriately.

A sufficient number of staff with the appropriate skills were employed at the service. People we spoke with told us that there were enough staff on duty to meet their needs safely.

Systems were in place to manage risks to people's health and medicines were managed so that people received them safely.

A thorough recruitment and selection process was in place that ensured staff had been properly vetted before starting work at the service, and had the right skills and experience to support the people who used the service.

Good



Is the service effective?

The service was effective.

People and their families were happy with the care and support they received to meet their care and healthcare needs.

Management and staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS.) Where there were risks associated with people's care needs, we saw that these were assessed and planned for. This ensured that people were cared for as safely as possible.

Staff were provided with training, supervision and support which ensured they had the skills, knowledge and confidence to provide effective care and support.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Suitable arrangements were in place that ensured people received enough food and fluids to keep them healthy. People spoke highly about the quality of the food and the choices available.

Good



Is the service caring?

The service was caring.

People told us that staff were very caring and were respectful of their privacy and dignity. Staff had access to individualised care planning documents, including details about people's life histories and personal preferences. People had been involved in saying what their care needs were and how they wished those to be met.

Staff had good relationships with people who used the service and they knew their needs well. Staff treated people kindly and with compassion.

People had the opportunity to comment on the service and their individual care. People told us that staff listened to them and acted on what they said.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People had their needs assessed and kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had access to leisure activities that were important to them. These were designed to meet people's individual needs, hobbies and interests, which promoted their wellbeing.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Good



Is the service well-led?

The service was well led.

The service had a strong and stable management team in place. People knew who the manager was. They told us that the manager did a good job, was approachable and provided a well-run home for them to live in. Staff informed us that the registered manager was knowledgeable and inspired confidence in the staff team, and led by example.

The provider had systems in place to continuously monitor the quality of the service. They regularly sought feedback from people, relatives and health professionals to ensure they were providing a good service.

The provider was a member of several good practice initiatives, such as Dignity in Care, and the Dementia Pledge, which worked to develop good quality care for people living with dementia.

Good



The Belfry Residential 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 27 October 2014 and was unannounced.

The inspection team consisted of one inspector, and an expert by experience. The expert by experience had experience of visiting people in care homes providing care for people who live with dementia.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the PIR and previous inspection reports to help us plan what areas we were going to focus on during our inspection. We also reviewed other information we held about the service including notifications they had made to us about important events. We looked at previous inspection reports and the actions the provider had told us they were taking to address areas of non compliance.

We spoke with five people who were able to express their views. We spent time observing care in the dining room and the lounge. Not everyone who used the service was able to communicate verbally with us. We used observations, speaking with staff, care records and other information to help us assess how their care needs were being met.

As part of this inspection we reviewed six people’s care plans and care records. We looked at three staffs’ induction, training and supervision records. We reviewed other records such as complaints and compliments information, staff training, quality monitoring, audit information and

maintenance, safety and fire records.

Is the service safe?

Our findings

People living in the Belfry told us that they felt safe and secure. Each of the people we spoke with confirmed that they felt safe. One person told us, “Staff are nice and treat me well.” Another person told us, “The [resident] in the next room is noisy but the staff control the noise,” and, “There are fire alarms here, and the staff treat me well.”

The care staff we spoke to confirmed that they had received up to date safeguarding training. They were aware of the provider’s safeguarding adult’s policy, and were able to demonstrate whilst being spoken with, an awareness of the different categories of abuse and the service’s procedure for responding to concerns or allegations of abuse. We examined the services safeguarding policy and found links to the local authority reporting procedures. This showed that the service could make referrals without any undue delay. One safeguarding concern had been raised about this service in the last 12 months. We saw that the registered manager had worked with the local authority to ensure the safety and welfare of the person involved.

Care plans had been developed where people displayed behaviour that was challenging to others. These provided individualised guidance to staff so that they had been able to respond to people appropriately, and in a way which protected people’s dignity and rights. We observed some members of staff diffusing a potentially difficult situation by actively listening to the person concerned, and working together to provide the appropriate response, in this case a cup of tea.

We looked at care plans and found that risks to their health were being assessed and managed appropriately. Staff told us how they managed risks. For example, one member of staff described the way they encouraged one person who was at risk of falls, to use the appropriate equipment, and made sure the relevant equipment was situated close to the person concerned. People told us they felt they were receiving care that met their needs. Care plans contained individual assessments of general dependency, emotional well-being and pain indicators, as well as those relating to developing pressure ulcers and malnutrition. Pressure ulcers are a type of injury that breaks down the skin resulting in an open wound. They are caused when an area of skin is placed under pressure. We saw evidence in daily records and evaluation of people’s care plans that showed

staff were following the guidance recorded within the risk management plans. For example, four people had been identified as at risk through low weight, and staff had made a referral to the dietetic service to assess their needs and get appropriate support for the person. This demonstrated that the service responded appropriately to any concerns about the health or well-being of people who used the service.

The manager told us, and we confirmed by examining records, that the service had implemented a new policy and a number of new procedures in relation to the management of people’s medicines. These included a new medication policy, now including covering covert medication, self-medication and a homely remedy policy. Additionally, a new auditing system had been introduced which ensured regular checks on medication were undertaken to ensure these were being administered and recorded correctly. People we spoke with confirmed that they received medicines at regular times. One person said, “I’m on lots of pills and potions. They [staff] always make sure I get my pills on time.”

A thorough recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support the people who used the service. Three staff files we looked at contained relevant information, including a criminal records check and appropriate references, to ensure that these staff were safe to work with people who used the service.

The registered manager informed us that staffing levels were based on the assessed needs of the people who used the service, using a range of dependency assessment tools and that this was kept under review. People told us that there was enough staff available to meet their needs. One person told us, “There is always three [staff] on in the day, and two at night.” Another person told us, “There’s always someone around if you need them.”

Staff confirmed that staffing levels were sufficient to ensure people were safe and to be able to respond to unforeseen events. One member of staff commented, “Staff help each other, work as a team. If staff phone in sick, the manager calls for bank staff, or staff cover the shift, or agency staff.” Another member of staff told us, “We always make sure the staffing levels are maintained, we cover any gaps ourselves, or use bank [staff].”

Is the service effective?

Our findings

People received effective care and support which took account of their needs and preferences.

People told us that they were happy with the support they received from staff. One person who used the service commented, "I chose this place and I wouldn't go home now if I could. The staff are so kind." Another commented, "I am well looked after here". Another person told us, "staff are nice and treat me well."

Prior to the inspection, we reviewed the information provided by the service in the Provider Information Record (PIR). This data showed that the service had a low staff turnover rate and better than expected proportion of direct care staff with a relevant qualification at level 2 or above. The manager told us, and we confirmed by examining records, that several members of staff had been working at the service since it opened in 2002. This demonstrated people had continuity of care that was effective and met their assessed needs.

The Care Quality Commission (CQC) monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had a good understanding of DoLS legislation and had completed a number of referrals to the local authority in accordance with new guidance to ensure that any restrictions on people were lawful. Staff also understood the Mental Capacity Act 2005 (MCA). Records and discussions with staff showed that they had received training in MCA and DoLS.

Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included day to day decisions, such as personal care tasks and choices of meals.

Three staff we spoke with told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities effectively. One member of staff told us they had been through an induction, including shadowing experienced members of staff, and was scheduled to undertake formal care diploma training. Records showed that training and refresher courses were delivered via a range of methods, providing different ways for staff to learn. Staff confirmed that they had completed training in areas including fire safety, first aid, safeguarding adults and food hygiene. Staff files looked at confirmed that the induction

process had been implemented and that staff had gone on to complete national vocational qualifications in health and social care. This showed that staff were supported to develop their skills and knowledge so that they were able to meet people's needs effectively.

We observed people being served their lunch in the dining rooms and in their bedrooms if they wished. Staff took time to explain the main meal of the day, and where this was refused alternative meal choices were offered. We observed staff ensuring people were aware of the hot temperature of the tea. We also observed that the staff interacted with everyone during lunch, and made sure everyone had access to regular top up's of drinks. People spoke mostly positively about the quality of the food and the choices available. One person commented, "Breakfast is good, porridge and toast." Another person told us they always got sufficient food. Another told us, "Food is very good. If you don't like a thing you can have different." We saw records in the kitchen which identified specific nutritional or dietary needs and gave examples of the types of meal alternatives that could be offered to people if they wished to request one.

All of the care plans we examined contained information on the dietary needs of the person concerned and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments, including people's weight, were reviewed on a regular basis. Where people had been identified as losing weight, referrals had been made to the dietician for specialist advice.

People told us that their health needs were being met. People's care records also showed that their day to day health needs were being met. One person told us, "If I'm not feeling well, they always make sure a doctor or nurse comes and has a look at me." The manager told us that communication with the GP surgery was good, and the service had good links with Occupational Therapists and Speech and Language therapists (SALT). Care records showed that district nurses visited the service on a regular basis for routine treatments, such as changing wound dressings. Records showed that people were supported to access other specialist services such as the mental health services, physiotherapist and chiropody services.

Is the service caring?

Our findings

People and their relatives were complimentary about the staff and told us that they were very caring. One person commented, "They [staff] are like family." Another commented, "it's lovely here." Another told us, "I give it ten out of ten, and the staff are marvellous." Another told us, "I know all the staff well, they are very nice."

All staff showed kindness and patience whilst engaging with people who used the service. For example, where people required assistance to eat staff provided support in a relaxed manner and pace that allowed the individual to eat and enjoy their meal. Where people were reluctant to eat staff provided encouragement and support in a friendly manner. We observed that staff had good relationships with people who used the service and knew their needs well. One member of staff described in detail the measures the service took to respect people's preferences, such as how they liked to keep their room, or their preferred hobbies and interests. One person commented, "I've been here over three years now and most of the staff are the same as when I moved in. I get on with every single one of them."

The interaction between staff and people was warm, caring and friendly. People were relaxed with staff and confident to approach them throughout the day. Staff did not rush people and gave them time to make decisions. For example, one member of staff took time explaining someone's choices about how to celebrate their upcoming birthday. They repeated the options several times gently encouraging the person to make their own decision. Staff treated people kindly and with compassion. For example, we observed two members of staff on their break, engaging with a person who was experiencing confusion and distress associated with their experience of dementia. This was done with patience and kindness and an understanding of the needs the person experienced as a result of their dementia, such as hand on hand contact, active listening and recognising the person's experience.

The registered manager informed us that they and senior staff constantly sought people and their relative's views about their care, treatment and support. This enabled people, and those that mattered to them, to have a say on how they wanted their care and support provided. We

looked at three people's care plans and saw from the information in these that the person using the service, or their relative had signed to confirm involvement in the drawing up of the plan, and reviews of care plans and risk assessments. The care plans contained life histories, which gave details about the person's background and people important to them, which supported staff's understanding of people's likes, dislikes, hobbies and interests, which enabled them to better respond to people's needs.

During our inspection we saw that staff communicated and interacted well with people using the service. People living with dementia were well supported and encouraged to engage in conversation and social activity, such as dominoes. Staff knew people's needs well, what they needed help with and what they were able to do for themselves. They confirmed that people were supported and encouraged to do things for themselves. One person told us, "I like to be independent by doing things I am capable of doing." We also observed two staff supporting a person to transfer using a hoist. The staff regularly checked that the person was comfortable, and explained what they were going to do before doing it. The staff also ensured the person's dignity was maintained at all times by ensuring they were appropriately covered during the transfer.

There was a calm atmosphere in the service. We observed staff and people who used the service engaged in general conversations. When people spoke with staff as they entered the room or passed by, we saw that staff stopped and engaged in conversation. One person who used the service told us, "They always check everyone's okay, they never miss anyone." We observed staff checking people's hearing aids if they seemed to find it difficult to hear, and replacing batteries if required.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this. People who liked their privacy and wished to spend time in their rooms were supported to do so. Staff were clear about the actions they needed to take to ensure people's privacy when delivering personal care. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. We observed that staff were respectful when talking with people, calling them by their preferred names.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, “The staff are always welcoming and pleasant, if I need anything, someone is always there for me.” One person commented, “The best thing about The Belfry is the staff, they know me so well and what makes me tick. Sometimes I like to be left alone and they respect my wishes.” We saw evidence in care plans of life histories and social preferences as well as physical and practical needs. This showed that care was planned to ensure people received care that was centred on them as an individual. We spoke to a relative who told us, “They [relative] have made friends with another resident since moving here, it is a nice family environment, and like one big extended family.” People who used the service told us they were responded to promptly if they needed to request assistance. One person told us, “If I use my buzzer, the staff always come quickly.” Another person told us, “They [staff] always come quickly if you call them.”

In the PIR, the manager stated that the service responded to resident requests either from discussions with them or through residents meetings which were followed up with action plans and changes implemented. We corroborated this by examining records of residents meetings, which contained action plans and changes planned as a response to people’s suggestions. The manager also told us the service used a “suggestions box” to allow people to make suggestions to the manager indirectly. People told us the service did respond when things needed attention, for example replacing the television when it broke.

The care plans we looked at were reflective of people’s needs. These supported staff to manage specific health conditions, for example the service used a pain assessment scoring tool to ensure how and when to administer as and when required pain relieving medication. Where people were at risk of deteriorating health such as developing pressure ulcers, risk assessments had led to individualised care plans. We saw evidence of ongoing reviews of people’s needs, using assessment tools to determine whether changes to care plans were required. Where changes had been identified, care plans had been updated and the information disseminated to staff. Staff told us that they felt well informed about people’s needs and that there were a number of ways in which information was shared, including a verbal handover session at the beginning of each shift.

We examined daily records, which provided a good description of how each person had spent their day and identified any relevant health issues, including weight monitoring and personal care activities.

A member of staff told us that a keyworker system had been introduced. A keyworker is a named member of staff who works with the person and acts as a link with their family, where appropriate, to ascertain information which helps to provide the person with appropriate care. They told us that this system provided people with an opportunity to have a say about their care and what was important to them. Care plans confirmed that people’s care and support was being reviewed on a regular basis, with the person and/or their relatives.

A complaints procedure was available and on display for people so that they would know how to raise any concerns. We examined the records the service kept in respect of complaints made about the service. The records showed us that the service recorded people’s concerns and investigated and responded appropriately. Records relating to each of the last two complaints recorded in 2014 included a recorded investigation, and a written response to the complainant.

People told us they felt comfortable raising any issues with the manager directly. One person who used the service told us, “I did speak to the manager once about the heating in my room. They fixed it the same day.” Another person told us, “I would go straight to [the manager], they are very approachable and I’m sure they would sort out any problems I had with my care.”

People were supported to access interests of their own choice. One person who used the service told us, “I like to play cards and dominoes with my friends here.” Another person told us they used to knit a lot, and they had been provided with some wool and knitting needles to pursue this. The manager told us that external entertainers who visited the service were popular with residents and this was often requested at residents meetings.

Throughout the inspection we saw that staff consulted with individual people about their choices and were responsive to them. For example, one person wanted to change their attire as they felt warm, and were promptly supported to do so. We observed staff working together as a team when responding to behaviour that challenged. For example, when a person with dementia who was distressed was

Is the service responsive?

supported by two members of staff, they called a colleague to ensure other people's needs continued to be met. A member of staff told us, "We work well together here. I've worked at other places and this is the best team I know."

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by a head of care and other senior staff. We saw that people using the service and staff were comfortable and relaxed with the manager.

We received many positive comments about the service and how it was managed and led. One person who used the service told us, “The home is very well run,” “[The manager] is always spending time with the residents and relatives,” “It is a very happy, lively home,” and, “It is a very well-run place, well it has to be.” A visiting professional told us, “There is an ethos of kindness, and that stems from the top.”

We saw that the manager was well known and referred to by name by people using the service. They were fully accessible to people and spent time out and about in the home, seeing what was going on, talking to people and supporting staff. At lunchtime the manager spent time in the dining area, interacting with people who used the service. Throughout the inspection the manager demonstrated a detailed understanding of the needs of people who used the service.

One person told us, “The Belfry is always clean and tidy, and hygienic; I am more than happy with the service here. I think [The Manager] runs an excellent service.”

The registered manager was also a director of the company that owns the service. They had been managing the service for 12 years and demonstrated clear management and leadership of the service. They informed us that they were present at the service on most days and kept up to date with relevant guidance and legislation by attending training courses and through the internet and contacts in healthcare.

Staff told us that the registered manager was very knowledgeable and inspired confidence in the staff team and led by example. One member of staff told us, “The manager has been very good to me. My confidence has increased since I started work here and they are always available.” Another said the registered manager was approachable and they felt they could contribute ideas about the way the service operated. They also told us, “The manager’s door is always open.”

A member of staff commented, “I have been trained to provide good care to the people who live here.” People are offered choice and the freedom to be who they want to be.” Another member of staff told us, “I feel part of a team here; [the Manager] is very approachable and listens if you have a suggestion.”

We saw that the provider sought feedback about the service. A quality assurance, ‘Customer satisfaction’ survey had been completed in October 2013. People had responded consistently positively to questions about the service. Comments included, “I am more than happy with The Belfry and everything that you do for my relative,” and “we are 100% happy with the care and attention [our relative] receives.” Further comments included, “I feel safe knowing my [relative] is looked after and safe.” and “Perfect home. Couldn’t ask for more.”

We saw that systems were in place for recording and managing shortfalls in the practice of staff. For example, new medication auditing procedures had resulted in staff being called back to the service to complete any unfinished recording.

Records showed that the service worked well with the local authority to ensure safeguarding concerns were effectively managed.

Systems were in place for reporting incidents and accidents. Records showed that incidents of falls had been recorded in detail, along with actions that had had been taken, or actions required to minimise the risk of further falls. .

The registered manager and senior staff accessed local training initiatives and meetings to keep themselves up to date with new ways of working and changes in legislation. The provider was also a member of several good practice initiatives, such as Dignity in Care and the Dementia Pledge, working towards developing good quality care for people living with dementia.

We saw records of staff meetings which confirmed discussions took place about best practice and developments within the service. One member of staff told us, “If I need training, the manager sorts it out for me.”