

Cloverform Limited

The Belfry Residential Home

Inspection report

The Belfry
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Billericay
Essex
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Tel: 01268710116

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15 March 2018

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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

The Belfry Residential Home is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premise and the care provided and both were looked at during this inspection. The Belfry Residential Home accommodates up to 12 people in one adapted building. At the time of our inspection, 10 people were using the service. The service is a converted home and bedrooms are available for people on both the ground and first floor.

This inspection took place on 15 March 2018. The inspection was unannounced, this meant the staff and provider did not know we would be visiting. At the last inspection on 10 January 2017, the service was rated 'requires improvement'. Following the last inspection, we asked the provider to complete an action plan to show, what they would do and by when to improve the key questions to at least good. At this inspection, we found that the service had made improvements and this was now good.

Covert surveillance in the lounge and communal areas was being used and the provider had obtained people's consent to do this. The security of people was maintained. People were supported to have maximum choice and control of their lives and the systems in the service supported this practice.

Medicines were managed safely and people got them on time and in the correct way. There were enough staff on shift to meet people's needs and people could access activities of their choice and these included trips out of the service.

People, staff and visitors had been asked about their experiences and this information was being used to look at the ways the service could be improved.

Staff knew how to recognise and report any suspicions of abuse, and people told us they felt safe and cared for. The registered manager had a robust recruitment process, and supported staff to develop their skills and knowledge. Staff told us they enjoyed their work and worked well as a team.

Accidents and incidents were appropriately recorded and when these had occurred investigations had been carried out. Risk assessments were in place for people who used the service. Staff worked well with health care professionals, to ensure people maximised their health and wellbeing and had access to medical services when this was needed. People and their relatives told us they were aware of how to make a complaint and that the registered manager listened to them.

The registered manager carried out audits to look at the quality of the service people received. They asked for people's feedback and used this information to look at ways the service could be improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had been recruited safely and there were enough staff to support people and to meet their needs.

Staff understood how to keep people safe and understood how to identify and manage risks to people's health and safety. The home was clean and tidy.

People received their medicines on time and in the correct way.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained to meet people's needs and had been given regular supervision and an annual appraisal of their overall performance.

The dining experience for people was positive and people had and adequate amount of food and drink to meet their needs.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and spoke with people in a polite and respectful manner.

People gave us positive feedback about their experience of living at the service and told us staff were kind.

Is the service responsive?

Good ●

The service was responsive.

People's care records were easy to follow, up to date and

reviewed on a monthly basis.

There were activities on offer to people that meet their needs.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Good ●

The service was well led.

Audits were carried out to monitor the quality of the service, and people, staff and visitors were asked about their experiences of using service.

The provider had made key links with organisations and looked at ways they would keep informed of best practice by working with the local authority to achieve this.

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 comprehensive inspection took place on 15 March 2018 and was unannounced. One inspector carried out the inspection. When we last inspected The Belfry Residential Home we found two breaches of legal requirements. At this inspection, we found that improvements had been made and this service was no longer in breach of the requirements.

Some people were able to talk with us about the service they received but others could not. 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. During our inspection, we observed how the staff interacted with people and spent time observing the support and care provided to help us understand their experiences of living in the service.

Prior to this inspection, we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We also used the information the provider had given us in their Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We spoke with four people, two visitors, four staff, including the manager. After the inspection, we contacted the local authority and asked them for some feedback. When feedback has been given, we have incorporated their views and comments into the main body of our report.

We looked at the care records of four people using the service, three staff personnel files and training records for all staff, staff duty rotas and other records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection, this key area was rated requires improvement. This was because the premises was not as secure as it should have been, and covert filming was taking place without people's consent. People's medicines had not always been managed effectively and there was not always enough staff on shift to meet people's needs. At this inspection, improvements had been made and this was now good.

People told us they felt safe and liked the staff that supported them. We saw that people were comfortable with staff and actively sought out their company. One person said, "They look after people pretty well here. They are very friendly and I feel safe." Another person said, "It is good. I have no complaints I am quite happy here." A friend of a person living at the service said, "[Name] feels secure and safe. They are happy."

Staff knew about the different types of abuse and what action to take when abuse was suspected. There was a safeguarding procedure in place for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice and told us they would do this if they needed to.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References had been obtained from previous employers as part of the recruitment process.

Medicines were stored securely and in line with the provider's policy. Individual protocols were in place identifying how people preferred to take their medicines and we saw people being given their medicines correctly. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them for medical emergencies, pain relief or to reduce anxiety. We saw clear guidelines were in place for staff to determine when these medicines should be offered to people.

Regular medication audits were completed to check that medicines were obtained, stored, administered and disposed of appropriately. Staff had received up to date medication training and had completed competency assessments to evidence they had the skills needed to administer medicines safely.

Since the last inspection, staffing numbers had been increased and there was a senior member of staff on each shift. During the inspection, there were enough staff on shift to meet people's needs effectively. We observed that when people needed help they were responded to quickly and saw staff being able to spend time speaking with people.

We saw that the risk assessment process supported people to increase their independence. Where people did not have the capacity to be involved in risk assessments we saw that their families or legal representatives had been consulted. The service demonstrated a culture aimed towards maintaining people's independence for as long as possible. Care plans contained assessments in relation to risks identified such as falls, challenging behaviour and meeting people's nutritional needs in a safe way.

Risk assessments for the location and environment had been regularly reviewed and we saw that there had been appropriate monitoring of accidents and incidents. We saw records which showed that the service was well maintained and equipment such as the fire system and any mobility equipment had been regularly checked. Appropriate plans were also in place in case of emergencies, for example, evacuation procedures in the event of a fire.

Staff had access to the equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy in place and staff had received training in food hygiene. Cleaning materials were stored securely to ensure the safety of people.

Is the service effective?

Our findings

At our last inspection, this key area was rated requires improvement. This was because they were not always meeting the requirements relating to the Mental Capacity Act 2005. The mealtime experience also needed to improve. At this inspection, this service had made improvements.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA .

People's capacity was taken into consideration and their freedom was protected. People told us that staff always asked their permission before providing care or support. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People who could not make decisions for themselves were protected. The registered manager had made appropriate DoLS referrals where required for people. Staff had a good understanding of Mental Capacity Act (MCA) and DoLS legislation and new guidance to ensure that any restrictions on people were lawful.

People told us they received effective care and support from staff. One person said, "There is always someone around to help you." Another person said, "Yes [the staff] always come quickly if you need them."

Meal times were flexible and we saw people choosing when and where they wanted to eat and drink. People chose what they wanted to eat and we saw people had access to a variety of drinks throughout the day. Some people sat together at tables, whilst others chose to eat in their rooms.

We observed members of staff supporting someone to drink who could not do this themselves. We noted that the person had been elevated to minimise the risk of them choking. Some people had been identified as being at risk of malnutrition and there was detailed guidance so that staff could be supported to eat in the correct way. People's weights were regularly monitored and information from speech and language teams (SALT) was clearly recorded. Staff were knowledgeable regarding the guidance given by the SALT and people's food and fluid intake was carefully monitored and recorded.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification.

People were cared for by staff who had received the training needed. We viewed the training records for all staff. These identified when staff had received training in specific areas and, when they were next due to receive an update. All staff received core training which included; first aid, infection control, fire safety, food

hygiene, equality and diversity, administration of medicines and safeguarding vulnerable adults. In addition, additional training was offered such as experiential learning in relation to dementia. This training aims to equip staff with an understanding of what it is like to have dementia.

Staff received the support required they needed to carry out their roles. Staff members told us they received regular supervision and records showed that supervisions were held regularly. Supervision meetings are one to one meetings that a staff member has with their supervisor.

The involvement of health and social care professionals was recorded and we saw staff working with various agencies to make sure people accessed health service when their needs had changed. For example, GPs, district nurse teams, mental health team, social workers and the chiropodist and information reflected the advice and guidance provided by external health and social care professionals.

Is the service caring?

Our findings

At our last inspection, this key area was rated as requires improvement. At this inspection, this service had made improvements.

People who used the service were complimentary and told us staff were caring. One person said, "The staff are very nice and very hardworking." A friend of a person living at the service said, "It's a home. That the difference. Every staff member knows everything about each person. You feel the people here are really cared for and treated well. Every consideration is given."

We saw people were treated in a kind, caring and respectful way. Staff were friendly, sensitive and discreet when providing care and support to people. They clearly knew people well and respected them. They were able to tell us about people's interests and individual preferences.

During the inspection, we saw staff delivering care in a compassionate and personal way. We observed a number of positive interactions and saw how these contributed towards people's wellbeing. For example, one person had recently suffered a bereavement and we observed staff at several times throughout the day, providing emotional support and being very caring towards this person, who benefited immensely from their support.

Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. For example, one person was cared for in bed, and did not often choose to verbally speak. The staff asked questions and this person communicated with them by blinking. We saw that staff knew people very well and people benefited from the close relationships staff had developed with them.

Lunchtime was used as a way of promoting conversation between the people who lived at the service, and we saw that they had developed good relationships with each other.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. Staff said they felt it important to help people to keep in touch with their families and friends. People who did not have any direct involvement from family members were supported to access advocacy services.

People accessed various parts of the service freely and unhindered. For example, one person told us that it was important to them to take regular exercise at various points throughout the day, and we observed this person regularly accessing and exercising in the garden.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person well.

People were treated with dignity and respect. Staff knocked on people's doors and sought permission

before they entered people's rooms. Staff told us what they did to make sure people's privacy and dignity was maintained. This included keeping people's doors closed whilst they received care, telling them what personal care they were providing and explaining what they were doing throughout. Staff carefully and sensitively sought people's views. This was achieved by observation of people's reactions and where possible discussion with keyworkers and regular care plan reviews which were clearly recorded.

People benefitted from being supported by staff that had an in-depth understanding of their individual needs and preferences. We observed staff working with people and saw that they were not anxious or uncomfortable with them. Staff interacted with people in a kind and caring manner and they took the time to listen to people.

We observed people being assisted to use the toilet when they needed to throughout the day and noted that people were clean and well dressed, with smear free glasses and hearing aids fitted. People told us they had their spiritual and cultural needs met, as a church service was held in the home every month. People's care records included an assessment of their needs in relation to equality and diversity and we saw the provider looked at ways to meet people's cultural and religious needs.

Is the service responsive?

Our findings

At our last inspection, this key area was rated requires improvement. This was because people were not always supported to access activities that were important to them. At this inspection, this service had made improvements.

The service provided to people was flexible and responded to their needs. One person said, "I have choice over going to bed. I ask them when I want to go and that is fine. We have a hairdresser and that's good." Another person said, "Do you know they do room service here? You can have breakfast in bed if you want. Sometimes I take them up on it."

Each person had detailed care plans in place that identified how their needs were to be met. These included information on their background, hobbies and interests and likes and dislikes. Care plans included detailed assessments, which took into account people's physical, mental, emotional and social needs. Care plans were reviewed on set dates or when people's needs had changed. Relevant health and social care professionals were involved where required.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure they were aware of any changes to people's care needs and to ensure a consistent approach. A hand over is a meeting where important information is shared between the staff during shift changeovers.

The service was not actively identifying the information and communication needs of people with a disability or sensory loss, and no one at the service had been trained in the accessible communication standards. We recommend that the registered manager undertakes accessible communication standards training and looks at ways in which the concept can be applied across the service.

Staff supported people in activities, such as quizzes, games and arts and crafts. Seasonal events were also celebrated. One person said, "Yesterday I had a sing along. It is lovely. It really is lovely." The registered manager told us that they had focussed on improving activity provision and would continue to do so. Since the last inspection, they had recruited a person to carry out activities with people and had made links with external organisations including a care home in the town of Billerica in America. The registered manager told us they were trying to build links with this service and wanted to set up a pen pal scheme. Trips out side of the service were offered to people and we saw that people went out to lunch clubs and visited the local town and garden centres.

Staff helped people to remember significant events and people's rooms were personalised, included things that were important to them and had photographs of family members and friends on display. Staff knew people's backgrounds and looked at ways they could assist those people with memory loss to maintain their independence as much as possible.

People told us they felt able to raise any concerns they had with the registered managers or staff. One person said, "I have no complaints, I am quite happy. The people are nice and I have not got a bad word to say about them." The service had not had any formal complaints in the months leading up to our inspection. Numerous compliments had been received, one recent compliment said, "Thank you for the love and care you have shown [Name]. We know they were safe with you."

Detailed information surrounding people's preferences at the end of their life was recorded and clear guidance was available for staff. Some care plans had information about decisions people had made on hospitalisation and where appropriate a DNACPR was in place. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse. Where one person had been supported at the end of their life, a compliment read, "[Name] was happy with you and everyone at The Belfry. You are all so very kind and have been so comforting at this sad time."

Is the service well-led?

Our findings

At our last inspection, this key area was rated requires improvement. This was because the quality assurance processes had not identified the areas that required improvement. At this inspection, this service had improved.

Without exception, everyone was positive about the registered manager and thought they managed the service well. Staff described them as being open, supportive, and approachable. A friend visiting a person at the service said, "[The Registered Manager] is really cooperative and they keep us well informed. We were concerned at the last inspection report, but they spent time with us talking through the findings and telling us what they were doing to put things right. They are really approachable."

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 registered manager understood when they needed to notify the commission of key events. These notifications inform CQC of events happening in the service.

Quality assurance systems were in place to identify areas for improvement and audits were completed by the registered manager, which looked at a number of key areas. The registered manager obtained people's feedback, via a survey and used this to look at ways the service could be improved. People, their visitors, staff, and visiting health professionals had been asked their feedback of using the service, and this had been positive. Meetings had been held with people to obtain their views over the changes they wanted to see made. For example, changes to the meals on offer.

The Belfry is a family run company. The Director of the company also acts as the registered manager. Since the last inspection, a senior member of staff was appointed to each shift. We found the person who was leading the shift at the time of the inspection to be experienced and knowledgeable.

Staff and resident meetings took place on a regular basis. Meetings took place at the end of every shift and were used to convey key information about what was going on for people that day. People were able to have visitors when they wished. Relatives told us they were always made welcome and were able to visit the service at any time.

The registered manager looked at way the service could be improved by discussing this regularly at staff meetings. For example, when an audit had identified that records had not been completed, this has been discussed at a team meeting to look at ways this area could be improved. The provider had made key links with organisations and looked at ways they would keep informed of best practice by working with the local authority to achieve this.