

Bellhouse Care Home Limited

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Inspection report

61 Wilshaw Road
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Huddersfield
West Yorkshire
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Tel: 01484850207

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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

About the service: Bell House is a residential care home that was providing personal and nursing care to 24 people aged 65 and over. At the time of the inspection there were 15 people living at the home.

People's experience of using this service:

At our last inspection we were concerned there were not enough staff to care for the needs of the people living there at the time. At this inspection we found there were enough staff and there was an improved system for assessing people's needs before they came to live at the home. This ensured the provider could meet those needs within the staff complement. The provider advised they would keep staffing levels under review as the number of people living there increased.

Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse. People's health care needs were well managed, and they received their medicines when they needed them.

Staff had been recruited safely to ensure they were appropriate to work with people at the home. We found the service was clean and tidy which helps to protect people from the risk of infection.

People were supported by staff who received appropriate training and support to carry out their roles and responsibilities. Staff felt supported by the management team.

People received adequate food and drink which supported a healthy and balanced diet. Some aspects of the dining experience could be improved through better deployment of staff. People's likes and dislikes were accommodated within menu planning. The provider ensured that people were referred to healthcare professionals as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were able to make choices and were involved in decisions about their care. Staff asked people for consent before providing care.

At our last inspection, we found care records lacked essential information to guide staff to care for people. We found improvements had been made and were ongoing. Care plans were person centred and reflected people's current needs and preferences.

People and their relatives gave mixed feedback about the range of activities which took place in the home. This ranged from concern about the lack of activities throughout the day, to people being content with what was on offer. By our second day of inspection, the nominated individual confirmed they had appointed an activities coordinator to develop this area of care.

A complaints procedure was displayed. People and relatives knew how to raise concerns and those we spoke with during our inspection were confident these would be dealt with appropriately.

The provider had introduced the post of deputy manager at the home. This role freed up the registered manager's time to undertake management tasks. The deputy manager supported staff to develop and had taken responsibility for the development of staff.

The provider and managers were committed to continuing to make improvements at the service to improve the lives of the people who lived there. There had been an improvement in audits which meant they were now identifying where improvements were required. The provider was seeking advice and guidance to ensure they provided a service which followed current best practice to ensure they met the regulations.

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

Rating at last inspection: Requires improvement (report published 24 August 2018)

Why we inspected: to check the service had made the improvements required following on from the last inspection 7 June 2018.

Follow up: We will continue to monitor the service to ensure that people received safe, high quality care.

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.

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Bell House Care Home Limited

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors carried out this inspection.

Service and service type: Bell House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before this inspection we reviewed the information we held about the service, such as any feedback we had received since the last inspection and information we had received from the provider. The provider had not been asked to complete a Provider Information Return since their last inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We received feedback on the service from the local safeguarding teams, fire service, infection control and commissioners.

During the inspection we spoke with five people living in the home and three relatives to gain their views on the care provided. We spoke with the registered manager, the provider, the deputy manager, the cook, a domestic and a member of care staff. We reviewed a range of records. These included three people's care

and medication records. We also looked at three staff files around staff recruitment, training and supervision. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Learning lessons when things go wrong;

- At our last inspection in June 2018, the service was not learning when things went wrong. At this inspection we saw there had been an improvement. For example, there had been a high number of falls previously, but over the last two months these had reduced to one each month. We asked the registered manager what they had done to effect such a dramatic improvement. They said, they had worked with staff to ensure they were deployed in the right places and for staff to be more vigilant and anticipate people's needs.
- The local authority and the clinical commissioning group had been in touch with the service to offer additional training and support. We observed a couple of "near misses" during our inspection and fed back to the registered manager the importance of ensuring people had suitable footwear as a preventative measure.

Assessing risk, safety monitoring and management;

- There had been an improvement in the assessment and management of risk. Systems were in place to identify and reduce risks to people and staff understood how to keep people safe.
- People's care records included risk assessments with guidance for staff on how to manage the risks.
- Technology and equipment was used appropriately and was under review to ensure as technology advanced, new products were considered.

Preventing and controlling infection;

- The home was clean and odour free. We spoke with one of the domestic staff during our inspection and we could see systems and processes were in place and cleanliness of the environment was well managed.
- We observed all staff did not follow the bare below elbow policy, and in addition we observed staff wearing rings, and with long nails. We raised this with the provider to stress the importance in terms of infection control and to ensure people's skin integrity was protected during personal care.

Systems and processes to safeguard people from the risk of abuse;

- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised.
- People told us they felt safe in the home. One said, "Yes, safe." A relative said, "I am happy [relative] is safe."

- Concerns and allegations were acted on to make sure people were protected from harm.

Staffing and recruitment;

- At our previous inspection we were concerned there were not always enough staff on duty to meet the needs of the people at the service, which at the time were complex. This had improved as the provider had implemented a better assessment process ensuring they could meet the needs of people before they came to live at Bell House.
- At this inspection we found there were enough staff on shift to meet people's current needs. The number of staff fluctuated depending on how many people the service supported. The registered manager used a dependency tool to calculate the number of staff required to meet peoples' needs and kept this under regular review.
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions

Using medicines safely;

- Medicines were obtained, stored, administered and disposed of safely by staff.
- The provider had a policy in place regarding the safe management of medicines. This provided guidance to staff to help ensure people received their medicines safely.
- Staff were trained in medicines management and their competency to administer medicines safely had been checked. We observed staff were patient and respectful when they supported people to take their medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- At our last inspection we found there had been an inadequate assessment of people's needs before they came to live at the home. This meant the home had not been able to meet their needs. There had been a significant improvement in this area with detailed assessments of people's needs before they moved into the home. The provider and registered manager discussed potential people to ensure the service had the resources and skills to meet individual requirements.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences. Care was managed and delivered within lawful guidance and standards.

Staff support: induction, training, skills and experience;

- People received effective care from staff who received the induction, training and support they required to meet their individual needs. Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed.

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

- At our last inspection we were concerned some people did not receive support to maintain a healthy diet. We found an improvement at this inspection. People's weight was monitored for any changes. Care records we reviewed showed people's weight remained stable.
- People told us they enjoyed the food. One person said, "The food is lovely." Another said, "I get enough for me."
- The provider had recently employed a new chef and they had arranged a meeting with both chefs to look at developing the menu and the catering side of the service. The kitchen had been inspected on the first day our inspection and achieved a food hygiene rating of five (the highest level).
- The lunchtime experience was very calm, with very little chatter. We observed people waited over half an hour at the table on both days before being served and people were presented with plated meals without an explanation of what they were given. On the second day, music wasn't put on until people had been sat for a long while which helped to keep people entertained whilst they waited.

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

- Staff worked with other organisations to deliver effective care and support to people.
- People had access to healthcare services and support when required. Care records we reviewed showed input from GP's, hospital staff, community nurses, podiatrist, optician and dentist.
- Handover meetings between shifts gave staff opportunities to discuss people's care and informed them of any changes. A communication book was used to record important information about people such as appointments, or other important information.

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

- The environment was designed and adapted to support people providing homely and comfortable accommodation. Dementia friendly signage had been purchased and was put up by our second day of inspection with the aim of making it easier for people to find their own bedrooms. The registered manager told us they intended to develop the environment to be more suitable for people living with dementia.
- There had been a recent change in the dining area to provide more seating areas for people to enjoy the view over the fields throughout the day.
- The home was decorated and furnished to a high standard and most areas had been refurbished. The driveway was not level and potholes had developed. The provider told us this was because of natural springs and they had completed some work to address this, but further work was required to resolve the issue.

Ensuring consent to care and treatment in line with law and guidance;

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found DoLS had been applied for appropriately and where conditions were applied we saw these had been acted upon.
- We heard and saw staff offered people choices and involved them in decision making; asking for consent before delivering any care or support.
- The registered manager completed mental capacity assessments, and these were recorded. These referenced specific decisions, but in some cases, were recorded on the same document. We discussed this with the manager who was aware they needed to show the benefits and burdens of each decision, which was difficult when the specific decisions were recorded together.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring and they felt well treated by staff. Comments included, "Staff are lovely. Very kind," "Girls are nice," "They [staff] are all lovely."
- Relatives we spoke with during our inspection were positive about the care provided. The service welcomed people's relatives and friends into the home to support people to maintain important relationships. One visiting relative told us they were always offered a hot drink and piece of cake when they visited. They said their relative had recently been supported to keep in touch with a relative living abroad through the internet.
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of characteristics that are protected by law to prevent discrimination.

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

- People were encouraged to express their views about their care and support and this was listened to and acted upon by the registered manager and staff. The new deputy manager was in the process of strengthening this approach and was ensuring at each review families were invited to provide invaluable information to support their relative.
- People who were able to, told us they were involved in making decisions about their care and this was reflected in the care records we reviewed.

Respecting and promoting people's privacy, dignity and independence;

- Staff were kind and caring and talked respectfully with people. We observed an occasion when staff talked amongst themselves about their home life rather than with people living there.
- Staff maintained people's privacy and dignity. The registered manager said they promoted this and they, "Observe staff. I feed back through supervision or if urgent it will be there and then, positive and constructive."
- People were supported by staff to maintain their independence. Care plans focussed on what people could do for themselves and how staff could support them to achieve this.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- At our last inspection we found care records were not accurate or reflective of people's needs. At this inspection we found care records had improved and reflected people's care needs and preferences. People's likes, dislikes and what was important to the person were recorded; staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- The provider had changed their pre-admission assessment to ensure they had all the information about the person before deciding whether they could meet their needs. They told us they always met people before they came to live at the home. This had improved their pre-admission process.
- The service was working towards complying with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider said, "We get library books in large prints. Hymn sheets in large print." The provider was aware that all information needed to be accessible for people with a range of communication needs.
- Care records were reviewed regularly or if people's needs changed. The deputy manager was responsible for organising reviews and we could see they involved families in the process. Plans were in place to ensure all records were updated to the home's new standard of care records.
- At our last inspection we found there was a lack of activities at the service. During this inspection we observed there were periods where there was a lack of social stimulation and little in terms of activities were taking place, particularly on the first day. On the second day people were playing dominoes and there was a clothes party in the afternoon.
- Some people we spoke with were happy with the level of activities, but other people wanted more. Relatives had fed back in the survey in relation to the lack of activities. The provider was in the process of employing a new activities coordinator and had offered the position by the second day of inspection. The registered manager told us they encouraged people to help with household tasks. They said, "We get people to help if able, folding towels, facecloths setting tables. [Name] totally lacks capacity but is always on the go looking for things to do so I usually give them a cloth or duster and set them off in the dining room. You know when they are in the mood to do as they start fiddling."

Improving care quality in response to complaints or concerns;

- The provider had a complaints procedure which was displayed around the home. People and their relatives were aware of the procedure.
- The registered manager kept a complaints log which evidenced the action they had taken to address any concerns they received. They had identified poor communication was a theme and they were addressing these issues.

- We were aware of a complaint prior to the inspection which we discussed with the provider to ensure they used this information to improve their service.

End of life care and support;

- The service supported people at the end of their life and there was one person in receipt of this care. Community nursing staff supported people who had reached end of life and anticipatory medicines were in place to ensure people had a comfortable, pain free death.
- Those care records which were recent and updated showed discussions had been held about people's end of life preferences and involved relatives. The registered manager told us end of life preferences would be looked at when people's needs were reviewed by the deputy manager to ensure continuing discussions with people and their relatives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- At our previous inspection we found the service had not been well-led. At this inspection we found there had been an improvement in this area. The provider had employed a deputy manager to support the registered manager to drive the required improvements. Roles were more clearly defined between the provider, the registered manager and the deputy manager, each having responsibility for an area of care.
- The culture in the home had improved and staff told us the registered manager was approachable and supportive. The management team told us they were trying to embed the change in culture at the home, and this involved working with staff to change their practice through observation, training and development.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- Following on from our last inspection the provider sought advice from a consultant to improve their service. They also changed their business support provider to make improvements in their audits, policy, procedures and health and safety. We found improvements had been made to ensure the service promoted high quality care and support. The provider recognised they had to sustain improvements. They were candid about areas requiring proactive leadership and management and were seeking assistance from outside agencies to ensure they were meeting the regulations.
- Regular audits were undertaken to measure their service and implement improvements.

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

- Meetings were held with relatives and people living at the service to discuss what people wanted from the service and these were responded to.
- The provider had established quality assurances processes to obtain stakeholder feedback about the service. Questionnaires had been sent out and they were in the process of collating the responses. Stakeholder feedback is a vital part of driving improvements to the quality and safety of services.
- All staff told us communication was good and told us about measures which had been put in place to achieve improvements. This included kitchen staff reading the communication book at each shift to see if any changes to people's need had taken place, which they needed to be aware of.

Continuous learning and improving care;

- The management team was committed to finding ways to improve the service for people and understood their legal requirements. They were open to change and keen to listen to other professionals and seek advice when necessary.
- The management team recognised the importance of training to ensure staff developed their knowledge and skills and sought out specialist training when required.
- Improvements had been made to the signing in records, which had been an issue at our last inspection. We could see people had signed in and out of the home, to provide a clear and contemporaneous record of who was in the building.

Working in partnership with others;

- We saw the provider had worked in partnership with the clinical commissioning group, the local authority commissioning team and their training department to drive up the quality of their service.
- The registered manager and the provider had been proactive in seeking advice from other providers in the area, recognising this as an opportunity to learn and develop their own service.