

Malhotra Care Homes (Sunderland) Limited

Belle Vue House

Inspection report

1-3 Mowbray Close
Sunderland
Tyne And Wear
SR2 8JA






Tel: 01915673681

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Ratings

Overall rating for this service	Outstanding 
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Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Belle Vue House is a residential care home providing personal care to 27 people aged 65 and over at the time of the inspection.

People's experience of using this service and what we found

People received highly personalised care from exceptionally kind and considerate staff. The registered manager and staff were committed to providing high-quality, person-centred care. Relatives and professionals held the service in high regard. They praised the registered manager and staff team for their care and commitment to people. One relative commented, "The staff are all very caring and really go above and beyond the call of duty to ensure that residents are happy and cared for well."

The registered manager showed strong and effective leadership. They were extremely proactive in developing the service for the benefit of people living at Belle Vue House. Professionals praised the service for its excellent joint working and inclusivity. Quality assurance was robust and used to ensure the quality of care was high and the service continually improved.

The registered manager and staff regularly exceeded expectations to ensure people's needs and preferences were met. People could participate in a varied programme of meaningful activities, including regular opportunities to access the local community. People received especially compassionate end of life care.

People confirmed they felt safe at Belle Vue House. Staff knew how to report safeguarding and whistle blowing concerns and felt confident to do so. The provider deployed enough staff to meet people's individual needs. New staff were recruited safely. The registered manager monitored incidents and accidents to help keep people safe. People received their medicines safely. Staff completed various risk assessments and health and safety checks to enhance people's safety.

Staff were very well supported and accessed a varied training programme. Staff supported people to have enough to eat and drink. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection

The last rating for this service was good (published 13 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Belle Vue House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Belle Vue House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided.

We spoke with eight members of staff including the provider's Chief Executive Officer (CEO), the Head of Compliance, the registered manager, senior care workers, care workers and the activity co-ordinator. We also spoke with three visiting health professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

The provider sent us additional information to support our judgements about the service. We contacted five health and social care professionals who had knowledge of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help keep people safe from abuse. Previous safeguarding matters had been referred to the local authority and fully investigated.
- Staff knew how to report safeguarding and whistle blowing concerns. They confirmed they were confident to do so, if needed.
- People, relatives and staff told us they felt the service was safe. One person commented, "I was at home till I came to live here in the Spring last year. I feel more safe now because I get looked after and they are canny [nice] really."

Assessing risk, safety monitoring and management

- The provider assessed and managed risks effectively. Staff carried out various health and safety checks and risk assessments to help keep people safe.
- There were up-to-date procedures for dealing with emergency situations. This included personal emergency evacuation plans to guide staff about people's support needs in an emergency.

Staffing and recruitment

- The provider ensured enough staff were available to provide personalised care.
- People and relatives confirmed staffing levels were good. One person said, "The staff have always been there for me in three years and I've had no problems, so they don't need any more [staff]."
- New staff were recruited safely.

Using medicines safely

- The provider managed medicines safely. Staff maintained accurate records to show which medicines they had given to people. One relative commented, "My [family member] is on tablets. I've watched them [staff] give [family member] their tablets and they do make sure they are taken."
- The registered manager and senior staff checked people received the correct medicines, any issues were identified and resolved quickly.

Preventing and controlling infection

- The provider took appropriate action to prevent and control infection. Staff completed infection control training and followed the provider's policies and procedures.
- The building was clean, well decorated and well maintained. One person told us, "It's always clean and tidy all of the time."

Learning lessons when things go wrong

- The registered manager investigated and analysed incidents and accidents. This helped ensure trends were identified and improvements made to people's care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs were fully assessed to identify their care needs. This included considering cultural, religious or social preferences people might have.

Staff support: induction, training, skills and experience

- Staff received very good support and accessed a varied training programme. One staff member said, "I feel really supported. I can talk to the registered manager about anything."
- Supervisions, appraisals and training were up-to-date.

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

- Staff supported people to ensure they had enough to eat and drink.
- People were involved in deciding how meals were provided in the home to ensure their preferences were met.
- People gave positive feedback about the meals provided. One person said, "I've just had my dinner and it was good. As I told you a few minutes ago, you just can't complain about the food."
- Meals were adapted to meet people's dietary and health needs.

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

- People's care records summarised important information, to be shared with professionals when they accessed other services.
- Staff were proactive in identifying early warning signs of people becoming unwell. This enabled staff to refer them to the appropriate health professional quickly.

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

- The home was suitable to meet the needs of people living there. The provider had adapted the home to make it accessible for people who used a wheelchair.
- The provider had invested in making the home suitable for people living with dementia, such as good signage to help people orientate around the home and themed areas.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider followed the requirements of the MCA. DoLS authorisations had been approved for people unable to consent to their stay.
- Staff understood how to support people, who lacked capacity, to make choices and decisions about their care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were highly motivated and committed to ensure people received the best possible care. They were especially caring and showed great empathy towards people. People commented, "I'm very happy here, for the rest of my life I hope because the carers look after me very well."
- Relatives' and professionals' comments reflected this. They told us, "It's all of these things, homely, friendly and so different to all the places we visited. It's absolutely lovely with plenty going on. It was full but when it became available, we jumped at the chance to put [family member] in here" and "I am in and around the home frequently. I have only ever observed kindness, care and compassion from the staff towards residents, families and friends."
- Staff had excellent relationships with people and relatives. They were especially good at interpreting people's body language and mood changes to help keep them calm and relaxed. One person commented, "They [staff] talk to me all the time asking if I'm alright, which is fine by me."
- Staff had cared for people for many years and had an in-depth understanding of their needs. This enabled them to support people effectively to achieve their outcomes and improve their wellbeing.
- Staff had tirelessly motivated one person to maintain an exercise regime. This helped them regain lost skills, independence and self-esteem. A family member commented the outcome might not have been as positive "without the superb level of care" from "carers who always go the extra mile to ensure comfort and dignity".
- The registered manager and staff team had developed a highly person-centred culture throughout the service, where staff regularly went the extra mile for people. A professional said, "The care provided far exceeds what one might ordinarily expect to see in this type of business, this is due to the stable leadership of the business and long-term retention of care staff."

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

- People's and relatives' views were central to how care was provided. Staff ensured people were involved in decisions as much as possible. One person said, "I talk to the staff just about every day, as they do take an interest in me and in what I've got to say."
- The home had a residents' champion, who was a current resident at the home. Their role was to represent the views of all people. They told us about how this had a positive impact on their wellbeing and self-esteem.
- Staff went above and beyond to fulfil people's choices and wishes, such as enabling staff to support one person to go swimming. The registered manager advocated on behalf of the person to fulfil the person's wishes to go swimming, while maintaining their safety.

- Staff were proactive in initiating access to independent advocates for people with no family contact. The home worked jointly with advocates.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with the utmost respect and supported them to be independent. One person commented, "I can still do things on my own because I like to be as independent as I can, the girls are respectful."
- Staff invested time to understand the cause of one person's anxiety on admission to Belle Vue House. They established they had a beloved pet at home which they missed. The registered manager arranged for the pet to be brought to the home, where the person looked after it with staff support.
- Staff were committed to ensuring one person, with complex needs, received compassionate care so they could remain at Belle Vue House. They had developed a trusting relationship with staff and responded positively to the staff team. A visiting health professional praised staff for their care and commitment, which had allowed the person to remain in the place she knew and trusted.
- Relatives and other visitors were welcome to visit the home at any time. They described the home as welcoming and friendly. Relatives commented, "There is always a buzz about the place and it's not just one particular day because it's like this all of the time" and "Everyone gets on really well. The staff are friendly and you are always made welcome."
- The provider proactively promoted inclusion and equality, such as actively participating in the local church. This helped ensure people's equality and diversity needs were met and the home was inclusive.
- People and staff had jointly developed a 'Dignitree', to promote and share personal beliefs and cultural backgrounds.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support was planned and developed with people and relatives at the heart. Support plans identified clear outcomes and goals for people to work towards. Care plans contained highly personalised information about people's life history to enable care to be tailored to their specific needs.
- Staff were highly responsive and regularly exceeded expectations to ensure people's outcomes and goals were met. The registered manager implemented restaurant evenings as a creative way of enabling people and families to have quality time together. This was a massive success and made a big difference to people and their families. One person commented, "It was a lovely, very special brilliant evening. Staff are so kind to do this for us."
- A person was admitted to Belle Vue House from hospital with very complex needs. Staff worked tirelessly with professionals to achieve the person's goal of returning to live with relatives. This was made possible due to staff members' dedication, hard work and high-quality care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had a dynamic and creative activities programme, specifically tailored to people's individual preferences and needs. The provider commented, "All staff at the home go above and beyond expectations in making activities varied, according to residents' individual wishes, accessible and enjoyable."
- In order to meet one person's wishes to maintain their quality of life, the provider set up a sweet shop for them to work in. They devised a rota so the person felt like they were still in employment. This has had a positive impact on the person's mental wellbeing.
- The provider had developed excellent links with the local community to enable people to fulfil their wishes. The registered manager and staff held regular events involving families and the community.
- Activities included intergenerational yoga, where people gained great pleasure and enhanced wellbeing from spending time with mothers and babies. People commented about how much they loved the community spirit they gained from the activity. One person commented that participating in the activity helped rekindle a family relationship.

End of life care and support

- People received excellent end of life care and support. The registered manager and staff team went above and beyond to provide care at this difficult time in people's lives.
- On one occasion, the registered manager rushed to the hospital to reassure a person who did not have support from family and friends. They stayed as long as needed to ensure the person had a familiar face

beside them. Staff stayed with other people after the end of their shift to provide consistent care.

- Visiting health professionals described the care provided as exceptional and setting an example to others. The provider was supporting staff to complete advanced end of life care training to help ensure people received the highest quality care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had followed the AIS and adapted information to meet people's communication needs.
- Staff used various communication strategies tailored to people's specific needs. Staff supported one person to communicate with a relative living abroad. The registered manager organised for correspondence to be available in large print. They also arranged for the person to have computer access and support from staff to type responses to help maintain this family relationship.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to complaints which was accessible to people and relatives.
- There had been no complaints made in the past 12 months.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's vision and values placed people at the heart of the service. One professional commented, "The manager is very visible within the home and has a very proactive approach to the residents. She has regular meetings with families and promotes a very inclusive home."
- Staff were highly motivated and enthusiastic to provide people with the best possible care. One person said, "The staff are very, very good to us all and I can't fault them because they are always smiling and friendly with everyone."
- The registered manager and staff team were focussed on providing a high-quality service. They were involved in many initiatives aimed at improving the service for the benefit of people, such as the nutrition group, restaurant evenings and a community group.
- People, relatives and professionals gave excellent feedback about the registered manager's support and leadership. One relative said, "I know that the manager is called [name], who I find is approachable and the door is always open. I have spoken to her quite a few times and the other day she came out and sat with me and my mam in the lounge."
- Visiting health professionals echoed this view. A professional told us, "[Registered manager] has an open-door policy and welcomes any feedback to improve the service. The manager is totally committed to improving and enhancing the service provided to the residents."

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

- There were especially high levels of engagement from people and relatives, with a focus on inclusivity and participation. Residents' meetings were very well attended and the provider was proactive in considering and implementing people's suggestions for change.
- People were involved in a nutrition group which had influenced the provision of meals in the home. People also actively participated in the recruitment of new staff.
- The home had a resident ambassador elected to promote the views and wishes of residents. They told us this had helped to boost their self-esteem. They commented, "I go to the meetings now because I've just been elected onto a committee as a residents' representative."
- Relatives and professionals held the service in high regard and described it in these terms.
- The registered manager and staff team had developed very strong links with the local community. This meant people were supported to access the community to develop and maintain links with family and friends.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager used learning from various sources including consultation, incidents and feedback to ensure the service continually improved. Following reflective discussions relating to one person's care, the provider invested in more sophisticated technology to help with monitoring people's safety more effectively.
- An overarching action plan drove forward improvement and clearly evidenced the provider's homes desire to continually improve.
- The provider valued the feedback from health professionals and acted proactively to implement recommendations. One professional commented, "[Registered manager] has an open-door policy and welcomes any feedback to improve the service. The manager is totally committed to improving and enhancing the service provided to the residents."
- The provider had a robust and structured governance framework which was fully embedded into the service and focused on continuous improvement. This included spending time with people in social situations to gather their views in a relaxed and informal way.
- The registered manager was proactive in submitting the required notifications following significant events at the service, such as for incidents and accidents.

Working in partnership with others

- The provider had developed excellent working relationships with external services, other care homes and professionals. This helped ensure people experienced the best possible outcomes.
- The home had close links with Sunderland College and offered regular work experience placements to health and social care students. The home received very positive feedback about the 'impressive' opportunities available to students and that students requested to work at Belle Vue House.
- The registered manager was instrumental in developing and promoting a care homes community group. This involved the local community and people from seven other care homes meeting once a month, to share social activities and promote good practice. Local health professionals had recognised this as an example of innovation and good practice. The registered manager had also spoken at various strategic groups to share this good practice across the city.
- Health professionals praised staff throughout the home for their inclusivity and commitment to sharing relevant information.