Counticare Limited

Belmont

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?	**Requires improvement**

Overall summary

This inspection took place on 16 December 2015 and was unannounced. The previous inspection was carried out in September 2014 and there were no concerns identified.

Belmont is registered to provide accommodation and personal care for up to six people who have a learning disability. At the time of the inspection four people were living at the service, each having their own bedroom, one with an ensuite wet room. People had access to a communal lounge, dining room, kitchen, conservatory, laundry room and shared bathrooms. There is a well maintained garden and outside area. There is off street parking within the grounds and access to public transport.

The service does not have a registered manager. The provider had recently appointed a manager, who intends to apply to register with the Care Quality Commission and was present during the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff recruitment procedures were safe and made sure that the staff employed to support people were fit to do so. There were sufficient staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. When staff had completed induction training they had gone on to complete other basic training provided by the company. There was also training for staff in areas that were specific to the needs of people, like epilepsy and autism. Staff were supported to carry out their duties effectively and were offered further support through one to one supervision, team meetings and appraisals.

People had in depth personalised care plans, risk assessments and guidance in place to help staff to support them in an individual way. Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. People were supported to pursue individual interests and hobbies. Staff spoke about people in a respectful way which demonstrated they cared about the people's welfare. People interacted positively with staff, smiling and being involved in conversations.

People were supported to make their own decisions and choices and these were respected by staff, who gained consent from people by talking through their care and support needs with them. People's care files made reference to capacity for different decisions. Staff were aware of the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

People had family that were important to them and contact was supported by staff. People felt safe in the service and when out with staff. The service had safeguarding procedures in place and staff had received training in these. People received care and support from a small team of staff and the registered manager worked on rota alongside staff at times. People were happy with the service they received and felt staff were kind.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. Safety checks were completed and there were regular fire drills so people knew how to leave the building safely.

People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. People were supported tomake their own drinks and cook when they wanted to. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

People felt staff were caring, they said they were kind. Staff knew people and their support needs well. Established members of staff had built up relationships with people and were familiar with their life stories and preferences. People's individual religious needs were met.

People felt comfortable in complaining, but did not have any concerns. People and their relatives had opportunities to provide feedback about the service both informally and formally.

In the absence of a registered manager, the service has been managed by senior support staff with a registered manager from another of the provider's services and locality manager offering support and guidance. Staff told us they felt well supported during this period but were happy to be returning to their usual duties now that a manager had been appointed.

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.

There were robust systems in place for recruiting suitable staff.

Medicines were stored and administered safely.

There was sufficient staff on duty to meet people's needs. Staff knew how to respond to safeguarding concerns appropriately.

Good

Is the service effective?
The service was effective.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff followed the Mental Capacity Act 2005. People were supported to make decisions and staff offered people choices in all areas of their life.

People had adequate food and drink and were involved in planning and preparing meals.

People's health was monitored and appropriate referrals made to health professionals.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff and communicated happily.

Staff supported people to maintain contact with their family.

Good

Is the service responsive?
The service wasresponsive.

People received personalised care and their care plans reflected their preferred routines.

People were offered activities and educational experiences to suit their own preferences. People enjoyed trips out into the community.

The service sought feedback from people about the service. People did not have any concerns.

Good

Summary of findings

Is the service well-led?

The service was not always well-led.

The service did not have a registered manager, but had recently appointed a new manager who intended to apply to register with the Care Quality Commission.

Staff meetings had been infrequent whilst a registered manager had not been in post.

Audits and checks were in place to ensure the service ran effectively.

Records were accurate and up to date and were stored securely.

Requires improvement

Belmont

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 was planned to check 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 16 December 2015 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. The provider was also asked to send us some further information after the inspection, which they did in a timely manner.

During the inspection visit, we reviewed a variety of documents. These included two care plans, two health action plans, staffing rotas, three staff recruitment files, medicine administration records, activities records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with three people who used the service, we also observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We spoke with the manager, support manager and two staff.

After the inspection we spoke with two social care professionals who had had recent contact with the service.In addition we spoke with two relatives and received feedback about the service.

Good

Is the service safe?

Our findings

People were able to express their views and told us they felt safe with the staff supporting them. They told us that they were treated well and they knew who they could talk to if they were concerned about their care. One person said, "The staff are nice, I feel safe living here."

Safe recruitment practices were in place. Checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check, checking employment histories and considering applicant's health to help ensure they were safe to work at the service. These records were held centrally by the provider and emailed to the manager on request.

There were sufficient numbers of staff on duty to meet the needs of people. During the inspection there were two support workers and the manager on duty. Staffing was planned around people's hobbies, activities and appointments so the staffing levels were adjusted depending on what people were doing. Staffing levels varied between two or three members of staff during the day, and one wake night and one person sleeping at the service overnight. The manager was available at the service five days a week offering additional support when required. We saw an on call rota on display in the office; the manager told us that this worked in conjunction with other local managers from within the organisation to ensure that there was always a manager available for the service to contact.

People told us that there were enough staff to meet their needs. When we arrived at the service one person was attending a local day service and three other people had gone bowling and out for lunch with two staff. At the time of the inspection there were no staff vacancies and 12 staff were employed at the service. Existing staff or staff from the provider's staff bank were used to fill any gaps in the rota.

There was a safeguarding policy in place, staff were aware of how to protect people and the

action to take if they suspected abuse. Staff were able to describe the signs of abuse and what they would do if they had any concerns, such as contacting the local authority safeguarding team. The induction for new staff included safeguarding adults from harm and abuse and staff received annual training on this topic. Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the covering or locality manager, and in the future by the new manager, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. There was a poster on the office wall with details of how to 'blow the whistle'.

Staff had up to date information to meet people's needs and to reduce risks. Potential risks to people, in their everyday lives, had been identified, such as risks relating to accessing the community, their health and the management of behaviour where people may harm themselves or others. Each risk had been assessed in relation to the impact that it had on each person. Measures were in place to reduce risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm.

People and their relatives told us that people received their medicines when they should and felt staff handled their medicines safely. Some people were supported by staff to take their medicines and some people required that staff managed their medicines for them. Each person had a risk assessment on file to show that this had been assessed. Senior staff told us that two staff always checked the medicines when they arrived into the service and these checks were recorded on the MAR chart. All medicines were stored securely for the protection of people. Individual medicine cabinets were in place in people's bedrooms to enhance their privacy when taking their medicines. Daily stock checks were undertaken on medicines stored in the individual cabinets. The records were clear and up to date and had no gaps, showing all medicines administered had been signed for. Medicine audits were carried out by a senior support worker, we saw clear records of the checks that had taken place.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person, in their care plan and within the medicine files, who needed 'when required' medicines. The service did not stock homely remedies, but had a clear procedure in place for staff to follow. Homely remedies are medicines available to purchase over the counter from a chemist.The supplying pharmacy had completed an audit

Good

Is the service safe?

of medicines in February 2015 and recommendations from this had been actioned. There was a clear medication administration procedure in place and staff had received training in medicine administration, which was refreshed every year. All staff underwent initial written and competency tests, which were then checked every six months.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by a senior support worker to see if any action was required and reported to the locality manager if required. The manager told us they would be taking over the responsibility of reviewing these. These checks enabled people to live in a safe and suitably maintained environment. People told us they were happy with their rooms and everything was in working order. The service had recently benefited from repairs and paintwork to window frames around the building.

People had detailed personal emergency evacuation plans (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Accidents and incidents involving people were recorded and the senior support worker reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. Reports were then sent to senior management who monitored these for patterns and trends, and took appropriate action where necessary.

Good

Is the service effective?

Our findings

People told us the staff looked after them well. Relatives said that staff had the skills and knowledge to give their relatives the care and support that they needed. People told us they were "Happy" and "It's good here." All of the people at the service had been there for many years. They said they were very happy living at Belmont. One person said, "Everything is good here."

Social care professionals felt staff had a good understanding and knowledge of people and their care and support needs. One said, "They provide a good level of support". Staff were trained to support people with their individual needs. New staff were taken through a four day induction programme to prepare them for working with people. Staff told us that new staff shadowed an experienced staff member until they were competent to complete their role on their own. Induction records that we looked at were signed off by the previous registered manager to show staff were competent to work on their own.

One member of staff told us, "I had an induction when I joined the company and another induction when I became a senior staff member". Essential training was provided and each member of staff had an e-learning account that the manager was able to check to see if staff had completed their essential training. The manager also received a computer generated report and had a training planner, which showed if staff were required to complete an update. Staff were given the opportunity to request further specific training. One staff member said, "If I needed more training I can ask for it". Training included numerous mandatory and additional training, such as Autism awareness and training relating to specific health conditions, such as epilepsy. Staff had completed mandatory training and most had completed additional training or were waiting for courses to be provided by the organisation. Six of the 12 staff members had a qualification in Health and Social Care and six were in progress. Staff told us they felt supported by the supporting registered manager and the locality manager.

Most staff had individual supervision meetings and annual appraisals. The senior support staff had been supervising support staff in the absence of a registered manager. The senior support staff had not received regular supervisions or an appraisal whilst there was not a manager. This has been identified as an area for improvement by the new manager and we saw that one to one supervisions and appraisal meetings had been booked.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with staff and the manager. They demonstrated an understanding of the process that must be followed if people were deemed to lack capacity to make their own decisions. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. There were no imposed restrictions and so no DoLS applications were needed. Consent was gained from people by staff talking through their care and support needs with them. Throughout people's care files there were references to their capacity for different decisions and activities, and examples of how each person gave consent. People said they were offered choices, such as where to go out and what to eat or drink.

People were involved in planning the menus, buying food and preparing meals. Staff had created a collection of laminated pictures of different foods and meals that enabled all people to participate in weekly meetings to decide the menu. Records showed us that all people were involved in menu planning and that menus were nutritious and varied. Records detailed the choices made by people and how they had made their choices, how people had chosen, such as by using picture cards or telling staff what they wanted, the level of their participation and other comments such as 'refused to pick any veg'. Meal times were a social occasion when everyone ate together in the dining room. People told us they go to the supermarket with staff to do the food shopping and when they wanted to, they helped staff to do the cooking. On the day of the inspection some people had been to the supermarket with staff to buy supplies for the service's Christmas party, which was taking place that weekend.

Staff were knowledgeable about people's specialist dietary health needs and supported people to maintain a healthy diet. Staff told us that they followed specialist guidelines from a Speech and Language Therapist and were able to describe the guidelines, how to implement them and why they were necessary. People had access to food and drink

Good

Is the service effective?

when they wanted it. Throughout the inspection people were offered regular drinks by staff and were supported to make drinks themselves. Staff demonstrated they understood people's likes and dislikes well. If staff were concerned about people's appetites or changes in eating habits, they sought advice from health care professionals.

Personalised health care plans were in place, they contained in depth information to help staff support people to maintain good health. Records documented people's health care needs, how they should be met and monitoring sheets for recording seizures or illnesses for example. Records were personalised to the individual, for example, one person's assessment detaled their specific eating and drinking needs, how they should be supported, by whom and the associated risks.

People had access to appointments and check-ups with dentists, doctors, hospital, nurses, physiotherapists, dieticians and opticians, in each health action plan there were contact details for every health professional involved in people's lives. People were registered with their own GP and were supported to attend appointments when necessary. Records were kept detailing the reason for, and outcome of each appointment people were supported to attend. One person's health care records noted that they did not like to attend hospital appointments and wherever possible they staff should try to arrange them at the service to make the person more comfortable. Hospital passports were available in health care records, these contained pictures and personalised information to enable people to be supported in a hospital environment. They also referred to the need for Best Interest decision meetings to be held if a big decision needed to be made.

Good

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People told us staff were kind and caring. During the inspection staff took the time to listen and interact with people so that they received the individual support they needed. People were relaxed in the company of the staff, smiling and communicated happily using verbal communication, noises and gestures. Different approaches were used to suit people's personalities. In a recent quality assurance survey people said they were 'mostly' or 'always' happy with the staff that supported them and were 'always' treated with respect. People also said they felt staff 'always' listened to them when they needed to discuss something. One person said "The staff are nice".

Relatives were complimentary about the staff. Comments included "They are very caring". "They are attentive". "(Family member) interacts with the staff very well". "They are excellent, friendly and caring". A social care professional told us the staff always appeared caring towards people.

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. People were able to choose where they spent their time. During the inspection people accessed the house as they chose. Staff told us people were involved in some household chores and preparing food, making drinks or getting their breakfast. There were several areas where people were able to spend time, such as the garden, the lounge, dining room, kitchen or their own room some of which had some sensory equipment. Rooms were decorated to people's choice. Bedrooms were individual and reflected people's hobbies and interests.

People's care plans contained detailed information about their life histories, staff had used this information to create personalised records for each person. This information varied in detail depending on if people had family and what information families had shared. Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. During the inspection staff talked about people in a caring and meaningful way.

People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. One person told us "I can see my family when I want to". Relatives said they were always made welcome when they visited or called the service. People's religious needs were met, care files recorded that people did not wish to practice religion, but would be supported by staff if this changed in the future.

During the inspection staff talked about and treated people in a respectful manner. People's preferred names were recorded in their care plan and we heard staff using these during the inspection. Staff asked people whether they wanted their bedroom door open or closed for privacy.

Social care professionals told us that people were treated with dignity and respect. Care records were individual for each person to ensure confidentiality and held securely. Care plans promoted people's privacy and dignity. For example, during personal care routines people were left in private in the toilet or in the bath if they wanted to be. Relatives told us that people's privacy and dignity was always respected. One said, "X likes to spend time in their bedroom and they respect this". People were at ease with staff and, whilst staff were preparing dinner they had a conversation about looking forward to upcoming Christmas party at the service.

The service had received several compliments in the past year. One relative commented "Vast improvements have been made to the quality of life of my relative". A visiting professional commented on the friendliness of the staff when visiting the service and another relative commented that "The parties are great!"

Good

Is the service responsive?

Our findings

People received support that was responsive to their individual needs and were happy with the care and support they received. One person said, “The staff are nice, we choose what we want to do”. Another person told us “We’re having a Christmas party on Saturday, my family are coming”.

People were supported to attend a range of activities and staff supported people to undertake a choice of leisure activities within the service and in the community. During our inspection people left the service to do different activities. One person went to a day centre, and three people went out bowling, shopping and for lunch. On other days people told us they liked to go swimming, shopping, out for walks or bike rides, trips to a local Sunday market, and out to lunch. Within the service people liked to take part in activities such as music time, reflexology, arts and crafts or movie nights. In the office there was a fortnightly timetable of activities, which highlighted regular planned activities and one off events such as parties or discos. People went out in the service mini bus with staff. Staff told us they sometimes linked up with other services for activities, this helped people develop and maintain social interaction and relationships outside of the service. Daily records detailed trips to a local animal centre, swimming walks, firework displays and seaside resorts. One staff member told us, “We ask people what they want to do and work around that”.

Staff were able to demonstrate a good understanding of the people they supported. One staff member told us “I follow the care plans and guidance to help support people”. Within people's plans were my life story/life histories, consent to administer medicines/ self-medication assessment form, guidance on communication and personal risk assessments. In addition there was “How to support me” describing how the staff should support the person with various needs, and there was planning for the future. Care plans gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained details of people’s preferred morning and evening routines, such as an in-depth step by step guide to supporting the person with their personal care in a personalised way. This included what they could do for themselves, however small and what support they required from staff, for example, “With encouragement I will wash my own face” and “I need support to help me live my life to the best of my ability, but I do not want people to do things for me that I am capable of doing myself”.

Care plans contained information about people's wishes and preferences and detailed guidance on people’s likes and dislikes around food, drinks, activities and situations. Pictures and photographs had also been used to make them more meaningful. Health action plans were also in place, with in depth detail of people’s health care needs and involvement of any health care professionals. Care plans and risk assessments had been signed by people, where they were able to, and were reviewed monthly to ensure they remained up to date. Care records reflected the care provided to people during the inspection. Each year, people were involved in a review meeting to discuss their care and support. They invited care managers, family and staff.

Staff handovers, communication books and team meetings were used to update staff regularly on people’s changing needs. Staff told us, “We have a handover at the start and end of a shift so we can pass on information about what has happened, how people are feeling and other important information. We also record things in the communication book and on people’s daily logs”.

Information, in an accessible format, was available to people on how to make a complaint if they were unhappy or concerned. Staff told us they would talk to the manager if they had any concerns or issues, and would support people to complain if they wished to. Relatives said they were confident that any complaints they raised would be listened to and acted upon. No complaints had been made or recorded since our last inspection. One person told us “If I wasn’t happy with something I would tell a member of staff”. The manager told us they had been working to get to know people and staff and was available if people wanted to speak with them. They said that they would take any concerns or complaints seriously and would use them to learn from, and improve the service.

There were weekly house meetings and minutes from these were recorded. People had the opportunity for one to one talk time sessions with staff. These times were used for people to talk to staff about anything that might be concerning them and for staff to share important information. For example, there were records of conversations staff had had with people to tell them about

Good

Is the service responsive?

the new manager starting, or when a staff member was leaving. Staff also recorded people's reactions to important news. People and relative had opportunities to provide feedback about the service provided. Questionnaires to give feedback and suggestions about the service had been completed, those held on files in the office were positive.

Requires improvement

Is the service well-led?

Our findings

The service did not have a registered manager, although a newly appointed manager had started to work at the service the week before our inspection. They told us that they will be completing an application with the Care Quality Commission to be registered. The new manager was being supported through their induction by an established registered manager from another service, the area locality manager was also in close contact offering their support. The manager told us that the company would be supporting them to study for an appropriate care qualification suited to their new role. Senior staff that had been running the service on a day to day basis in the absence of a registered manager told us that they had felt well supported and valued during this period, but were happy to have a manager in post.

Staff told us if they did have any concerns the supporting registered manager and locality manager had acted quickly and effectively to deal with any issues. Staff said that the staff team worked well together, and during the absence of a registered manager in post, they felt this had shone through. Senior staff demonstrated a good knowledge of people's needs.

The manager told us that they would be taking over responsibility for auditing aspects of care, which had been the responsibility of senior support workers. Staff had delegated responsibility for health and safety and completing daily allocated jobs. Audits were completed daily, weekly and monthly in areas such as medicines, care plans, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Fridge and freezer temperatures were taken and recorded on a daily basis. The locality manager visited monthly to check that all audits had been carried out. They completed an improvement plan which set out any shortfalls that they had identified on their visit. This plan was reviewed at each visit to ensure that appropriate action had been taken. The companies finance department visited twice a year. They also produced a written report and we saw that all actions that they had suggested had been implemented in the home.

The manager demonstrated that they planned to take a proactive approach to working as an inclusive team within the service, supporting the staff team and building morale. People were able to talk to the manager freely throughout our visit, and the manager told us she was getting to know people in order to have a good rapport.

Systems were in place for quality checks, questionnaires and surveys had been completed by people and were stored with their care plans, the feedback was positive. Quality assurance surveys from relatives contained positive feedback.

There were usually regular meetings for people and staff, although there had been some lapse in the frequency of meetings for staff in the absence of a registered manager. The minutes of these showed they were an opportunity to share ideas, keep up to date with good practice and plan improvements. Senior staff had been taking these meetings but responsibility would be passed over to the new manager. Staff said they understood their role and responsibilities and felt they were well supported. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

The company shared a weekly update communication and there were regular managers meetings, which were used to monitor the service and keep managers up to date with changing guidance and legislation. Good news and practices were also shared to drive improvements as were policy updates. Staff had access to a range of policies and procedures via the provider's computer system or a folder was held within the service. These were reviewed and kept up to date by the provider. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Staff were at ease talking with the manager who was available during the inspection. Staff worked according to people's routines and facilitated discussions between themselves, individual's and the inspector.