

HC-One Limited

Bellefield Residential Home

Inspection report

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Date of inspection visit:

24 June 2019

25 June 2019

Date of publication:

18 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Bellefield Residential Home provides accommodation, personal care and support for up to 30 older people. There were 28 people accommodated at the time of the inspection.

People's experience of using this service

We saw there were systems in place to monitor medication so that people received their medicines safely. We found some minor recording anomalies in the medication records and improvements were needed to ensure safer monitoring for one person.

Arrangements were in place for checking the environment to ensure it was safe. We found the environment safe and well-maintained. We discussed the laundry as this was one area that needed some development work to maintain an effective work environment.

There was a positive atmosphere in the home which we found to be homely and well-run. People living in the home interacted freely and staff were seen to be caring and supportive.

The assessment and planning of people's care was very individualised. Care records were completed and reviewed with the person's input.

People gave us positive feedback about living at the home. They told us they enjoyed living at the home and their quality of life was good and they were well cared for. People were listened to and had the support they needed to express their needs and wishes so they could make decisions and choices. They were treated with respect and kindness.

All the people we spoke with told us they felt safe and well-supported. One person said, "There's always somebody around and they check on you at night." Another person commented, "All the staff are kind and helpful."

The home was staffed appropriately and consistently. Staff could explain each person's care needs and how they communicated these needs. People told us that staff had the skills and approach needed to ensure they were receiving the right care.

Care was organised, so any risks were assessed, and plans put in place to maximise people's independence whilst help ensure people's safety.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

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.

We saw people's dietary needs were managed with reference to individual needs and choice. Meal times provided a good social occasion.

The manager could evidence a series of quality assurance processes and audits carried out internally and externally by staff and from visiting senior managers for the provider. Overall, these were effective in managing the home and were based on getting feedback from the people living there.

Rating at last inspection

The last rating for this service was good (published 30 May 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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

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 not always safe.
Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well led.
Details are in our Well led findings below.

Good 

Bellefield Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by an inspector and an Expert by Experience. 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

Bellefield Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 was an unannounced inspection which took place over two days on 24 and 25 June 2019.

What we did

Our planning considered information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority commissioners and other 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.

During the inspection, we spoke with ten people using the service and three family members to ask about their experience of care. We also spoke with the registered manager, regional manager and seven members of staff. We received feedback from four visiting professionals and two commissioners of care at the home.

We looked at three people's care records and a selection of other records including quality monitoring records, training records, staff records, and records of checks carried out on the premises and equipment.

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 now deteriorated to Requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were managed safely by suitably trained staff. People got their medicines at the right time and medicines were reviewed ongoing.
- There were some minor recording issues on medication administration records (MAR) which did not follow the providers policy guidelines and best practice. Handwritten entries were not checked by two staff to ensure accuracy. One medication was not signed as given on the MAR. A supporting care plan for one medicine 'given when necessary' (PRN) had not been updated.
- One person was prescribed a 'thickening' agent, used for thickening drinks for people who have swallowing difficulties. The supporting records were not clear for staff to follow and staff had not recorded when the thickener was added to drinks. The registered manager updated supporting records and clarified best practice during the inspection. We were advised that administration of thickeners would be highlighted on the home's medication audit for future monitoring.

Preventing and controlling infection:

- Staff had received training around preventing and controlling infection and access to relevant guidance and information. Routine cleaning was carried out and people's accommodation was seen to be clean and hygienic.
- The laundry needed some upgrading. This area was cluttered and extremely hot to work in. The registered manager agreed to rise this as an area for further development in the home's development plans.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People receiving support and family members told us they felt the service was safe. People told us they enjoyed living at the home and felt supported by staff. One person told us, "[Staff] are very protective of you. There are plenty of people on the corridor." A visitor commented, "[Person] has settled in really well – feel [person] is getting well looked after."
- Individual risks to people and the environment had been assessed and were managed appropriately. Care records provided information around identified risks for staff to keep people safe from avoidable harm. There were regular checks made around environmental risk such as fire safety.
- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.

Staffing and Recruitment

- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs.
- People were supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe.
- The provider had a recruitment policy that helped ensure staff were recruited appropriately and were safe to work with vulnerable people.

Learning lessons when things go wrong

- The service kept a record of any incidents or accidents that occurred. Individual accident / incident records contained very good detail and a review of risk had been carried out and the care plan for the person updated to reduce any future risk. There were good management processes to identify any patterns or trends if incidents occurred.

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.

Staff support: induction, training, skills and experience

- People and family members told us they felt staff had the skills and knowledge to provide the right support. One person commented, "They're all helpful, they're very good with the people living here."
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Training received was appropriate to people's needs and the requirement of the role. Nearly half of the staff had formal qualifications in care such as NVQ or Diploma qualifications to underpin their care practice; the remaining staff were also undertaking these qualifications.
- Staff felt supported in their role by the registered manager. The registered manager had involved the home in developmental working with health care professionals to improve staff skills and competencies regarding health issues.

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

- Care and support was planned, delivered and monitored in line with people's individual assessed needs.
- Assessments were completed in good detail and included expected outcomes for people based on their needs and choices. Assessments were obtained from health and social care professionals and used to help plan effective care for people.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff knew people well and how best to meet their needs.

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.

- People being supported who were subject to DoLS authorisations were being effectively monitored.
- Staff understood how some decisions were made in people's best interest if they lacked the capacity too

fully understand or consent.

- People told us they were always offered choice and control over the care they received. One person commented, "Yes, there are no restrictions." A relative told us, "[Person] has a lie in every morning and a late breakfast. They don't rush [person] getting up, they do strike the right balance."

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

- Care records documented when people required support with their diet. People and family members told us, and observations confirmed, that staff supported people when needed at meals times. Meal time was a very sociable occasion. All the people we spoke with commented positively.
- There was attention paid to people's fluid intake through the introduction of personalised water bottles for people. This project had been a big success in the home. All the people with said they really liked the bottles and they drank much more water. We saw two people come and sit in the lounge and when they sat down, the first thing they asked the staff was "where is my water bottle?"

Supporting people to live healthier lives, access healthcare services and support

- People received additional support from healthcare professionals and this was recorded within their care records. The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.
- Professionals who visited the home were surveyed as part of the home's quality processes. The feedback from these were wholly positive. A visiting health care professional told us, "Staff will carry out any instructions we recommend and contact us straight away if needed."

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

- People told us the general environment of the home was pleasing, well maintained and comfortable. We saw all areas were well decorated and homely.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use. For example, walk in shower facilities.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and were positive about the caring attitudes of staff. All the feedback we received about the service was positive. One person told us, "[Staff] are very respectful." Other people commented, "They're very nice, they treat us like human beings" and "Excellent in every way, they're very caring."
- Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. We observed staff had a good rapport with people and trusted staff in their daily interactions.
- Staff understood, and supported people's communication needs and choices. Care records specified how people communicate their wishes. Care records included information about people's life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in conversations.

Respecting and promoting people's privacy, dignity and independence

- Everyone said that their privacy and dignity was maintained, such as staff knocking before entering bedrooms and doors and curtains being closed during personal care.
- People's individuality and diversity was nurtured, and people were treated with equal respect and warmth. Staff involved people in all shared activity and supported them to contribute at their own pace. One person said, "I don't think I could wish for better care."

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

- People were supported to communicate their views and were involved in planning their activities and daily life. We saw that regular reviews of care were undertaken which included people's input and involvement.
- People and family members were encouraged to share their views about the care they received with regular meetings and surveys.
- People and family members told us they were confident in expressing their views about the care and support provided by staff and that staff always responded positively.

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 Good. At this inspection this key question has remained the same. This meant people's needs continued to be met through good organisation and delivery.

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

- People's individual care needs had been identified. Care plans had been developed and regularly reviewed with the involvement of the person and their family members where appropriate.

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 service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people had needs around understanding information this was supplied in various easy read formats with pictorial guidance.

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 activities coordinator for the home was involved with people in the shared areas throughout the days of the inspection. There was a long list of various activities, including; quizzes; reminiscence; audio book club; art therapy, gardening, flower arranging; trips out shopping or a pub lunch; film afternoons, 1:1 chat; knitting; bingo; book swap; large print word search. Local community organisations also visited the home. The activities co-ordinator found out individual interests and the activities were very person-centred.
- People said they felt there was enough for them to do and to keep them occupied. Several people had formed friendships with others, and chose to spend their time with them, chatting or taking part in activities.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the registered manager about their experiences of care; the service provided a range of ways to do this through care review meetings and regular surveys.
- Staff, people and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.

End of life care and support

- A person receiving care at the end of their life had a care plan which clearly stipulated their wishes. The plan was well -formulated with the person's involvement and input. The plan included reference to external professional support and input.

- The registered manager was able to discuss good practice around end of life care and was looking at further training for staff.

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

Continuous learning and improving care

- Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. The registered manager continuously worked to make and sustain improvements to the service. We had discussion regarding the development of some audits which the registered manager and regional manager were both open and positive about.
- Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of ongoing learning.
- The registered manager had links with external organisations to ensure they remained up-to-date with new procedures and information to ensure the care and support being provided was based on current evidence-based guidance, legislation, standards and best practice.

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

- Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.
- The provider website displayed the rating for the last inspection. The provider had sent us notifications of events occurring at the home in line with statutory requirements.
- Risks were generally identified through the quality assurance systems and mitigated in a timely way.
- The registered manager and staff understood their roles and responsibilities. People and family members were confident in the leadership of the service. One relative told us, "The home is well run. The manager is very caring; she spent a lot of time explaining things when [person] was first admitted."

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

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members. People and family members felt listened to and involved in the care provided.
- The comments received from people, family members and staff were positive and showed good outcomes for people's lives.
- Staff understood the service's vision and felt respected, valued and well-supported. They told us they felt valued and trusted by the registered manager and provider.

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

characteristics

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.

Working in partnership with others

- The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.
- All the visiting professionals we spoke with were complimentary about the way the staff and management were responsive to any input and learning. One professional commented, "The staff and manager are very responsive to our visits."