

Almondsbury Care Limited

Belmont House Nursing Home

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?

Good 

Overall summary

The Inspection took place on 25 March 2015 and was unannounced. Belmont House is a nursing home providing care and accommodation for up to 40 older people, some of whom are living with dementia. On the day of the inspection there were 32 people living at the home, the reduced number was due to the use of double

bedroom now being used as single rooms. Belmont House Nursing Home is owned by Almondsbury Care Limited. The company has five nursing homes providing 180 beds for older people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

During our inspection we observed people and staff relaxed in each other's company. The service was calm and had a friendly atmosphere. We saw people and staff chatting and enjoying each other's company. Comments included; "It's excellent living here." People told us they were happy and felt safe and one person said; "Pretty good in everything, I can't find fault."

People had their privacy and dignity maintained and we observed staff being kind and compassionate while supporting people. People and their relatives were very happy with the care they received from staff. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives. People, relatives and professionals said the staff were knowledgeable and competent to meet people's needs.

People were protected by safe recruitment procedures. There were sufficient staff to meet people's needs and staff received an induction programme. Staff told us they had sufficient time to support people and didn't need to rush them. Staff had completed appropriate training and had the right skills to meet people's needs.

People had access to healthcare professionals such as dementia liaison nurses and GPs to make sure they received appropriate care and treatment to meet their health care needs. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe.

People's medicines were managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

The registered manager and staff had sought and acted on advice where they thought people's freedom was

being restricted. This helped to ensure people's rights were protected. Applications were made and advice sought to help safeguard people and respect their human rights.

Safeguarding of vulnerable adults training had been completed and staff knew how to report any concerns and what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported to maintain a healthy, balanced diet. People told us they enjoyed their meals and did not feel rushed. One person said, "If you want anything (food and drink) you only have to ask and they will get it".

People's care records contained detailed information about how people wished to be supported. Records were regularly updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People's risks were considered, well-managed and reviewed to keep people safe. One person said; "They don't leave me on my own in the shower which makes me feel safe." Where possible, people had choice and control over their lives and were supported to partake in activities.

Staff confirmed the management of the service was supportive and approachable. Staff were happy in their role and spoke positively about their jobs. Visiting professionals said the management of the home was very good.

People's opinions were sought formally and informally. There were quality assurance systems in place. Audits were carried out to help ensure people were safe, for example environmental audits were completed.

Environment updates included new flooring and painted walls. However one area was not considered dementia friendly due to both the wall and floor being the same pale colour. The registered manager and provider confirmed this change would be put into action.

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.

People were supported by sufficient numbers of suitable, skilled and experienced staff.

Staff knew the correct procedures to follow if they thought someone was being abused and were able to recognise signs of abuse.

People's risks had been identified and were managed appropriately. Systems were in place to manage risks to people.

People's medicines were administered and managed safely and staff were aware of good practice.

Good



Is the service effective?

The service was effective.

People received support and care to meet their needs.

The registered manager and staff understood and had completed training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People received care from staff who were trained to meet their individual needs and were supported to have their choices and preferences met.

People were supported to maintain a healthy and balanced diet.

People could access appropriate health, social and medical support as needed.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff were knowledgeable about the care people required and the things that were important to them.

People's wishes for end of life support were well documented.

Good



Is the service responsive?

The service was responsive.

Care records were individual and personalised and met the needs of people.

Staff responded quickly and appropriately to people's needs.

People had a wide choice of activities they were supported to participate in if they wished.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was an experienced registered manager in place who was approachable.

Staff said they were well supported by the registered manager. There was open communication within the service and staff felt comfortable discussing any concerns with them.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Good



Belmont House Nursing Home

Detailed findings

Background to this inspection

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

The inspection was undertaken by two inspectors for adult social care on 25 March 2015 and was unannounced. An expert by experience was used during 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.

Prior to the inspection we reviewed the information we held about the service, such as previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with 22 people who used the service, the registered manager and seven members of staff. We also spoke with three relatives and three external health and social care professionals who had all supported people within the service.

We looked around the premises and observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at eight records which related to the administration of medicines, five staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

Prior to the inspection concerns had been raised with us regarding infection control and people's restriction while moving around the service. At this inspection we found the service had an infection control policy in place which staff were adhering to and people were moving freely around the home.

A tour of the premises showed the environment was mostly clean and hygienic and we saw domestic staff cleaning throughout the day. One area was found to have an odour. The registered manager was aware of this and plans were in place to resolve this. Staff were observed wearing gloves and aprons and following infection control procedures, for example changing gloves when they provided personal care and assisting people with food. Staff told us that to prevent and control the spread of infection they washed their hands thoroughly and used protective gloves and aprons. Staff said there were charts in the bathrooms to show how to cleanse hands thoroughly with hand gel. The service used separate bags for soiled items and clinical waste. All was disposed of safely.

People who lived at Belmont House Nursing Home were safe because the registered manager had arrangements in place to make sure people were protected from abuse and avoidable harm. People told us they felt safe. People said; "I feel absolutely fine here" and "I feel safe" and "I feel safely cared for." A relative said; "they look after her every need – this keeps her safe."

People were safe because staff knew what to do when there were safeguarding concerns. Staff told us they would report any unsafe practice if they witnessed it. Staff had the knowledge and skills to help keep people safe and were up to date with safeguarding training. They went on to say they had access to safeguarding and whistleblowing policies and procedures. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on any concerns. Staff said they would take issues further if they felt their concerns were not being taken seriously and were aware of outside agencies, for example the local authority.

The service provided a safe and secure environment for people and was regularly updated and clean. Smoke alarms and emergency lighting was tested and evacuation drills and fire audits were carried out to help ensure staff

knew what to do in the event of a fire. People had individual emergency evacuation plans in place. Care plans and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe.

People identified as being at risk had up to date risk assessments in place. Care records contained appropriate risk assessments which were regularly reviewed. People had risk assessments in place including if they were at risk of developing pressure ulcers, falling, malnutrition and how staff could support people to move safely. Other records held guidance for staff on how to reduce any risk or information to highlight when people might be at increased risk. For example, where people may place themselves and others at risk due to their dementia, there were clear protocols in place for managing these risks. Discussions with staff showed they were knowledgeable about the care needs of people including any risks and when people required extra support. For example one person who had a risk assessment in place due to the risk of falling out of bed said; "I have a long bar along my bed to stop me rolling out." This helped to ensure people who were at risk were protected as much as possible.

People and relatives confirmed there were sufficient staff to keep people safe. People had sufficient support to meet their needs. Rotas and staff confirmed the home had enough staff on duty to assist them. Staff were observed supporting people appropriately, for example at lunchtime and when participating in social activities. The registered manager told us the numbers of staff were reviewed regularly to ensure the correct number of staff were available at all times to meet people's care needs. Staff confirmed there were sufficient staff on duty and if additional staff were required, for example to offer someone one to one support, this was provided by the registered manager. One person said; "I ring the bell and they come promptly."

People were protected by safe staff recruitment practices. The staff employed had completed a thorough recruitment process to ensure they had the skills and knowledge required to provide the care and support to meet people's needs. Required checks had been conducted prior to staff starting work at the home to confirm the staff member's suitability to work with vulnerable people, for example disclosure and barring service checks.

All incidents and accidents were recorded and analysed to identify what had happened and actions the service could

Is the service safe?

take in the future to reduce the risk of reoccurrences. For example if a person displayed behaviour that could challenge others, additional staff were provided to protect people. This showed us that learning from such incidents took place and appropriate changes were made.

We saw that environmental health had carried out an inspection and rated the home as level five, which is the highest rating that could be achieved. Regular fire audits had also been completed.

Medicines administration records (MAR) were all in place; however we found errors in three people's records. Each

MAR recorded "out of stock" for their prescribed medicines. This was discussed with the registered manager immediately and action was taken to rectify these errors before the end of the inspection.

All other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines. The registered manager confirmed appropriate action would be taken to help ensure people's medicines remained safe including providing additional training and supervision for nurses.

Is the service effective?

Our findings

Prior to the inspection concerns had been raised with us regarding staff training in understanding the needs of people living with dementia. We did not find any evidence to substantiate these concerns as training records and staff confirmed they had undertaken training in dementia care. Discussions with staff showed they understood what people who were living with dementia needed.

People received effective care and support from staff who had the skills and knowledge to carry out their roles and responsibilities effectively, knew the people they supported well, and ensured their needs were met. People, relatives and external health and social care professionals told us they felt staff were well trained.

Staff completed an induction when they started work which was overseen by one of the nurses. This ensured staff had completed all the appropriate training and had the right skills and knowledge to effectively meet people's needs. One staff confirmed they had completed a full induction programme including shadowing an experienced member of staff when they started work in the service. This enabled staff to get to know people and see how best to support them prior to working alone. Training records showed further training was planned to update and support staffs continued learning. For example training had recently been completed in manual handling. Staff received ongoing training, support, supervision and appraisals and said this gave them an opportunity to discuss issues of concern. Team meetings were held to provide staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. Staff confirmed they could speak to the registered manager or nurses at any time and confirmed the registered manager had an open door policy and often worked alongside them by providing care to people.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest

decision is made involving people who know the person well and if needed other professionals. For example an Independent Mental Capacity Assessor (IMCA) had been involved to support people.

The registered manager and staff demonstrated good knowledge and understanding of, and had received training about, the MCA and DoLS. Records showed best interest meetings had been held and MCA assessments had taken place. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

People were supported to make every day decisions. Staff recognised the need to support and encourage people who lacked capacity to make decisions and choices whenever possible. For example, if they wished to join in the activities. People's care plans showed people were involved in their care and were consenting to the care plan which was in place. One person had the support of an IMCA to help them make decisions about their care and welfare. Staff told us they asked people for their consent before assisting them with their care. One staff member said; "I ask permission before I begin to support them." If people were unable to speak staff would find other means of communication.

People were supported to have enough to eat and drink and to maintain a balanced diet. The malnutrition universal screening tool (MUST) was used when needed to identify if a person was at risk of malnutrition. The staff confirmed they had detailed information on each person's dietary requirements and they gave people choice and met their needs effectively. People who required it had their weight monitored and food and fluid charts completed.

People were relaxed during a lunch time period we observed. Comments about the food included; "I have a choice and have yoghurts." People who needed special diets, for example, diabetic or soft diets were catered for. People who needed assistance were given the support they required. Staff asked people if they were ready for their next spoonful and calmly waited for people to respond before providing it, nobody appeared rushed and all were able to eat at their own pace. Staff showed good knowledge of people's nutritional needs and how they were met.

People's health needs were met. People had access to local health and social care services for example dementia liaison nurses and local GP surgeries provided visits and health checks. When people's needs changed, the staff

Is the service effective?

made referrals to relevant health services for additional support. Health and social care professionals said the staff contacted them for advice, worked with them when people's health deteriorated, responded appropriately, and kept them up to date with changes to people's needs. Healthcare professionals also confirmed they visited the service regularly. This helped to ensure people's health was effectively managed.

The registered manager talked through recent upgrades in some areas of the home and further upgrades planned.

During a tour of the premises one area that had been upgraded, showed new flooring and painted walls. These were both a pale matching colour. Contrasting colours would benefit people living with dementia by highlighting differences in the environment for easier mobility. The registered manager and provider confirmed this change would be put into action.

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us they were well cared for, they spoke well of the staff and the quality of the care they received. Comments included; ““They treat you like a normal human being....even if you are a bit under par.” A relative said; “They look after her every need, the staff are good, they care for her.” Healthcare professionals commented staff were very caring and had good relationships with the people they cared for. A quality assurance survey recorded; “The staff are its main asset....providing excellent person-centred care based on individual needs.”

People were treated with kindness and compassion by the staff. People were involved as much as possible with the care they received. For example staff informed people what they were going to do before they provided any support and asked if they were comfortable with the support being offered. We saw examples throughout our visit when staff responded to people’s needs in a discreet manner. We observed one person needed assistance to move from an armchair to a wheelchair to go to another part of the service. Staff informed the person throughout the process what they were going to do and the task was completed at the person’s own pace. This showed staff were able to recognise people’s needs and respond to them in a caring manner.

People told us they were asked for their views and involved in decisions about their care and support. One person said; “Yes they ask me what I want and tell me when I have appointments - I like to know what is going on.” We observed the staff knew people well and what was important to them such as how they liked to have their care needs met. Staff were observant when a person required support. For example, one person who became upset was asked if they wished to return to their room or move to a quiet area.

People were supported by staff who knew them and their needs well. People said they were well cared for and the

staff took time to assist them with their personal care. Staff were attentive and prompt to respond to people’s emotional needs. For example people who became confused received prompt and caring support from staff. People were comfortable and their personal care needs were met. A relative said; “Excellent care they give my aunt, it gives me peace of mind.”

People’s care needs were responded to by staff in a discreet manner. For example, when people required assistance with their personal care needs, staff carried this out discreetly without drawing attention to people.

People, relatives and professionals told us people’s privacy and dignity were respected. We observed staff knocked on people’s doors and, if people were unable to respond, staff asked if they could enter. Staff told us how they maintained people’s privacy and dignity in particular when assisting people with personal care needs. For example, staff said they closed curtains and doors when supporting people and asked for consent before providing any care. Staff told us they called people by their preferred name. Staff said they felt it was important people were supported to retain their dignity and independence. Relatives told us they visited regularly and had always seen the staff being respectful towards people.

Staff showed concern for people’s wellbeing. For example, one person who was living with dementia asked the same question several times. Staff were observed providing kindness and patience when responding to this person.

Records showed staff recorded regular personal care carried out including nail and hair care.

Care records showed that end of life care had been discussed and recorded with the person and their relatives so their wishes on their deteriorating health were made known. The “allow a natural death” order showed involvement with people and their GP. Involvement with family members and other professionals had been sought to ensure decisions were made in the person’s best interest.

Is the service responsive?

Our findings

People were supported by staff who were responsive to their needs. People had a pre-admission assessment completed before they moved into the care home. The registered manager said this assessment enabled them to assess if they were able to meet and respond to a person's needs before they moved into the service. This assessment of their health and social care needs helped to ensure the staff could support the person. These assessments provided staff with up to date information which was used to develop a full care plan. One person said; "they did question me about my likes and dislikes (about food) and they remember."

People, where possible, were involved with planning their care and care records held information about how they chose and preferred to be supported. One person told us, "They are aware of my main needs." When people's care needs changed care plans were reviewed and altered to reflect this change. For example, when people's health deteriorated the staff responded by involving the dementia liaison nurse to review people. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. Records had been regularly reviewed with people or, where appropriate, with family members. One person told us; "I have requested a downstairs room (due to their deteriorating health)." The registered manager confirmed they were responding to this request and the move was in progress.

People's records included a "This is me" section. This had been developed by the Alzheimer's Society and included information on "my life so far", "I would like you to know about me" and personal care needs. Staff had access to people's files therefore they could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

People's care plans contained detailed information on people's physical needs, such as their mobility and personal care needs and wishes. People told us they could have a shower or bath whenever they chose to. One person said; "I can go to bed when I want to, I said I wanted a lie in today, they (the staff) respected that and brought breakfast."

Records included how to meet people's emotional needs and if a person had specific needs because they were living with dementia. Information documented included people's faith, social and recreational needs and how they could be supported so these needs were met. Care plans were personalised and recorded people's wishes. All records had been updated and reviewed to ensure staff had the correct information to provide current care needs. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's files held an "Inter-healthcare transfer of care" form. This form helped to ensure any person who moved between different services. Their care needs were shared to help enable others to be fully informed on how to support people. This demonstrated the registered manager understood the importance of sharing information to help ensure people received care which was responsive to their needs. One person said; "They do something, if you have got anything wrong with you."

People were able to summon staff for assistance at all times to respond to their needs. People had access to call bells, either in their bedrooms or in the living areas. We saw people who chose to stay in their bedrooms had their call bells next to them. People told us call bells were answered quickly; with one person saying; "I ring the bell and they come promptly."

People were encouraged and supported to maintain links with the local community. For example, staff told us people went out with staff to do personal shopping if they wished to. If people wished to go to church, care staff accompanied and supported them.

People were offered a variety of social activities and were able to choose if they wished to participate. The home had a member of staff that was responsible and facilitated activities for people who used the service. Activities included garden activities including potting flowers. A variety of bands and musicians visited to entertain people; staff told us they tried to meet people's needs for example if people had a hobby staff did it with them. Staff said, "People come from different places, Wales, Scotland, Ireland etc. There is an open culture with weekly activities. We've had Irish dancing, Scottish dancing, bagpipes, and meals of the country on saint's day, for example St Patrick's day."

Is the service responsive?

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. People told us they felt the staff would take action to address any issues or concerns raised. One person said; “I’ve got no complaints.” On the day of our visit one person raised a minor concern. This was, with their permission, passed to the provider. The registered manager responded immediately and spoke to the person concerned to resolve the issue. One health and social care professional said if they raised a concern they had confidence it would be acted upon.

The company had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed in the entrance to the home. The complaints file showed complaints had been thoroughly investigated in line with the service’s own policy and appropriate action had been taken. Outcomes had been clearly recorded and feedback had been given to the complainant and documented.

Is the service well-led?

Our findings

Belmont House Nursing Home is owned by Almondsbury Care Limited. The Company has five Nursing Homes providing 180 beds for older people. The company's philosophy of care is to "foster an atmosphere of care and support, which both enables and encourages our residents to live as full, interesting and independent lifestyle as possible." Staff spoken with understood these values. Belmont House Nursing Home was well led and managed effectively.

During our visit, the registered manager made themselves available and spoke kindly and compassionately with people, visitors and staff. The registered manager took an active role within the running of the home and had good knowledge of the staff and people. The registered manager confirmed they met and received regular support from the company's senior managers.

People, relatives and external health and social care professionals all spoke positively about the registered manager. Comments included; "I go and tell [...] (the registered manager) I want anything done-and it's done". External health and social care professionals said the service was well led and the registered manager was definitely in charge of the home. They went on to say they felt this was because the registered manager cared about people they looked after. People said the registered manager was visible, kind and compassionate and they always made themselves available to people, visitors and staff. Staff spoke highly of the support they received from the registered manager.

There was a clear management structure in the service. Staff were aware of the roles of the registered manager and nurses. They told us the registered manager was approachable and had a regular presence in the home. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

People were involved in the day to day running of their home. Residents meetings were not always held due to the current needs of people. However, the registered manager

said they encouraged the staff to talk to and listen to people's concerns. For example about the food they received. Relatives said the registered manager made time to talk with them.

The registered manager sought verbal feedback from relatives, friends and external health and social care professionals regularly to enhance the service. A relative told us they were asked their opinions and encouraged to make suggestions that could drive improvements.

There was an effective quality assurance system in place to make continued improvements in the service. For example audits were sent out to relatives, staff and external health and social care professionals in line with policies and procedures. Surveys were sent to people who were able to complete them and people had access to IMCA (Independent Mental Capacity Assessor) and advocacy services if needed to help them complete these. Relatives, staff and professionals reviewed the results of regular audits so they could see what improvements had been made or were planned. These covered all aspects of the service provided. There was also a programme of in-house audits including audits on medicines and people's care records. We saw action plans were put in place for any issues identified and these were monitored and followed up by the registered manager.

A quality assurance questionnaire returned from a relative stated; "Your staff were excellent and were a great credit to you (to the registered manager)."

Staff meetings were held regularly and this enabled open and transparent discussions about the service. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff meetings were seen as an opportunity to look at current practice.

Information was used to support learning and improve the quality of the service. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. The home had a whistle-blowing policy to support staff. Staff said they felt able to raise issues.

The registered manager worked in partnership with other organisations to support care provision. External health and social care professionals who had involvement with

Is the service well-led?

the home confirmed to us, communication was good. They told us the registered manager worked in partnership with them, was easy to contact, responded to and followed their advice.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations.