Care Quality Commission

Eastgate Care Ltd

Belle Vue Lodge

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection.

On 19 November 2013, our inspection found that the care home provider had breached regulations relating to care and welfare of people who use services and requirements relating to workers. Following the inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made. We saw that improvements had been made in both the areas of care and welfare of people who use services and requirements relating to workers.

Belle Vue Lodge is a care home providing accommodation and nursing care for up to 59 adults. There were 57 people living there when we visited. The care home provides a service for people with physical

Summary of findings

nursing needs and for people living with dementia. A registered manager was in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm, however, we saw some examples of people being put at risk of avoidable harm. Suitable arrangements for staff to respond appropriately to people with behaviours which might challenge other people were not always being followed.

Staff were recruited through safe recruitment practices; however, effective infection control and medicines management procedures were not always being followed. The premises were not safely maintained.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The DoLS are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed.

We checked the records of one person who we were told had a DoLS in place. The DoLS documentation showed that the DoLS had expired and no application to extend the DoLS had been made. We found the location was not fully meeting the requirements of the DoLS.

Staff received supervision, appraisal and training. Records showed that people who used the service were not always fully protected from the risks of inadequate nutrition and dehydration. We saw that limited adaptations had been made to the design of the home to support people with dementia. However, the home did involve outside professionals in people's care as appropriate and people told us that staff knew what they were doing.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they supported them. However, people were not always involved in their care where appropriate.

Staff mostly responded appropriately to people's needs but additional detail was required in some care plans to provide guidance to staff to respond to people's deteriorating condition. People who used the service told us they had no complaints and knew who to complain to if they needed to.

There were systems in place to monitor and improve the quality of the service provided; however, the provider had not identified some of the issues that we found at this inspection. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. People told us that the registered manager was approachable and had taken action to improve the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not consistently safe. People who used the service were not fully protected against avoidable harm. Guidance for staff on managing people's challenging behaviour was not always followed correctly. The service did not always follow legal requirements regarding deprivation of liberty safeguards.

Safe infection control and medicines management procedures were not always being followed. The premises were not safely maintained.

Staff knew how to recognise and respond to abuse correctly. There were sufficient staff to meet people's needs and the service was following legal requirements regarding mental capacity and staff were recruited using safe recruitment practices.

Is the service effective?

Requires Improvement

The service was not consistently effective as people were not always protected from the risks of inadequate nutrition and dehydration. Limited adaptations had been made to the design of the home to support people with dementia.

Staff received adequate supervision, appraisal and training. People told us that staff appeared competent and we saw staff involved other health and social care professionals when people's needs changed.

Is the service caring?

Requires Improvement

The service was not consistently caring as people were not always involved in their care and we observed that people's privacy was not preserved at all times.

Staff showed people who used the service kindness and compassion and treated them with respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive to people's needs. Care plans to respond to people's health needs were not always detailed enough.

People knew how to make a complaint and felt that their choices were respected.

Is the service well-led?

Requires Improvement

The service was not consistently well-led as although the provider and the registered manager carried out a range of audits which had led to some improvements more work was required as these audits had not identified all the shortcomings found during this inspection.

Summary of findings

The registered manager was considered to be approachable and had made improvements to the service. Staff were confident challenging and reporting poor practice and felt this would be taken seriously. People who used the service and their family and friends were involved in the service to drive improvement.

Belle Vue Lodge

Detailed findings

Background to this inspection

We visited Belle Vue Lodge on 30 and 31 July 2014. The inspection team consisted of two inspectors, a specialist nursing advisor 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.

Before our inspection we reviewed all the information we held about the home. This information included notifications and the Provider Information Return (PIR). This is a document we asked the provider to complete so they could tell us how they made sure the service was safe, effective, caring, responsive and well-led. A notification is information about important events which the provider is required to send us by law. We contacted the commissioners of the service to obtain their views on the service and how it was currently being run.

During our inspection, we spoke with 16 people who used the service and six relatives and friends. We spoke with eight staff, looked at the care records of nine people, observed care and reviewed management records.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

We checked to see whether people were protected from the risk of infection. The people we spoke with told us that their bathrooms were not always very clean. A relative told us that they weren't happy with the cleanliness of their relative's bathroom. They said, "I normally visit at the weekends when the manager isn't here and that's when the bathroom is left dirty." We observed a number of people whose hair and clothing were not clean and one resident whose hands and fingernails were extremely soiled and in need of attention.

We carried out a tour of the premises to check whether infection control procedures were being followed. We checked to see whether people's bedrooms and beds were cleaned effectively. We checked seven bedrooms and we saw that there were some cleanliness issues in five of the rooms. These included a set of stained bedside protectors, mattresses that needed cleaning and some bedding that needed replacing. We also observed a member of the cleaning staff working without wearing a protective apron or gloves. An audit covering infection control had taken place but had not identified the issues we found. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The people we spoke with told us they felt safe in the home. One person said, "The staff are very kind. They are more like friends." Another said, "I have no worries. I came here because I wasn't safe at home, but I am here." Relatives of people who used the service told us that they felt their relative was safe in the home. We saw that people who were in their rooms had call bells within reach and we observed a person being moved by staff using a hoist and this was carried out safely.

Staff told us that people were safe and were able to tell us how they would respond to allegations or incidents of abuse. One staff member said, "I have zero tolerance when it comes to abuse of any kind." We saw that the safeguarding policy and procedure contained contact details for the local authority. We saw that safeguarding concerns had been responded to appropriately.

We saw examples where people were not protected from the risk of avoidable harm from incorrectly used equipment. We checked the settings of pressure relieving mattresses for eight people. All eight mattresses were set incorrectly for the person using them. This meant that people were put at risk of skin damage.

We observed a staff member give a very hot cup of tea to a person who used the service. The mug was filled to the brim and the person's hand was shaking. The person said, "It's very hot. I might scald myself." We took the cup and put it on the table by the person.

We saw risk assessments and guidance were in place for people regarding behaviours that may challenge the service. We saw that these were mostly followed in practice; however, we observed a person who used the service sitting next to another person who used the service and their relative. Their care plan stated that they should not sit within reach of other people as they may hit them. We did not observe any incident taking place, however, this meant that staff had not managed this risk effectively and other people had been put at risk. Another staff member was asked why they were providing one to one support for a person who used the service. They told us it was because the person was at risk of falls which was correct, however, the person's care plan stated that the staff member should also have been monitoring and managing any challenging behaviours exhibited by the person.

Staff were able to explain how they took decisions in line with the Mental Capacity Act (MCA) 2005. This is an Act introduced to protect people who lack capacity to make certain decisions because of illness or disability. Staff had a good understanding of the MCA and described how they supported people to make decisions. We saw assessments of capacity and best interests' documentation were in place for people who lacked capacity.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager showed us a spreadsheet which listed all the people who used the service, whether there was a DoLS in place and whether an application had been made. We checked the records of one person who we were told had a DoLS in place. The DoLS documentation showed that the DoLS had expired and no application to extend the DoLS had been made. We raised this issue with the

Requires Improvement

Is the service safe?

registered manager and an application to extend the DoLS was made. We saw no evidence to suggest that anyone else living in the home was being deprived of their liberty and did not have a DoLS in place. We found the location was not fully meeting the requirements of the DoLS.

We saw there were plans in place for emergency situations such as an outbreak of fire. We saw that people's care records contained a personal evacuation plan in the event of a fire. Staff understood their role in relation to these plans and had been trained to deal with them.

Only one person who used the service we spoke with raised concerns about staffing levels. They said, "I need help with showers but I don't get washed as often as I'd like. I think they are too busy." Only one relative we spoke with raised concerns about staffing levels. They said, "They do seem to be short staffed at times. They tell me that [my relative] is lifted out of bed but they are always in bed whatever time I visit. I also worry that [my relative] is not being turned regularly and could get pressure sores." However, another relative said, "Well staffed. Much better than other places." Staff told us there were sufficient staff on duty.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The registered manager told us that staffing levels were based on dependency levels. They told us that any changes in dependency were considered to decide whether staffing levels needed to be increased.

When we inspected the home in November 2013 we found that appropriate checks were not always undertaken before people started work. At this inspection, we checked to see whether people were recruited using safe recruitment practices. We looked at three recruitment files for staff recently employed by the service. The files contained relevant information, however, one member of staff had no references and the other two staff had only one reference on file. References had been requested by the provider but not received. All other documentation was on file including identity checks, application forms, interview, evidence of professional registration and criminal records check. A staff member told us that the recruitment process was good and included an interview, references and CRB. This showed that the service had effective recruitment practices in place to make sure that their staff were of good character.

We checked to see whether people's medicines were managed so that they received them safely. One person said, "I get my medicines regularly." A relative told us they had no concerns about how medicines were managed.

We saw that staff had received medicines training where appropriate. We checked the room where medication was stored and its temperature was too high. We were told that an air conditioning unit was due to be installed. The pharmacist had not been contacted to check whether this temperature would affect the effectiveness of the medication.

There were a number of recording errors in the controlled drugs documentation. There were also some recording errors in the non-controlled medicines. Stock levels of some controlled drugs were high. Medication audits were carried out but had not identified the controlled drugs issue.

We checked to see how premises and equipment were managed so people were safe. We saw that one bedroom had an offensive smell of urine and its main electrical socket was damaged. We saw that the motion-sensitive bathroom lights were not working on one unit. The boxing in of pipes in a number of en suite bathrooms were stained and required replacing. One person's bedroom door closer was not working and the door swung shut quickly and dangerously. The person who lived in the room was independently mobile and was therefore at risk of being knocked over by the door. Another en suite bathroom had a shower that was not working. The registered manager showed us a long list of maintenance issues that had been identified and required addressing. The provider told us that a full time maintenance person was to start shortly; however, maintenance issues had not been addressed at the time of our inspection.

Requires Improvement

Is the service effective?

Our findings

We looked at whether staff were supported to have the knowledge and skills they needed to carry out their roles and responsibilities. One person said, “Staff appear well trained.” Staff told us that they had received an induction, supervision and appraisal. One staff member said, “I think my training and induction was good because, although I had never worked in care before, by the time I was on the rota, I was a bit nervous but I knew what to do.” We looked at the service’s overview of training and saw training was well attended. We looked at the service’s supervision records which showed that almost all staff had received supervision within the last three to four months.

We checked to see whether people were protected from the risks of inadequate nutrition and dehydration. One relative said, “[My relative] can only manage very soft food and they still bring plates of cooked meat and suchlike. I usually bring yogurts and chocolate when I visit because I know [my relative] will have those.” One person told us that food was generally good and you could ask for more if you wanted to. They told us they had plenty to drink. A relative told us that their relative, “Cleans [their] plate every time. Always has a drink available.”

We observed lunchtime in two dining rooms. In one dining room we saw that people were being effectively supported. Staff were patient and were sitting at the same level as the people they were assisting to eat. However, in the other dining room the mealtime was disorganised. Cutlery was not on the table before meals were brought in and one person sitting in the lounge had food left out of their reach. We moved the food within their reach. We also saw that food had been left in a person’s room while they were sleeping. We returned to the room twenty minutes later and the food was still there and the person was still sleeping. However, we saw that people in their rooms had drinks within reach.

We looked at one person’s care record who had specific needs around their nutrition due to a risk of weight loss. A referral had been made to the dietician and the person’s weight was being monitored weekly. The dietician had advised that supplements should be added to the person’s drink and we saw this taking place. However, the dietician also advised that three high calorie snacks were given in addition to meals each day. We looked at food monitoring charts which did not show that the person was receiving these additional snacks. The person’s fluid monitoring charts also did not show that they were receiving sufficient fluid.

We looked at another person’s care records who had specific needs around their nutrition due to a risk of weight loss. They were receiving their supplements; however, their food and fluid charts were not fully completed so it was difficult to see exactly how much food and fluid they had taken. Staff were aware of people’s nutritional needs and told us of people who were nutritionally at risk, followed special diets or ate in their bedrooms.

We checked to see whether people were supported to have access to healthcare services. One person said, “The doctor will be coming today. They always send for him when I'm not well.” A relative said, “They manage health needs very well. There’s been a 100% improvement [in my relative’s health condition].” We saw that other health and social care professionals were involved in people’s care as appropriate. We saw examples of the involvement of dieticians and the dementia outreach team. This showed that the service involved other professionals where appropriate to meet people’s needs.

We looked at whether people’s needs were met and enhanced by the design and decoration of the home. We saw that limited adaptations had been made to the design of the home to support people with dementia. Very few parts of the home were personalised or modified to aid people to move independently around the home and orientate themselves to place. En suite bathrooms were not clearly identified. We saw limited use of large clocks and calendars to help people with dementia orientate themselves to time.

Requires Improvement

Is the service caring?

Our findings

We observed interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness and compassion. A staff member said, "Patience is the key to being a good carer." One person said, "Staff are kind." A relative said, "Staff always treat people with respect and dignity."

Care workers were caring and talked to people with respect. We discussed the preferences of people who used the service with care staff. Staff had a good knowledge of people's likes and dislikes. However, some people who used the service did not feel that staff were interested in them. One person said, "They [the staff] don't know anything about me." A relative and two other people who used the service felt that some staff members, "Have no interest in who we are."

When we inspected the home in November 2013 we found that care records did not contain information to ensure that personalised care was provided. At this inspection, care records we looked at were detailed regarding people's preferences and life histories. However, more information was required regarding people's end of life care wishes and preferences. One person's end of life care plan stated that their relative be contacted regarding funeral details and special requests. The relative had not been contacted. Another person's end of life care plan did not contain sufficient detail to provide care in a way which would meet that person's needs. However, we checked the person's care and they appeared clean and comfortable and all their repositioning, food and fluid charts were completed. This person was receiving end of life care. We also saw a relative's letter praising the home for the quality of the end of life care their relative received.

On admission to the home the provider took into account and explored people's individual needs and preferences such as their cultural and religious requirements. For example where one person's religious requirements had been identified, they had been supported to meet these needs. Staff also told us that they had received equality and diversity training. This meant that staff received support to identify and respect people's diverse needs.

We checked whether people were involved in their care planning and able to express views about their care. We saw limited evidence of people's involvement within their care records. One relative said, "They think I am interfering but [my relative] is my concern." We saw in one record that care plans had been discussed with the relative and signed. We saw in another care record that the person who used the service had signed to show their involvement. The registered manager told us that people had access to advocates when required. We saw evidence of this for two people who used the service.

We asked people whether staff treated them with dignity and respected their privacy. One person said, "Yes, they knock on the door and apologise for disturbing me." Another person said, "I am always treated respectfully."

The people we spoke with told us that personal items were handled carelessly. A relative said, "[My relative's] hearing aid was sent for repair four weeks ago and I keep asking when it will come back. We can't have a private conversation because I have to shout."

We spoke with two staff about how they respected people's privacy and dignity. Staff had a clear understanding of the role they played in making sure this was respected. One staff member said, "I think the people we support are happy. I know they have bad days but we still treat them the same. Their dignity is always important." During our visit we observed people's privacy mostly being respected. For example, we observed staff knocked on people's bedroom doors and bathrooms before entering. We also observed staff react quickly to preserve a person's dignity. However we also passed an open bedroom door where a person was wearing a top only and was naked from the waist down. They appeared to be trying to dress themselves. A staff member in the corridor saw this and said, "What are you like?" They did not close the door or assist the person.

Requires Improvement

Is the service responsive?

Our findings

We observed that staff mostly responded promptly to people's needs during our inspection. However, we did request staff assistance for a person who told us they needed to go to the toilet. The person waited 15 minutes before staff assisted them. Staff told us that they were waiting for the hoist to arrive before they could assist the person to the toilet.

Risk assessments and care plans were mostly in place and reviewed regularly. We saw that some care plans could have information added to provide additional guidance when a person's health condition deteriorated. We saw a person's care plan for epilepsy did not include detail on what action to take if a person's seizure continued for a prolonged period. We also saw that while two other people's diabetes care plans were mostly well detailed they did not give staff sufficient guidance to respond to people showing signs of hypoglycaemia or hyperglycaemia, (high and low blood sugar, which can affect a person with diabetes).

When we inspected the home in November 2013 we found that records did not always show that people at risk of skin damage were receiving appropriate care. At this inspection, we looked at how people with a risk of skin damage were cared for. We saw two people's pressure risk assessments were reviewed regularly and it was identified that they should be supported to change their position every four hours. We saw that this was taking place. However, two people's care records contained body maps showing where there were marks on their skin. It was not clear whether the service had investigated the cause of these marks to identify whether their changes needed to be made to their pressure care.

The people we spoke with told us they were not sure if they could make choices about their care. One person said, "I don't know. They just tell me what to do and I do it." Another person said, "I'd like to say how I feel sometimes. Today I feel very sad but nobody cares." We observed that care staff explained to people what they were going to do and asked for their approval first before providing care.

We saw some people participating in activities during our inspection which including throwing and catching a ball and playing football and we were told that an activities coordinator would be joining the home shortly. We also saw photos of a recent Italian meal and themed evening which had recently taken place at the home.

One person told us that they had raised a concern regarding the quality of the food and this had been addressed by the registered manager. Relatives told us that some staff made them feel that they were interfering when they raised concerns; however, all relatives that we spoke with told us that they were able to discuss concerns with the registered manager.

We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We looked at recent complaints and saw that they had been responded to appropriately. Staff we spoke with knew how to respond to complaints if they arose.

Requires Improvement

Is the service well-led?

Our findings

We saw that regular audits had been completed by the registered manager and also by representatives of the provider not directly working at the home. We saw that action plans were in place to address any issues identified in these audits. Audits were carried out in the areas of care records, medication, health and safety, kitchen and domestic areas. We saw that issues identified in the audits were discussed with staff during their supervision sessions. While regular audits were taking place more work was required in this area as these audits had not identified the shortcomings found during this inspection. A long list of maintenance issues had been identified but action had not been taken in response to these issues at the time of inspection. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service and their relatives told us there were regular meetings to discuss issues. We saw minutes from these meetings. Relatives were very positive about the registered manager who they felt was approachable. A relative told us they had been given a lot of support by the registered manager. A person who used the service told us that the registered manager was very approachable. We observed the registered manager and clinical lead interacted in a warm and friendly way with people who used the service. They both knew the needs of people who used the service.

We saw the result of the annual questionnaire completed by people using the service and their relatives in 2014. We saw that actions had been taken to respond to any issues raised. This meant that people who used the service and their relatives were asked their views on the quality of the service provided and appropriate actions were taken in response.

We spoke with staff who told us they felt the management team treated them fairly and listened to what they had to say. They told us they would feel confident challenging and reporting poor practice and that they felt this would be taken seriously. One staff member told us that the registered manager was very good and the home was run very well. Another staff member said, “I really love working here. I feel supported and valued.” We saw that a range of staff meetings had taken place and that a range of issues were discussed at these. We also saw memos sent by the registered manager and clinical lead to staff informing them of improvements that needed to be made in their practice.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed and actions were identified and taken. We saw that safeguarding concerns were also responded to appropriately and appropriate notifications were made to us as required. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person did not protect service users, and others who may be at risk, against the risk of inappropriate or unsafe care and treatment by means of the effective operation of systems to regularly assess and monitor the quality of the services provided.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The registered person did not ensure that service users were protected against identifiable risks of a healthcare associated infection by the maintenance of appropriate standards of cleanliness and hygiene in relation to the premises and equipment.**