

Nadam Care Ltd

Belamie Gables Care Home

Inspection report

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Date of inspection visit: 13 May 2015
Date of publication: 23/06/2015

Ratings

Is the service safe?	Requires improvement	
Is the service effective?	Requires improvement	
Is the service well-led?	Requires improvement	

Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 November 2014. Breaches of four legal requirements were found. We issued a warning notice for a breach in relation to the provider always ensuring sufficient staffing to meet people's needs. We issued compliance actions for breaches relating to staff training and skills, notifying the Care Quality Commission (CQC) of safeguarding incidents, and ensuring records were securely stored and accurate to inform staff of people's needs, wishes and preferences.

The provider was required to meet the regulations relating to sufficient staffing by 31 January 2015. We reviewed staff rosters in February 2015 which indicated that this regulation had been met. The provider told us they would meet requirements relating to all the breaches by 31 March 2015.

This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Belamie Gables Care Home' on our website at 'www.cqc.org.uk'.

Belamie Gables Care Home provides residential care for up to 20 older people without nursing needs, but with other care needs, including dementia care. At the time of our inspection 11 people were living in the home.

Since our inspection in November 2014, the person managing the service had completed their application and was now the home's registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

At our focused inspection on the 13 May 2015, we found that the provider had taken action to ensure the requirements of the Regulations had been met.

Staff understood people's care needs, and took appropriate actions to ensure they were supported safely. People and their relatives said staff were prompt to support them, although they would enjoy staff having more time to sit and chat with them.

Improvements had been made to ensure sufficient staff were employed and deployed on a daily basis to meet people's care needs. The registered manager still regularly worked as part of the care worker team, and the provider had supported people with their care needs to cover short notice unplanned absence. This continued to impact on the amount of time available for the registered manager to implement and drive changes to improve the quality of people's care. However, this did not impact on the ability of staff to meet people's personal care needs.

The provider had taken action to ensure that staff understood and followed the provider's policies and procedures, including reporting safeguarding concerns. Notifications had been submitted appropriately to the local authority and CQC in response to safeguarding incidents.

Staff training had been refreshed and staff had the skills and knowledge to meet people's diverse needs, including dementia care and managing behaviours that challenge staff. Staff told us additional training had given them the confidence and understanding to support people safely. They took effective action to reduce people's restlessness and manage their anxieties.

Improvements had been made to the way records were kept and information was being used to inform and reflect people's care. People or those lawfully able to represent them had signed consent to their planned care. Confidential records were kept securely to maintain people's privacy. People's care plans had been reviewed and updated to reflect their preferences, wishes and interests. This information was used to guide activities provided in the home, and to distract and reassure people when they were anxious. There was evidence that some activities had been increased in response to people's preferences, such as more regular church services. The provider had reviewed people's engagement in activities and used this information to influence the activities provided, although this had not been formally recorded.

Further improvements were required to embed effective communication methods between staff and the provider. Care workers were not always sure who to report concerns or issues to, as the roles and responsibilities of the registered manager and provider were not clearly defined.

Concerns had been raised to the local authority and CQC regarding the level of cleanliness in the home. Although the cleaner was on leave, the provider had taken appropriate steps to ensure the home remained clean. The home was clean and odour free on the day of our inspection.

The provider had taken sufficient action to meet the requirements of the warning notices and compliance actions in relation to safeguarding people, supporting staff, maintaining accurate records, and storing these securely.

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?

We found that actions had been taken to ensure people were safe.

There were sufficient staff on duty to support people safely. Staff had the skills required to promote people's safety and wellbeing. They managed risks to people's health and safety to reduce potential harm.

People were protected from the risk of abuse, because staff recognised and acted on incidents that potentially caused people harm or distress. Safeguarding incidents had been notified to the local authority and CQC appropriately.

The home was clean and odour free.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer time period to demonstrate consistent good practice.

We will review our rating for 'safe' at the next comprehensive inspection.

Requires improvement



Is the service effective?

We found that action had been taken to improve the effectiveness of people's care.

Staff training ensured they had the skills and knowledge to meet people's care needs effectively.

Records documented that people, or those lawfully able to on their behalf, consented to the care they received.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer time period to demonstrate consistent good practice.

We will review our rating for 'effective' at the next comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve the service's management.

People's information was stored securely to maintain confidentiality.

Staff spoke positively about the registered manager, but did not always understand where management responsibility sat between the registered manager and provider. This meant they were unsure of who to raise their concerns or issues with for clarity of response.

Requires improvement



Summary of findings

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer time period to demonstrate consistent good practice.

We will review our rating for 'well-led' at the next comprehensive inspection.

Belamie Gables Care 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 was planned to check whether the provider was 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.

We undertook an unannounced focused inspection of Belamie Gables Care Home on 13 May 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 7 November 2014 had been made. We inspected the service against three of the five questions we ask about services: is the service safe; is the service effective; and is the service well-led? This is because the service was not meeting legal requirements in relation to these questions.

The team comprised of two inspectors. Before our inspection we reviewed the information the CQC held

about the home. This included the provider's action plan, which set out the action they would take to meet legal requirements. We spoke with the local authority commissioning about the home prior to our inspection.

During the inspection we considered concerns raised with the local authority and CQC regarding insufficient staffing levels and cleanliness in the home. We spoke with three people, three relatives and four staff, including care workers and the cook. We also spoke with the registered manager and provider. Some people living in the home were unable to tell us about the care and support they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who are unable to talk with us.

We reviewed records relating to four people's care, as well as a training schedule for all staff, and the staff roster for a nine week period between 2 March and 3 May 2015. We reviewed notifications of safeguarding incidents and accidents, and other records relating to the management of the home.

Is the service safe?

Our findings

At our comprehensive inspection of Belamie Gables Care Home on 7 November 2014 we found that there were not always sufficient staff available to meet people's needs and keep them safe from harm. The provider had not notified the CQC of all safeguarding incidents.

These were breaches of Regulation 22 and Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection on 13 May 2015 we found that the provider had followed the action plan they had produced to meet the shortfalls in relation to the requirements of the regulations described above.

People told us they felt safe in the home, and relatives confirmed they felt people were safe in staff's care. One relative said "I know mum is safe, and so I always leave with a smile on my face".

The provider reviewed forms completed following accidents and incidents. They had appropriately identified issues relating to safeguarding concerns, and had reported these to the local authority and the CQC. Internal investigations of these incidents led to actions to reduce the risk of repetition.

All staff had completed or updated their safeguarding training within the previous 12 months. The registered manager had attended safeguarding with the local authority, which they described as "Useful". Staff understood the provider's safeguarding and whistle blowing policies, and were prepared to use these if necessary.

People, relatives and staff told us there were enough staff to keep people safe. Relatives stated that call bells were always answered quickly and people were properly supervised. We observed there were sufficient staff to attend to people's needs promptly during our inspection, although the provider and registered manager were involved in attending to people's personal and social needs throughout the day as part of the care staff team.

Staff were alert to people's needs and asked them to wait for assistance if this was required. They then monitored the person's safety until another care worker was available to support them. This ensured that people were not placed at

risk of harm through inappropriate or insufficient support. One person told us "Staff are always there to help if you ask and often even if you don't", and "Staff are always busy, but never too busy to help".

The housekeeper and cook were trained in care provision, and able to assist with care worker cover. The roster reflected that they had on occasion been deployed as care workers to support care hours during morning shifts. At these times, alternative arrangements had been made to cover kitchen duties, and the housekeeper completed basic cleaning tasks prior to supporting people.

Rosters over a nine week period demonstrated that staffing levels were sufficient to meet people's planned care needs. The provider had trialled reduced care worker cover for night duties. They had identified that this reduction was not appropriate to meet people's needs, and had returned to the previous night staff levels. This demonstrated that the provider reviewed staffing levels to ensure they were sufficient to meet people's identified and changing needs.

Night staff were required to check on people every two hours to ensure they were comfortable. They completed a range of tasks including cleaning and ironing. Records demonstrated that staff had completed all required checks on a nightly basis. This suggested that night-time staffing levels were sufficient to complete all the required tasks and effectively meet people's care needs.

Staff spoke positively about the support they received from the registered manager to ensure staffing levels were sufficient to meet people's identified needs. One care worker stated the registered manager was "Fantastic, she works so hard". The registered manager covered care worker shifts on 27 shifts in a nine week period, and covered morning care duties on the day of our inspection. This ensured there were sufficient staff on duty to meet people's care needs.

Concerns had been raised with the local authority regarding excessive working hours. We did not see evidence reflected in rosters that staff had been required to work excessively long hours. Staff and managers confirmed that weekly hours in excess of 42 hours were agreed with the member of staff concerned, and staff had not been requested to cover more than 12 waking hours in any working day.

Sensors, such as pressure mats and door alarms, alerted staff when people may be at risk of harm. One relative

Is the service safe?

explained they had accidentally set a pressure mat sensor off, and staff had been quick to respond. The alarm system was being repaired on the day of our inspection, and temporary measures had been implemented to ensure people's safety in the meantime.

We observed staff, including the provider, spent time talking with people throughout the day. People and staff told us they would appreciate more time for this. One care worker explained "We have a laugh with them [people], but we don't have a lot of time to sit and chat".

Staffing levels meant there was not always time for people to chat with staff as much as they would like. However, staffing levels were sufficient to ensure people's care needs had been met and their safety was promoted.

Concerns had been brought to the attention of the local authority and the CQC regarding poor cleanliness in the home. The housekeeper was on planned leave at the time of our inspection. The provider had made alternative arrangements to ensure the home was suitably cleaned. A temporary housekeeper on duty twice a week, and the provider and other staff carried out cleaning tasks as necessary on a daily basis. The home was clean, tidy and without any unpleasant odours at the time of our inspection. We did not find the concerns regarding cleanliness in the home to be substantiated.

Is the service effective?

Our findings

At our comprehensive inspection of Belamie Gables Care Home on 7 November 2014 we found that staff did not always have sufficient skills and training to support people effectively.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection on 13 May 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 23 described above.

One person told us staff were “Very good, they certainly know what they’re doing”, and a relative said “Staff are able to meet mum’s needs”. The provider had taken appropriate actions to ensure staff had the training and skills required to support people effectively. We observed people were supported with any anxieties that may cause them or

others harm or distress. Staff intervened and used distraction techniques to keep people calm and contented. This demonstrated that staff were able to implement their training effectively to meet people’s needs.

People’s care records included guidance for staff to effectively manage behaviours that may challenge staff. Logs and assessments of people’s wellbeing demonstrated that these actions had been effective in reducing the impact of people’s anxieties on others in the home.

Training records confirmed that all staff had completed or refreshed training in a variety of topics, including dementia care, effective communication, catheter care and providing person-centred care. Staff stated that senior staff and management were always available to provide support and guidance. Newly employed care staff had completed or were working towards completion of their Skills for Care training. These are nationally certified Common Induction Standards in the Health and Social Care industry. One care worker said “It’s generally changed for the better”.

Is the service well-led?

Our findings

At our comprehensive inspection of Belamie Gables Care Home on 7 November 2014 we found that records had not always been maintained accurately or stored securely.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection on 13 May 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 20 described above.

People and their relatives told us the registered manager was “Very nice” and “Always available”. Staff said the registered manager covered extra shifts to help staff and support people. One care worker stated “She listens to us, and helps us when we are stretched”.

The registered manager stated that changes she had implemented had helped her to improve her working relationship with staff, and that “Things are calm now”. Although staff told us they felt supported by the registered manager, they told us the provider did not always listen to their concerns, or consider the impact of his actions, such as calling care workers mid morning after they had completed a night shift. Staff were not always clear on the division of management responsibility between the registered manager and provider, and so were sometimes unsure of whom to approach with concerns. The registered manager told us she and the provider worked well as a team, but the amount of time she spent providing care and support for people impacted on the time available for management tasks. She struggled to find sufficient time to monitor and drive improvements to the quality of the service people experienced.

Staff meetings were held monthly to provide a forum for management and staff to discuss issues. Shift handovers and staff meetings were held at 1.30pm, when the morning shift was due to leave the home. This meant the provider was reliant on staff goodwill to remain in the home to support effective communication. The management were not always aware or considerate of the impact of their actions on staff’s wellbeing.

Improvements had been made to the way records were kept. Records were kept in a filing cabinet in the office. The

complaints book was now located in the manager’s office, with a book for comments and compliments made available for people and their relatives in the dining area. When the office was not occupied the filing cabinet and room were locked. This ensured that confidential information was held securely.

The provider had taken actions to ensure people’s preferences were recorded and met. People’s care records had been reviewed and updated to reflect their preferences, wishes, interests and hobbies. A life history for each person helped staff to understand people’s background, such as their occupation, family and historical interests. This provided suitable topics of conversation for staff to engage people in to promote social interaction. Records of night care indicated that people’s preferences for times to rise or retire to bed were respected.

We observed people engaged in activities that reflected their preferences. One person’s care record noted an interest in drawing. We observed they were enjoying colouring a picture during our inspection. Gentle chair exercises were enjoyed by many people on a daily basis. The provider told us some activities had been added or increased in response to people’s feedback. Church services were now held weekly, and a card from a relative noted how important this was for one person. People’s preferences to join in with activities or remain in their rooms was understood and respected by staff. A care worker told us one person had been supported to visit a local pub. The provider told us additional staff had been rostered on duty to support this activity. They offered weekly trips to local amenities, such as the garden centre or local town, but people had not been keen to take these opportunities. A log of activities had been maintained, which described the activities offered on a daily basis. However, further improvements were needed to evaluate the effectiveness of the changes implemented.

People’s care plans had been signed by the person or their lawful representative to document their consent and involvement. The provider was aware of relatives or others with Legal Power of Attorney for an individual’s health and welfare, which meant they had the lawful authority to make care decisions on that person’s behalf. Relatives told us communication with the staff worked well. One relative stated “Staff let me know changes, and they have settled mum in well”.