

Extel Limited

Bells Court

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 ●

Summary of findings

Overall summary

About the service:

Bells Court is a small residential care home providing personal care and support to three people aged under 65 who had learning disabilities or autism.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The home had been registered before such guidance was produced. The guidance focussed on values include choice, promotion of independence and inclusion so that people with learning disabilities and autism using a service can live as ordinary a life as any citizen. However, it was clear that people living in Bells Court were given such choices and their independence and participation within the local community had been and was continuing to be encouraged and enabled.

People's experience of using this service:

People who used the service continued to be supported to remain safe. Staff knew people well and supported them with kindness and consideration.

People received medications safely and risks to people had been assessed and managed to identify and reduce or remove safety risks. Other aspects of safety, including environmental and issues of personal safety, were also addressed and well managed in the home.

People's rights were upheld and protected. People were supported to have choice and control over their day to day lives.

People continued to be supported by an established team of staff who provided kind and personalised care to people living in the home. Safe recruitment of staff ensured people were supported by staff of good character.

There was a range of monitoring systems in place that checked if the home was well managed and effective in supporting people to have a good quality of life. People were supported by staff who were well trained and focussed on supporting them with their plans.

The registered manager was keen to promote opportunities to support people to engage in the community and enjoy a range of experiences in line with their wishes. Staff provided encouragement and enabled people to do these as much as possible.

The home continued to meet the characteristics of a rating of good in all areas. More information about the inspection is in the full report.

Rating at last inspection:

The home was rated good at the last inspection (report published in March 2016).)

Why we inspected:

This was a planned unannounced inspection based on the previous rating.

Follow up:

We will continue to monitor the home through information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective, safe

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Bells Court

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Bells Court is a care home. People in care homes receive accommodation and personal care. CQC regulated both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on 06 February and on the evening of 07 February 2019.

What we did:

We reviewed information we had received about the home since the last inspection in March 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually, this is the Provider Information Return. This document gave some key information about the registered service they provide, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

In addition to speaking with all three people living at Bells Court, we spent time observing staff supporting people in communal areas of the home. We spoke with two staff members and the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We also

looked at staff recruitment checks and staff training records. We reviewed records relating to the management of the home, fire records, audits and some policies and procedures that had been developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home.
- Staff demonstrated a clear understanding of how to recognise the signs of potential abuse and knew how to protect people from harm. They knew how to alert the registered manager or the provider's representative if they needed to report any concerns. Staff were clear about who they would approach outside the home if needed.
- Staff had received training about safeguarding people. They were provided with refresher/updates regularly.

Assessing risk, safety monitoring and management

- People's care and support needs were well known by staff. They knew of actions they would take to keep people safe.
- There were risk assessments and management plans in place for each person. They provided enough detail to ensure people could be consistently supported to keep them safe.
- Risk management assessments and plans were reviewed regularly for people by their keyworkers.

Staffing and recruitment

- People said there were enough staff on duty at all times. One person said, "There are always enough staff, they are helpful. I feel safe in the home." We checked and found that there were always enough staff on duty to meet people's needs, this was confirmed by comments from staff.
- Staff absence was usually covered by colleagues to ensure that people were supported by staff who knew them well.
- People are supported by staff who had been safely recruited to ensure that they are of good character. Recruitment records are retained at the provider's main office with written assurance provided to the home about all checks and references that have been undertaken.

Using medicines safely

- People received their medicines on time and in safe way.
- People were supported to receive their prescribed medications by the provider's safe medication management arrangements which were followed by staff.
- There were agreed protocols in place for medicines that were required 'as needed'. Approval was needed

from senior staff to ensure people received such medicines only when other ways of helping the person had been explored.

Preventing and controlling infection

- The home was clean and tidy. People were supported by staff to clean their own rooms and do their own laundry.
- We saw that staff modelled good practice in food hygiene as they supported people to prepare and cook food for the evening meal.
- Staff told us how they had received training in how to reduce the risk of the spread of infection. ●We saw good practice was followed in respect of cleaning routines and checking of fridges and freezers.

Learning lessons when things go wrong

- An established system was in place to ensure that analysis is routinely completed after any incident or near-miss. This was to help identify if there was any improvement that needed to be made to reduce the risk of the incident happening again.
- Records of any accidents and incidents together with the analysis were monitored through the provider's quality assurance systems.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs had been identified at the time of admission and had been reviewed regularly to need changed needs.
- People spoke about the support they had received from staff to undertake tasks and activities they enjoyed and wanted to do. We found that each person enjoyed different activities with staff support.
- Care and support plans were focussed and individualised with details of interests, wishes and longer-term plans for each person. The plans contained specific detailed information in some instances about how a person was to be supported by staff.
- People's care plans included information known about how any specific support provided to respect of cultural, gender or religious needs.

Staff support: induction, training, skills and experience

- People were supported by suitably skilled staff. All staff were experienced and had achieved national vocational qualifications or equivalent levels suited to their roles.
- Staff said that access to training organised by the provider was good. One staff member said that the provider had organised management development training for staff who were interested in progressing in their career.
- Staff demonstrated a good understanding about many aspects of their work.
- Electronic records of staff training were available and updated when needed. The registered manager used the records to ensure all staff were up to date with essential training. Staff received reminders in advance about refresh training as necessary.

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

- People were supported to eat a varied and balanced diet to maintain good health.
- One person spoke about being involved in the weekly menu planning meeting used to agree and then get things people wanted to eat. The person talked about how they had been helped to cook several meals. They commented, "I make lots of food – curries, shepherds pie, steak and sauce." Another person said they liked to do some things in the kitchen but didn't do much cooking, adding "I do like the meals that I have here."
- People were involved in shopping for food and special diets were catered for. People who needed special diets were well supported by staff who helped people to understand what they should eat to keep healthy.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by the home to receive consistent support through good communication with external agencies and professionals. When appropriate any specific care plans were agreed in consultation with the person and other agencies.

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

- The house was well furnished and homely with good communal spaces for people to share alongside laundry and office space. The house was clearly the home of people living there with lots of personal evidence such as their photos and artwork on display in communal areas.
- Each person had their own bedroom with en-suite shower and toilet facilities. The bedrooms had been personalised and decorated as people wished. The décor and furniture in each bedroom reflected the interests and hobbies of the person.

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

- People's healthcare needs were known to the staff and well supported by them. There were clear records and care plans in place, with up to date essential healthcare information in a 'hospital passport'. Should anyone need to have urgent medical treatment this information would be assist in ensuring they received appropriate care.
- People made full use of community based healthcare services and they attended healthcare appointments with staff support. Staff advised that they had a good relationship with the GP practice supporting the home. People said that they saw their doctors when they needed.
- People who needed support to maintain a healthy weight received good support from the staff.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- Staff were clear about the need to uphold people's rights and respected their abilities to make decisions.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Staff were working within the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were well supported to make decisions and have their rights respected.
- One person spoke about the support they had received to find work, "I have been helped to get a voluntary job at a charity shop. Staff come with me when I go there. I used to have another voluntary job – it was different but that work stopped."
- One person spoke positively about the support they had to make decisions about activities and support to do the activities that they particularly enjoyed.
- The keyworker system in place within the home provided support for each person to plan and make decisions as well as take part in specific activities.

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

- There were set processes and routines practice to ensure that people were involved in making decisions about their care.
- People met regularly with their named keyworker to look back at their achievements of the previous month and to consider plans for the next month.
- Clear encouragement was provided from the registered manager to ensure that staff helped people to identify some targets each month.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy were promoted and upheld in the home. Each person had a key to their own room and they were encouraged to lock their door when they were not in.
- We saw that no-one entered a bedroom without knocking and being invited in.
- People were helped to become more independent One person said, "I go shopping and once I spent more than had been planned on the shopping but that was okay." Another person spoke of being supported to undertake cleaning of their own room and laundry tasks each week, "I've got two days when I do my washing and staff help me if I need it."
- People said that there were no set rules in the house. One person said, "I please myself about what I do - what time I go to bed and what time I get up."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

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

- Each person had a person-centred care plan which contained details of preferences and interests and their support needs.
- People were supported by staff who knew them well. People were encouraged to try new activities to broaden their interests whilst respecting and supporting existing interests.
- Each person's preferred communication methods were recorded and known by staff and other people in the home. The registered manager advised of plans to further develop communication systems and make other systems available to people - in line with Accessible Information Standards.

Improving care quality in response to complaints or concerns

- People could raise any issues with staff. One person said, "I would find it easy to let staff know if I wasn't happy." People said that when they raised concerns staff had dealt with them.
- In addition to the complaints procedure that was on display, there was an established procedure available that had been produced by the provider for staff on how to receive and address any complaints received.
- The registered manager said when everyday issues had arisen by people, staff acted to address them.

End of life care and support

- The home was not supporting anyone who was receiving end of life care at the time of our inspection. When required, documentation was available. We were told that care plans and related discussions covered these issues and long term plans would be put in place for people as needed.
- People had been supported when they had experienced the death of a relative and the staff had used professional advice and guidance to help them to support the person with their loss and bereavement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provision and delivery of person centred care and support to people was a focus of the home.
- The registered manager understood requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong. The provider had a policy in place to guide staff if such incidents occurred.
- The provider had a system of checks and audits in place that were used by the registered manager to look at all aspects of the home to identify ongoing performance as well as possible areas of further development.

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

- People spoke positively about support they received from the registered manager who encouraged them to speak up about what they wanted to achieve.
- Staff were supported by the registered manager to delivery high quality care with a clear focus on people in the home. Staff could get support at any time from the registered manager. They had regular one to one supervision meetings when they discussed their own development and training needs.
- Staff said they felt well supported in their work. One staff member said, "We have a good manager who is supportive when there is an issue in the home."

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

- The provider had an established annual system in place for seeking out and acting on people's views and that of relatives and relevant professionals. The feedback was reviewed and comments or suggestions were shared with people with details of any improvements made.. Information was provided in a range of formats to make it easier for people to understand. The registered manager said they would expand on what was already in place.
- The registered manager used any opportunities such as meetings or reviews to gather feedback and views from people, their relatives and stakeholders about the service.
- People and staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the home.

Continuous learning and improving care

- The registered manager said it was their intention to further develop the home and gave information of plans to introduce some lead roles for staff on aspects of the service provided. They were receptive to comments made during the inspection.
- There was an award system related to responding to fire alarm tests and evacuation. This was well received by people using the service. The registered manager advised they were considering other ways of involving the people even more in other routine health and safety checks.
- The registered manager took part in regular monthly meetings organised by the provider. The meetings were for their registered managers from homes and services they operated to share and develop good practice and learn from one another.

Working in partnership with others

- The registered manager advised that the home worked well with healthcare professionals and commissioning bodies. Records showed that professionals had been involved in planning and reviewing people's care, checking on their well-being and overall health.
- Staff in the home valued the opportunity to work in partnership with the healthcare professionals to support people.