

Belvoir Vale Care Homes Limited

Belvoir Vale Care 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 ●

Summary of findings

Overall summary

This inspection took place on 20 February 2018. Belvoir Vale Care Home is registered to provide accommodation and personal care for up to 62 people, who have needs associated with dementia and a broad range of medical conditions. On the day of our inspection there were 43 people were using the service, housed in three different units.

At our last inspection we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to feel safe and staff ensured that risks to their health and safety were reduced. Although there were some concerns around staffing levels, the management team had already begun to address this just prior to the inspection using the company's staff monitoring tools. That allowed them to re-evaluate staffing levels. Following our inspection, the registered manager informed us the levels had been increased to meet the needs of people at the service.

People were protected from the risks of infection as the service provided sufficient cleaning hours to ensure the environment was clean. Staff had received appropriate training to ensure they had the knowledge to protect people whilst providing care. Systems were in place to support people to take their medicines.

Staff received relevant training and felt well supported. People were asked for their consent and appropriate steps were taken to support people who lacked capacity to make particular decisions. People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people and the staff who cared for them. Staff promoted people's right to make their own decisions and respected the choices they made. People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place, which provided information about the care people required. People knew how to make a complaint and there was a clear complaints procedure in place.

When people were at the end of their life the service had effective measures in place to support them and ensure their wishes and needs were met.

An open and transparent culture enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff. The service worked to ensure lessons were learned from adverse incidents. There were robust quality monitoring procedures in place.

Further information is in the detailed findings below.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring

Is the service responsive?

Good ●

The service remains responsive

Is the service well-led?

Good ●

The service remains well led.

Belvoir Vale 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 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.

We visited the service on 20 February 2018; this was an unannounced comprehensive inspection. The inspection team consisted of two inspectors 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.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people who use the service) and asked them for their views. In addition, the provider completed a Provider Information Return (PIR). This form asks the provider to give key information about the service; what the service does well and improvements they plan to make.

During our inspection we spoke with seven people who were using the service and three relatives. We also spoke with six members of care staff, the activities co-ordinator, the chef, a housekeeper the deputy manager and the registered manager. We looked at the care plans of six people and any associated daily records such as the daily log and medicine administration records. We also looked at a range of records relating to the running of the service such as training records and quality audits.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Belvoir Vale care home and that staff helped them maintain their safety in a number of ways. One person said, "Of course I am safe here. I have all the help I need, when I need it." The relatives we spoke with also felt that their loved ones were safe living at the home. During our visit, we observed that the atmosphere was calm and relaxed and staff intervened quickly when anybody showed any signs of distress. One relative said, "I have never seen anything other than respect towards [name] from staff, from the cook to the cleaners and every one in between." Another relative told us it gave them peace of mind now their relation was living at the service.

Staff were aware of their responsibilities, they were provided with the required skills and training to understand their role in protecting people. There were clear procedures in place for staff to follow when they wished to report anything of concern. The registered manager dealt effectively with safeguarding issues and worked with the local safeguarding teams and health professionals to ensure people who used the service were safe. They followed up on all safeguarding issues, undertook internal investigations, and supported external investigations where necessary.

People had the risks to their health and safety appropriately assessed, and risks were well managed. Measures identified to reduce risk in peoples risk assessment were in place to ensure their safety. A relative told us how staff monitored their relation who had some confusion but enjoyed walking outside. Information about the measures in place was in the person's care plan and staff discussed this with us, clearly demonstrating their knowledge of the risks to the person.

The service had measures in place to manage environmental risks to people, for example staff showed a good knowledge of managing people's safety should there be a fire at the premises. Personal Emergency Evacuation Profiles (PEEP)'s were in place for people to assist staff and the fire service should people need evacuating in the event of an emergency.

There was mixed feedback from people and relatives on staffing levels. One person said, "Sometimes it can be really busy during the morning and you have to wait." Staff also told us that recently there had been times when staffing levels did not always meet the needs of people. We discussed this with the registered manager who was aware of the concerns staff had recently raised. They told us, because of the conversations, they had reviewed the dependency levels of people at the service. They had also looked at the times when people and staff had felt the levels of staff were stretched. They had highlighted the concerns to their regional manager and was awaiting feedback. Following our inspection the registered manager told us there had been an increase in staff levels at particular times of the day. They told us they would continue to monitor staff levels to ensure they met the needs of people at the service.

People were supported by staff who had been recruited safely. The registered manager looked at potential staff's work history and obtained references from their previous employer. They also used the Disclosure and Barring Service (DBS) to check if potential staff had a criminal record which would preclude them from working with vulnerable people.

People received their medicines as prescribed and at the correct time. One person told us, "I like to know what everything (medication) is for and they (staff) explain it to me if I ask." We saw that appropriate systems were in place to ensure people received their medicines as prescribed and at the correct time. Medicines were stored safely and at an appropriate temperature to ensure they continued to remain effective.

People felt the service was clean. One person said, "I think the home is very clean. I like my room and they keep it nice for me." Staff we spoke with showed a good understanding of protecting people from the risk of infection. Personal protective equipment (PPE) was in place, and staff were seen using this appropriately. The housekeeping team told us they used the nationally recommended cleaning colours for items such as mop heads and cloths, to reduce the risk of cross infection when cleaning.

The registered manager had put in place a number of initiatives to ensure the service learned from events and incidents at the service. Following incidents or concerns, the manager held responsive meetings to discuss actions to reduce further risk. For example, they had recently held a meeting to discuss management of fluids as the registered manager had concerns regarding a small number of residents. The registered manager included kitchen staff in the meeting to explore what they could do to support people. The registered manager felt there had been improvements following the meetings with staff taking greater responsibility for monitoring this aspect of care.

Is the service effective?

Our findings

People's care needs were assessed using evidence based assessment tools to ensure care was appropriate to their needs. These included the Malnutrition Universal Screening Tool (MUST) which is a nationally recognised tool used to monitor people's nutritional needs. Staff used the evidence from the tool to monitor people's diets so they received individualised nutritional support. Staff worked with people to give them the support they needed to make decisions on their care and were aware the characteristics of the Equality Act. While no one had any particular needs under the Act, we saw staff working with people to support them make their needs known. We witnessed staff asking people questions in several different ways and sitting with people to give the time they needed to respond.

People were cared for by a staff team who received appropriate training, and felt well supported. The staff we spoke with told us that the training they received was relevant and helped them carry out their roles. One member of staff said as well as mandatory training they had extra training, such as training from an optician, which covered eyesight and how it was affected in people living with dementia. They told us this was very useful. The records we looked at showed that staff received relevant training as well as regular supervision with their line manager.

People received sufficient amounts to eat and drink to maintain their health, and people commented positively on the food. One person said, "The food is good here. Cook does a good job, (food is) hot and tasty. I have never gone hungry." Another person said, "My appetite does go off sometimes, but they (staff) always make sure I at least have my Fortisip (a food supplement)." Staff we spoke with had a good knowledge of people's diets. There had been appropriate referrals to health professionals. When required, people had adapted cutlery to support them when eating. Kitchen staff had access to information about people's specific dietary requirements and catered for these. During our visit, we saw the cook going to people just prior to their meal, letting people know what options were available. Throughout the day we saw the cook regularly interacting with people offering drinks and snacks.

The people we spoke with confirmed they had easy access to healthcare support and advice when required. One person told us they regularly saw their optician, chiropodist and, GP. A relative said, "They (staff) are very good at keeping us (family) informed of what is going on with [name]." They told us with the regular GP input their relative had seemed much better. The relative went on to say staff regularly monitored their relation's fluid intake. This had reduced the occurrence of an underlying health condition, which in the past caused their relation some distress. They said, "[Name] is in good hands."

A senior care worker told us care staff were very good at highlighting any issues of concern to them. There was support from the local GP practice through a weekly clinic held at the service to manage people's health needs. A visiting health professional said staff supported them during visits, and were knowledgeable about people they cared for. They said that after joint clinics with the GP, staff followed the recommendations and took agreed actions forward to ensure people's health care needs were met.

People lived in an environment that gave them the freedom to spend time in a number of different areas.

There had been adaptations to the building to give people the choice of where they spent their time. There was clear signage to direct people around the service and this was adapted to meet the individual needs of people. One person we spoke with said, "I like my room. It's sunny and there is good wardrobe space. The bathroom is just there (pointing to the door to the bathroom just five feet away)." The person had personalised their room to suit their own taste.

Staff gained people's consent when they provided care. One person said, "They (staff) always ask if it's ok to do things (perform tasks for them)." We observed staff asking people for their consent before providing any care. Systems were in place to ensure that, where people's capacity to make a decision was in doubt, appropriate assessments were carried out. This ensured that staff were acting in people's best interests, should the person not be able to make the decision for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were systems in place at the service to ensure people were not deprived of their liberty unlawfully. People were supported to provide consent for the care they received.

Is the service caring?

Our findings

There was a positive and caring attitude among staff at the service, and people told us staff had a kind caring attitude. One person said, "We are well looked after here, it's one of the nicest (care) homes around." Another person said, "They (staff) know my family and always make them feel welcome." A further person told us their family who worked during the day was able to visit when they wanted. They went on to say both they and their relatives felt the service was "really homely." People told us the staff would have a laugh and joke with them. The relatives we spoke with were also complimentary about the way in which staff cared for people. During our visit, we witnessed a staff member having conversations with people. They were kind, courteous and always ensuring people had everything they needed.

Staff respected the choices people made and clearly understood the importance of doing so. One person said, "I choose exactly what I want to do and when I do it. If I want a bit of a lie in, I have it and sometimes if I am watching a programme (on TV) they (staff) just let me be." People's care plans provided information about their likes, dislikes and their life history. Where possible, people had been involved in providing information for their care plan about the way in which their care should be delivered. One person said, "They (staff) talk to my (relative) about my care, so I don't have to worry really."

People's religious and cultural needs were assessed and provided for. There was a religious service held regularly for those people who wished to attend. We saw people who required the services of an advocate were able to receive this service. An advocate is an independent trained professional who supports people to speak up for themselves.

People told us they were treated with dignity and respect by staff. One person said, "Staff always close the curtains if they are helping me with things (personal tasks)." We observed that staff were polite and respectful when speaking with people and gave people space when it was apparent they wished to be left alone. The staff we spoke with clearly described the ways in which they would ensure a person's privacy was maintained whilst carrying out any personal care. Where necessary, there was clear information in people's care plans about any personal care to be carried out and how this should be done. This took into account people's wishes and preferences.

Is the service responsive?

Our findings

People told us they were happy with the care they received and that it was responsive to their needs. One person told us, "I think they (staff) know what care I need better than I do." The relatives we spoke with also felt that their loved ones received appropriate care that was responsive to their needs. One relative told us, their relation always looked "immaculate" when they visited and the person was putting on weight, which they needed to do.

Staff clearly knew the individual needs of people they cared for. For example, residents' photos were on most bedroom doors with their name clearly marked. One person's room did not have a name or photo on it. A staff member we questioned about this told us the person did not like seeing their photo and was better with numbers and used this to remember their room.

People's needs were recorded to support staff in managing their care. A daily record was completed to confirm the care and support provided to people. There were care plans in place that detailed any assistance people required. While the care plans were regularly reviewed we saw some of these care plans required updating to make the information on people's care more accessible and organised for staff. The company's quality assurance manager had already highlighted this. An action plan was in place and the deputy and senior care staff were working together to streamline and organise the care plans.

There were a range of activities available for people who used the service. People we spoke with enjoyed joining in the different activities on offer. One person said, "I especially like the armchair aerobics with music and the balloon games." A relative we spoke with said, "The staff are very good at encouraging residents to join in, even though they may be unwilling at first, but there is never any pressure, they (residents) just seem to end up wanting to join in because it looks like fun."

The activities co-ordinator discussed the different events they organised. They told us the Memory Café which had been developed in one unit had been successful. Staff took residents from the different units at the service there for a "Lunch trip." They said, "They [residents] feel it is like going out without all the fuss and they have eaten Asian, Indian & Italian food."

The activities coordinator and the registered manager told us trips out had been much easier since the service got their own minibus. The activities co-ordinator said, "Trips have gone down well with residents as they like to get out when they can." One resident said, "The lady who runs the trips is a Wonder Woman."

There was a clear complaints procedure in place and the people and relatives we spoke with knew how to complain if they needed to. One person said, "My daughter is the one that talks to the managers mostly. She sorts out things for me and seems to get on with them." A relative we spoke with said, "We (family) certainly don't have any complaints so far, but I would feel perfectly comfortable approaching anyone here if we did." Everyone we spoke with told us they could and would go to the registered manager if necessary. People and their relatives were provided with a copy of the complaints procedure when they first started to use the service and it was also displayed in a prominent place in the home.

Where people had agreed, their preferences about how they wished to be supported at the end of their life were documented in their care plans. Staff we spoke with told us they worked with people, their families and relevant health professionals to make sure people were supported to have a comfortable, dignified and pain-free death. One person's care plan had a do not attempt resuscitation (DNAR) form in place. The person had signed this and there was evidence to show the discussion with them.

Is the service well-led?

Our findings

The management structure of the service was clear. A registered manager was in place. 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 2008 and associated Regulations about how the service is run.

The registered manager was clear about their responsibilities, they had notified us of significant events, and the last CQC inspection rating was displayed in the service. It is a legal requirement that the latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

The people and relatives we spoke with felt the management team and staff were approachable and that they listened to people. One person said, "They (Management) keep in touch with my family so they know what is going on even when they can't get here." Another person said, "The Manager seems very approachable and staff seem happy so it must all be working as it should. I have no complaints." A relative commented, "The place runs smoothly, staff work well together and they all seem to enjoy being with the residents."

Staff we spoke with felt the service was well led. One member of staff said, "You know where you stand with [manager]." Staff told us the registered manager and deputy manager were visible and approachable. They said there was a clear management structure in place when the registered manager was not on duty. Staff we spoke with understood their roles and responsibilities and told us the management team led by example. They felt supported, that the registered manager and deputy manager listened to their views and ideas. Staff told us they received individual supervision. They were aware of the whistle blowing policy at the service, and would feel confident to use this should they need to.

The management team also carried out a series of audits on a regular basis to assure themselves of the quality of the service. The audits gave the registered manager and provider's quality assurance team effective oversight of the quality of the service. The registered manager discussed actions they had taken as a result of the different audits. For example, they had recognised there was a high number of falls at the service. As a result, the registered manager had worked with the local authority's falls advisor to analyse the trends. The measures put in place had halved the number of falls within a period of six months. This shows the registered manager continually worked to reduce the risks to people and improve the quality of the service.

The registered manager discussed the issue of trying to ensure there were regular staff meetings. They felt they had not been able to keep up to date with these meetings. As a result, they had recently undertaken the regular senior staff meetings and had discussed senior care workers and heads of departments chairing some staff meetings. This would ensure that staff had an opportunity to raise concerns and discuss any ideas and improvements for areas of practice.

The registered manager also held regular relative and resident meetings and relatives we spoke with told us these had been informative. One relative said, "I did go to a relatives meeting a little while ago and I got quite a lot from it. I would go again. I have also filled out an online survey once before."

Following our inspection the registered manager sent us the results of a recent resident and relative survey showing that people were satisfied with the service they received. The registered manager had used the results to look at further improvements to be made at the service.

The service worked with their local community to involve people at the service in local events for example some people attended a local day centre regularly. A number of people had formed friendships at the centre, which had enhanced their social wellbeing.