Care Quality Commission

Eastgate Care Ltd

Belle Vue Lodge

Inspection report

680 Woodborough Road
Nottingham
Nottinghamshire
NG3 5FS
Tel: 0115 960 7706
Website: www.example.com

Date of inspection visit: 1 July 2015
Date of publication: 03/09/2015

Ratings

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

Overall summary

This inspection took place on 1 July 2015 and was unannounced.

Accommodation for up to 59 people is provided in the home in six separate units over four floors. There were 55 people using the service on the day of our inspection. The service is designed to meet the needs of older people living with dementia and provides nursing care.

At a previous inspection on 30 and 31 July 2014, we asked the provider to take action to make improvements in the areas of cleanliness and infection control and assessing and monitoring the quality of service provision. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in both areas.

There is a registered manager and she was available during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed and the risk of infection was minimised.

People's rights were not fully protected under the Mental Capacity Act 2005. People's mealtime experiences were varied and documentation was not always fully completed to monitor that people were receiving sufficient to eat and drink.

Staff received appropriate induction, training, supervision and appraisal. External professionals were involved in people's care as appropriate and adaptations had been made to the design of the home to support people living with dementia.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

People's needs were promptly responded to. Care records provided sufficient information for staff to provide personalised care. Activities were available in the home. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed and the risk of infection was minimised.

Good

Is the service effective?
The service was not consistently effective.

People's rights were not fully protected under the Mental Capacity Act 2005.

People's mealtime experiences were varied and documentation was not always fully completed to ensure that people were receiving sufficient to eat and drink.

Staff received appropriate induction, training, supervision and appraisal.

External professionals were involved in people's care as appropriate and adaptations had been made to the design of the home to support people living with dementia.

Requires Improvement

Is the service caring?
The service was caring.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

Good

Is the service responsive?
The service was responsive.

People's needs were promptly responded to. Care records provided sufficient information for staff to provide personalised care. Activities were available in the home. A complaints process was in place and staff knew how to respond to complaints.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

Belle Vue Lodge

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.

This inspection took place on 1 July 2015 and was unannounced.

The inspection team consisted of three inspectors and a specialist nursing advisor with experience of dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with ten people who used the service, five visitors, the maintenance person, three care staff, two nurses and the registered manager. We looked at the relevant parts of the care records of 12 people, the recruitment records of four staff and other records relating to the management of the home.

Good

Is the service safe?

Our findings

When we inspected the home in July 2014 we found concerns in the area of cleanliness and infection control which meant the provider was in breach of Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made in this area.

People and their relatives told us that the home was clean. Staff told us and records confirmed that they had attended infection control training. Staff had a good understanding of their responsibilities in this area.

Lounges, bathrooms and toilets were clean. People's bedrooms were also clean and free of infection control risks. We observed staff wearing protective equipment where required to minimise the risk of infection.

People told us they felt safe at the home and they had no concerns about the staff caring for them. They told us they would speak with the manager if they had any concerns. Relatives felt that their family members were safe in the home.

Staff told us they had received training in safeguarding vulnerable adults and were able to describe the signs and symptoms of abuse. They said if they had any concerns they would report them to the manager and, although they had never had to report anything of concern, they were sure she would take action. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed on the main noticeboard of the home to give guidance to people and their relatives if they had concerns about their safety.

We saw staff moving people safely and encouraging them to use their walking aids as required. Staff had completed body maps to record skin damage and bruising. These had been updated as required and staff had responded to potential safeguarding concerns appropriately.

Individual assessments were completed to identify risks to people including falls, pressure ulcers, moving and handling and nutrition. These were regularly reviewed for most people although there had been no nutritional or pressure ulcer risk assessments for one person, despite them having a pressure ulcer and being at nutritional risk. This meant that there was a possibility that risks in these areas would not be identified and managed safely.

Care records contained an emergency evacuation plan for the person with details of the support the person would require. The staff we spoke with were able to describe their role in an emergency and the action they needed to take to ensure a coordinated response.

Relatives told us the home was safe and well maintained. Staff felt there was enough equipment to support the needs of people using the service and it was regularly maintained. Appropriate checks of the equipment and premises were taking place and action was taken promptly when issues were identified. The premises were well maintained, safe and free of obvious risks to people's safety.

People told us there were sufficient staff to meet their needs. Most relatives thought there were enough staff on duty, although one relative said, "If there were more staff, there would be more time to do more one-to-one things such as take [my family member] for a little walk in the garden." Staff said they felt the staffing levels were adequate.

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. We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms.

Safe recruitment and selection processes were followed. We looked at three recruitment files for staff recently employed by the service and for one volunteer. The files contained all relevant information and appropriate checks had been carried out before staff members started work. A staff member told us that appropriate recruitment checks were completed and the recruitment process was, "pretty good."

Medicines were safely managed. People told us they received medicines when they needed them. Relatives also

Good

Is the service safe?

confirmed this. We observed medicines were given to people safely. Staff were patient and stayed with each person while they took their medicines, to ensure they had been taken.

We looked at the Medicines Administration Records (MAR) for 15 people using the service and found they had a sheet at the front with a picture of the person to aid identification and a record of any allergies. There was also a description of the way the person liked to take their medicines. MARs had been completed consistently and a record made of any omissions. There was a separate record of topical cream administration and the MAR referred to this. Where there were special requirements for the administration of certain medicines this had been clearly identified on the MAR to ensure people received their medicines effectively and reduce the risks of errors occurring.

We found there were protocols in place to provide staff with additional information in relation to those medicines which had been prescribed to be given only as required. However, these had not been fully completed for approximately half of the records we examined. Nurses told us they were in the process of completing these protocols for each person.

Medicines were stored in line with requirements and staff carried out checks of room and refrigerator temperatures, which were within acceptable limits to ensure the quality of medicines was maintained. We saw there were daily stock checks of all controlled medicines and when we checked two controlled medicines against the controlled medicines record book we found the numbers tallied with the record. We talked to staff administering medicines about the training they had undertaken. They told us they had had training provided by an external pharmacist and also in-house training. This was refreshed annually. They also had their competency assessed by the manager on at least an annual basis.

Requires Improvement

Is the service effective?

Our findings

People told us they felt that staff knew what they were doing. A relative said, "Staff are very good." We observed that staff were confident and competently supported people.

Staff told us they had received an induction and it was good. Staff told us they received regular training, supervision and appraisal. Staff felt supported. Training records showed that staff were up to date with training which included equality and diversity training. We looked at the records for three staff which showed that supervision and appraisals were taking place and contained appropriate detail.

People told us that they were encouraged to make choices about their care and staff respected their decisions. Relatives told us that staff did not act against their family members' wishes. We saw that staff explained what care they were going to provide to people before they provided it. Where people expressed a preference staff respected them.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 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. The registered manager told us there were people with a DoLS authorisation in place and we saw that appropriate applications had been made for people who might be being deprived of their liberty. Staff had attended MCA and DoLS training. However, care records did not always provide guidance for staff on how to support those people with a DoLS in place. This meant that there was a greater risk that people's rights would not be protected.

Mental capacity assessments and best interests' documentation were in place for decisions such as flu vaccination, the use of covert medicine and supporting person around risks to their health. However, we saw that they were not in place for the use of a sensor mat for one person. This meant that there was a greater risk that the person's rights would not be protected.

Detailed guidance for staff on how to support people with behaviours that may challenge those around them was not always in place. However, staff did have a good understanding of the factors influencing people's challenging behaviour and the techniques which calmed people. A staff member told us they had received training in managing challenging behaviour. We observed that staff responded effectively to people with behaviours that challenge.

We looked at some care records for people who had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form in place. Not all forms were correctly completed and the home contacted the relevant GP practice immediately to arrange for the forms to be reviewed.

People told us that they enjoyed the food provided to them and there was plenty to eat and drink. They told us that they were offered choices at mealtimes. Relatives were happy with the food and drink provided. One relative said, "Sunday lunch is beautiful."

Snacks were available in the lounges throughout the day and people were encouraged to eat and drink frequently. Some people who were at high risk nutritionally and had been identified as not eating well at meal times had snack boxes containing things they liked to eat.

We observed the lunchtime meal. People's mealtime experiences were mixed. In one unit, most people did not require a lot of assistance with their meal and staff were able to provide the assistance needed. However, in another unit two people required a lot of encouragement and one person appeared to be asleep and difficult to rouse. As a consequence their food was left with them for over 15 minutes with only occasional input from staff and they ate very little. On another unit, one person did not receive sufficient prompting from staff to eat their meal. Two other people who had not eaten their main meal had accepted the choice of sandwiches from one staff member. Before these sandwiches arrived on the unit, another staff member had given both people their dessert.

There was little use of pictorial menus and people were not always offered a choice at mealtime. Some people with advanced dementia clearly had problems in understanding

Requires Improvement

Is the service effective?

choices and what they were being provided with. However, when someone did not want the meals they were provided with, staff offered them the alternative and provided this. The chef told us they could provide something different if people requested it.

Staff were aware of those people who were at nutritional risk or at risk of choking. However, documentation was not always fully completed to monitor that people's nutrition and hydration needs were met. We saw that food and fluids charts were not always fully completed with quantities of food and fluid taken and times of meals. This meant that there was a greater risk that concerns regarding people's food and drink would not be quickly identified.

People told us they saw the GP or other health and social care professionals if they needed to. There was evidence of the involvement of external professionals in the care and treatment of people using the service. Staff told us that they would immediately tell the nurse if they had concerns about a person's health.

We saw that repositioning charts were fully completed to show that people at risk of skin damage were receiving care in line with their care plans. However, we also saw that the urinary output for a person with a catheter had not been recorded. This meant that there was a greater risk that problems with the person's catheter would not be promptly identified by staff.

Adaptations had been made to the design of the home to support people living with dementia. Bathrooms, toilets and people's bedrooms were clearly identified. Handrails were in contrasting colour to the walls and flooring was a solid colour to support people living with dementia who could have visual difficulties. Lounge areas were comfortable and easily accessible for people. A secure, attractive garden was available and we saw people using it throughout our inspection.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person said, "I think it is alright here. The staff are very nice to me." Relatives told us that staff were kind and friendly. A relative said, "The staff are brilliant, so caring."

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff greeted people when they walked into a room or passed them in the corridor. They checked they were alright and whether they needed anything. Staff were kind and caring in their interactions with people who used the service. Staff clearly knew people and their preferences well.

Staff interacted well with the people using the service, gave them reassurance when they became anxious and encouraged them to engage. For example, we saw a carer using a set of old photographs as a basis by which they could engage in a conversation. Another person said, "Please help me. I don't know where the hell I am." A carer went over to the person, reminded them of where they were and chatted for a few minutes with them.

People told us they could make decisions about their care. They told us they had not seen their care plan but felt that staff listened to them and respected their choices. One person said, "They have asked me questions, what I like and don't like." Relatives told us they were had been consulted regarding their family members' care.

Each care record contained a record of communication with the person's close relatives and for a person with dementia, demonstrated they had been asked to participate in the review of the person's care plan. We saw one care record contained a form to be completed to indicate a person or their relative had been involved in their care plan but this had not been signed to indicate their involvement. However, another care record of a person who had been admitted to the home a short time before the inspection indicated the person's relatives had been involved in the person's family in preparing the room for the person and decorating it with 'home comforts'.

Care plans were in place which identified people's ability to communicate and sensory deficits and the action to be taken to reduce the impact of these. Advocacy information was available for people if they required support or advice from an independent person.

People told us they were treated with dignity and respect. One person said, "They're very respectful. They're good really." People told us staff respected their privacy and would always knock on their bedroom door before entering. Relatives told us that staff treated their family member with respect. We saw staff knocking on people's doors before entering rooms and taking steps to preserve people's dignity and privacy when providing care. We observed that information was treated confidentially by staff.

Staff were able to explain how they maintained people's privacy and dignity at all times and took particular care when providing personal care. The home had a number of lounges and rooms where people could have privacy if they wanted it. A staff member had been identified as a dignity champion. A dignity champion is a person who promotes the importance of people being treated with dignity at all times. Staff told us they had attended privacy and dignity training.

People told us they were encouraged to be as independent as possible. A relative told us that staff had encouraged a person to walk and the person now takes a few steps, "Which is wonderful." Staff told us how they supported people to do as much as they were able to so that they remained as independent as possible.

People told us that their families and friends could visit whenever they wanted to. One person said, "Family can come anytime." Relatives told us they were able to visit when they wanted to. We observed that there were visitors in the home throughout our inspection. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

Good

Is the service responsive?

Our findings

We observed staff responded quickly to people's needs during our inspection. A person living with dementia repeatedly shouted, "Help me, help me" as soon as they were left alone or wanted something. This occurred even when the person had asked staff to take them to their room. Staff responded as quickly as they could and the person usually settled when the staff attended.

We talked with staff about their management of the person and they told us the dementia outreach team were involved but had been unable to identify any further strategies to help the person. They knew how best to respond to the person and the ways in which they could be engaged but were unable to give the person their undivided attention for extended periods. We saw that staff responded to this person promptly on a number of other occasions. We heard the person call out, "I want to go home. Help me. I want to go home." A staff member approached the person and touched his hand gently and was kind. She established that the person wanted to go to their room and reassured them. She explained, "We're going to go now and take you upstairs" and supported the person to leave the room. However, we did see that staff did not respond to the person's demands quickly on one occasion and the person began to shout and swear which appeared to distress other people in the room.

People gave mixed feedback about whether there were enough activities. One person said, "There aren't any." However, another person said, "Staff take people out to have a walk. I go out with staff to the shops. There's enough going on." Most relatives told us there were enough activities offered in the home. Staff told us that they also felt there were sufficient activities available for people who used the service.

There were opportunities for people to participate in some one to one activities with staff. We observed a staff member providing one to one care for a person with dementia. They engaged the person in a number of activities and used a set of photos to encourage reminiscence. We saw another person being offered a harmonica and staff asking the person if they had ever played one and encouraged them to try it. However, we did not see activities taking place in all parts of the home during our inspection.

There was mixed information in the care records about activities people enjoyed or evidence of participation in activities. There was limited information regarding the hobbies and interests that people liked to follow and whether they were supported to take part in them. However, the Alzheimer's Society "This is me" booklets were being completed for people and more detailed information was being gathered of a person's background, family, interests and preferences.

An assessment of people's needs had been carried out prior to admission and on admission to the home. Each person had care plans in place, most of which were written from the perspective of the person and contained the necessary detail to support staff to meet the person's individual needs. However, not all the care plans had been fully completed, meaning that there were some gaps in the information. The registered manager told us that new care records were to be introduced to ensure that guidance was in place for staff on how to meet all of a person's identified needs.

There were care plans in place to manage people's long term health care needs such as chronic obstructive airways disease, hypertension and enteral feeding. These provided a good level of detail to maintain people's health and identify ill health. There was a wound care plan for a person with a small wound.

'Mini care plans' were in place which summarised people's care and support needs and preferences. These allowed staff to see at a glance the care and support people needed and staff had a good knowledge of people's needs and preferences.

We saw that a person's cultural requirements had been identified and addressed by the home. The person was supported to remain in contact with their community and information was available in the person's first language to support them and staff to communicate effectively.

People told us they knew how to make a complaint if they needed to. One person said, "I would speak with the manager. Up to now I've got nothing to complain about." Relatives told us they knew how to make a complaint and would be comfortable doing so.

Staff said if a person or their relative raised a concern or a complaint, they would report it to the nurse or manager. They said they would try to resolve the issue if possible prior to reporting it.

Good

Is the service responsive?

We saw that a recent complaint had been responded to appropriately. Guidance on how to make a complaint was contained in the guide for people who used the service and displayed in the main reception. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

When we inspected the home in July 2014 we found concerns in the area of assessing and monitoring the quality of service provision which constituted a breach of Regulation 10 of the HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made in this area.

The provider had a fully effective system to regularly assess and monitor the quality of service that people received. 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 most of these audits but the registered manager confirmed that additional work was required to ensure that action plans were in place and signed off for all audits completed in the home. Audits were carried out in the areas of care records, medication, health and safety, kitchen and domestic areas. The manager carried out monthly night time visits to check that standards of care were maintained at night. We saw that issues identified in the audits were discussed with staff during their supervision sessions.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. The registered manager confirmed that this issue had been discussed in staff meetings and we saw that accidents were analysed to identify any themes which could be addressed. 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.

We had mixed feedback about whether people were involved in developing the service. One person told us that they had completed a questionnaire asking their views on the home, but other people said they had not. People told us that they had not attended any meetings with other people who used the service to discuss the running of the home. However, they told us that they would be happy raising any concerns with the manager if they needed to. A relative said, "I feel involved because I try to talk to people here." The registered manager told us that she was going to introduce different events to encourage relatives and visitors to attend so that she could talk with them about their views of the service. We saw that an advocate regularly visited the home as a 'Worry catcher' so that people who used the service and their relatives could share any concerns with them which the advocate would then discuss with the manager.

We saw completed questionnaires from people who used the service and their families. We saw minutes of the last meeting for people who used the service and their relatives which had taken place in April 2015. Actions had been taken to address any concerns raised.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues. The care home's philosophy of care was in the guide provided for people who used the service. We saw staff putting the service's values into practice when providing care.

People told us that the manager was approachable and listened to them. Relatives said they could talk to the manager. A relative said, "She's very approachable."

Staff told us the manager was available, "All the time." They said, "If I had any problems or issues, I would just go and see [the manager]. They said everyone worked well together as a team. Another staff member said, "It's a good home to work for." They said, "There is a positive atmosphere in the home and it is well-led." They said, "The manager, she's good at her job. She's a good manager. She's very fair."

Another staff member told us they felt the home was well-led. They told us that the manager was "lovely" and, "really nice." They said, "She listens. She's always available to talk." They also said that the atmosphere was, "Brilliant." They confirmed that staff meetings occurred regularly and that they could contribute views. They said, "I enjoy it here" and, "I love it, I do."

A registered manager was in post and available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that regular staff meetings took place and the registered manager had

Good

Is the service well-led?

clearly set out their expectations of staff and stated that she was there to support staff if they needed it. The registered manager told us that staff working at the home were, “Wonderful.”