Alo Care Ltd

Bellus Lodge

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on the 5 and 6 April 2016 and was announced. Bellus Lodge provides accommodation and care for people with complex support needs. It is registered for up to six people. At the time of our inspection there were five people living there.

People have their own bedrooms and shared access to two bathrooms one of which had a sensory spa. Shared areas also included a lounge and dining room, kitchen and laundry and an enclosed garden.

The service had a 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 2008 and associated Regulations about how the service is run.

Staff had received fire training and taken part in fire drills. The house had a completed fire risk assessment and people had individual personal evacuation plans. Not all senior staff were aware of the plans. We discussed this with the manager who told us they would review this and ensure that senior staff are aware of them and where to locate them in the event of an emergency.

Risks relating to the building had been assessed. We observed people accessing all areas of the house and garden safely. Risk assessments had been completed for when people went into the community and included the level of staff support people needed. This demonstrated that people's risks were being managed with the least restriction on their freedoms and choices.

Risks to people had been identified and assessed. Some risk assessments were in relation to behaviours people had that may place themselves or others at risk of harm. We spoke with staff who demonstrated a good understanding of the risks people lived with and any identified interventions that reduced the risk. We saw that people's records included a safeguarding plan. This provided information about how people were protected from abuse.

Families and visiting professionals told us they felt people were safe living at Bellus Lodge. Staff had completed safeguarding training and understood how to recognise potential abuse and the actions they would need to take. A safeguarding poster was in an easy read picture format. This meant that people using the service had information about safeguarding that they could understand.

The service had enough staff to support people safely. Staff had been recruited safely. Policies and procedures were in place for managing unsafe practice.

People had their medicines stored and administered safely. Staff had received training and had their competencies checked. Some medicines were prescribed for only when people required them. Procedures were in place to ensure that people only received these medicines when all other interventions had not

been successful.

Staff received induction and on-going training that provided them with the specialist skills needed to carry out their roles effectively. Staff received supervision every six to eight weeks and told us they felt supported in their roles. Appraisals had been completed and staff had opportunities for career development and further training.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the service was mostly working within the principles of the MCA. DoLs applications had been sent to the local authority. One person had an authorised DoLs in place which had conditions attached to it that staff were aware of and were being met. People had a monitor in their rooms which enabled staff to listen in. They also had a peep hole in their door so that staff were able to look into their rooms. Both these measures had been put in place to enable staff to discreetly monitor a persons' safety. We discussed this with the managers as there was no evidence that a best interest decision had been made to support these actions. We were told that this would be reviewed with immediate effect. Staff had completed MCA training and understood the need for people to consent to care.

People were supported to follow a healthy diet. People were involved in menu planning and supported in ways that enabled them as much independence as possible.

Records showed us that people had good access to healthcare.

People, their families and other professionals told us that staff were consistently kind and caring and had peoples' best interests at heart. Staff had a good knowledge of people, how they liked to spend their time and what interested them. Staff used different types of communication with people which enabled meaningful conversation.

People were involved in decisions about how they wished to live their lives. Staff had a good knowledge of family and friends that were important to people. People who needed an independent representative to speak on their behalf had access to an advocacy service.

Some people needed staff to observe them most of the time. We saw staff achieving this in the least restrictive way respecting people's rights to having freedom and independence around their home and garden. Staff understood the importance of respecting people's dignity and privacy.

The service had a complaints process and families and professionals we spoke with felt able to use it and that staff would listen to them. We looked at the complaints log which did not contain any complaints

about the quality of the service. The process did not capture verbal concerns raised with the service. We discussed this with the acting manager who told us they would introduce recording verbal complaints as well as written complaints in order to fully capture people's feedback and the actions taken by the service in response.

Pre admission assessments had been completed and included information gathered from the person, their families and other health professionals. The pre admission assessment had been used to create individual care plans for people that provided information to staff about the person and how to support them. Staff had a good knowledge of care plans and how to support people. Plans included information on people's goals and aspirations. Staff were able to tell us the actions that had been taken to support people to meet their personal goals.

Information had been gathered about people's interests and the activities they enjoyed. Staff supported people to follow these both in the house and the community. People had good links with the local community which included opportunities for learning at local colleges and voluntary work placements. This gave people the opportunities to develop their skills and personal development.

Families and other professionals we spoke with told us there had been a lot of management staff changes that had caused communication to be difficult at times with the service. This had led at times to people being late for appointments or missing them. Families and professionals told us that the service did not always keep them up to date with information about people. This meant that people's families and professionals involved in people's care and support did not always feel empowered.
The registered manager was not present during our inspection. However they did contact us before the inspection to discuss the management arrangements of the service. During our inspection the day to day management of the service was being overseen by the organisations Business Development Manager. They had been undertaking the acting house manager role for four months. Also there was a newly appointed manager who had just taken up post and was undertaking their induction. We were told that the registered manager visited the service at least once a week and attended the manager's weekly meeting.

Staff spoke positively about the service and the organisation. Staff were very motivated and spoke enthusiastically about their roles and the type of support they provided to people. They felt appreciated by management and felt their views were encouraged and had led to positive change.

The service completed regular audits which included accidents and incidents, recruitment, health and safety, medicines and care files. Audits highlighted any identified actions. Audit findings were discussed at management and staff meetings. We discussed with the acting manager recording any actions taken and subsequent outcomes to demonstrate improvements achieved. A quality assurance survey was currently under review and we were told would be issued within the next two months in order to gather feedback from people, their families, staff and other professionals.

Notifications were sent to CQC in a timely manner.

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.

Staff received fire training including fire drills. Fire risk assessments and personal evacuation plans had been completed. All senior staff needed to be aware of their content.

People's risks were being managed safely with the least restriction on their freedoms and choices.

Staff had completed safeguarding training and understood how to recognise potential abuse and the actions they would need to take.

The service had enough staff to support people safely. Staff had been recruited safely.

People had their medicines stored and administered safely.

Is the service effective?

Good

The service was effective.

We found that the service was mostly working within the principles of the mental capacity act. Some interventions to discreetly monitor people's safety had not been considered within the framework of the act.

Staff received induction, on-going training that provided them with the specialist skills needed to carry out their roles effectively.

People were supported to follow a healthy diet.

Records showed us that people had good access to healthcare.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and had a good knowledge of people.

Staff used different types of communication with people which enabled meaningful conversation.

People were involved in decisions about how they wished to live their lives. People who needed an independent representative to speak on their behalf had access to an advocacy service.

Staff supported people in the least restrictive way enabling freedom and independence around their home and garden and in the community.

People had their dignity and privacy respected.

Is the service responsive?

Good

The service was responsive.

A complaints process was in place and had been shared with people and their families.

People had individual care plans that detailed how to support peoples assessed care needs and also included their goals and aspirations. Staff had a good knowledge of the plans and the actions needed to support people.

People had good links with the local community which included opportunities for learning at local colleges and voluntary work placements.

Is the service well-led?

Requires Improvement

The service was not always well led.

Communication between the service with families and other professionals was not consistently good.

Limited feedback had been sought from people, their families, staff and other professionals. A quality assurance survey was under review.

Staff were positive about the service and motivated in their roles. Staffs views on the service were encouraged and had led to positive change.

Regular audits were carried out and were effective.

Notifications were sent to CQC in a timely manner.

Bellus 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.

The inspection took place on the 4 and 5 April and was announced. The provider was given 48 hours notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection we looked at notifications we had received about the service and we spoke with social care and health commissioners to get information on their experience of the service. We also spoke to the registered manager who was not able to be present during the inspection. We looked at information on the 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.

During our inspection we spoke with one person and observed the support two people were receiving. We spoke with the acting house manager, and a newly appointed manager who was shadowing as part of their induction into the service and two senior support staff. We spoke to the Day Services Manager who was visiting the service. After our inspection we spoke with two families, an independent advocate, a social worker and health professional who all had experience of the service.
We reviewed two peoples care files and discussed with care workers their accuracy. We checked three staff files, health and safety records, maintenance records, medication records, management audits, staff meeting records, and records of feedback from families and others.
We walked around the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

Staff had received fire training and taken part in fire drills. The house had a completed fire risk assessment and people had individual personal evacuation plans. The plans provided information about people's physical or behavioural risks should they need to be evacuated from the building. One persons' care plan stated 'The person may not exit the building if alarm goes off'. We spoke to a senior support worker who was not aware of the personal evacuation plans. They were able to tell us about fire drill practices. They said "Two residents go straight to the front door, the other three come down with staff and we go to the evacuation point outside. All people cope well. No special needs, a member of staff is supporting each person". We discussed this with the manager who told us they would review the personal evacuation plans and ensure that senior staff are aware of them and where to locate them in the event of an emergency.

Risks relating to the building had been assessed. The house had a keypad security system on external doors and gates. We observed people accessing all areas of the house and garden safely. Risk assessments had been completed for when people went into the community and included the level of staff support people needed. We saw that staffing levels enabled people to safely access the community. This demonstrated that people's risks were being managed with the least restriction on their freedoms and choices.

Risks to people had been identified and assessed. Some risk assessments were in relation to behaviours people had that may place themselves or others at risk of harm. Included were details of the potential behaviour, details of any early indicators that the behaviour may happen and preventative actions staff could take to reduce the risk. The risk assessments included actions staff needed to take to keep the person safe during an incident and also after an incident had occurred. We spoke with a relative who told us how staff supported their son who had behaviours that could cause him harm. They said "I'm impressed how quick staff respond. They support him by holding his shoulders. You have to touch him but it's not extreme. I'm really impressed and he has a good relationship with staff". We spoke with staff who demonstrated a good understanding of the risks people lived with and any identified interventions that reduced the risk.

We saw that people's records included a safeguarding plan. This provided information about how people were protected from abuse. Details included staff training, audit checks on people's finances and the involvement of people and their representatives in decisions.

Families and visiting professionals told us they felt people were safe living at Bellus Lodge. One relative told us "He is supported safely". We spoke with staff who told us they had received safeguarding training. We checked training records that confirmed training had taken place. They understood how to recognise potential abuse and the actions they would need to take. One support worker said "If I saw poor practice I would report it to the manager". We saw that a safeguarding poster was on the noticeboard. The poster was in an easy read picture format. This meant that people using the service had information about safeguarding that they could understand. A support worker told us "I have been given information about whistleblowing and been given information about how to contact CQC if we felt there were neglect or service issues".

Staff and families told us there were enough staff to support people. One support worker told us "Good staffing and one extra at all times for the unexpected. It means people go out whenever they want too". We observed that each person had their own staff member supporting them throughout our inspection. The manager told us that staff who worked at the day service people used at times also provided support at the house. This ensured that people were always supported by staff who knew them.

Staff had been recruited safely. Staff records contained employment references, criminal record checks and that staff were eligible to work in the UK. Policies and procedures were in place for managing unsafe practice.

People had their medicines stored and administered safely. Staff who administered medicine had received training and had their competencies checked by the manager. In the treatment room each person had a locked cabinet that contained their medicine. The room and the fridge that was used to store medicine had the temperature checked daily and were within safe limits. We looked at one persons' medicine and the amount remaining for the month corresponded with the record of medicine that had been administered. One person took medicines that were covered by the Misuse of Drugs Act. This meant they had to be stored and administered with more security than other medicines. We checked the recording and the number of tablets being stored. They had been recorded and administered in line with the legal requirements.

Some people had been prescribed medicine for as and when it was required (PRN). This included medicines to manage pain or a persons' anxiety. There was a protocol in place for the administration of PRN medicines. They could only be administered after a discussion with a manager of the service. The manager told us that this enabled staff to discuss other options of resolving the problem before medicine was given. This meant that people were not receiving medicines inappropriately.

Good

Is the service effective?

Our findings

Staff received induction and on-going training that provided them with the specialist skills needed to carry out their roles. One support worker told us "I've completed a course on autism. Also had face to face training with the manager in positive behavioural management. It was really good and showed us techniques to use. I've also had some behavioural training that was specific to one of the people living here. We have had social stories training". Social Stories is a tool used to improve the social skills of people with autism spectrum disorders.

We looked at three staff records and saw that completed training included challenging behaviour, communicating effectively, fire, first aid, food hygiene, health and safety, infection control, nutrition and diet, role of the care worker, mental capacity act and medicine administration. This meant that staff had the skills and knowledge to carry out their roles effectively.

We spoke with a senior support worker about their induction. They said "It included shift leading. This means selecting staffing, looking at staff relationships with people. Knowing staffs strengths and weaknesses, the routine of the shift and people. I completed medicine training on-line and with BOOTS the chemist. I had to shadow a senior and they signed off my competencies".

Staff told us they felt supported in their roles and received supervision every six to eight weeks. One care worker told us that they had received extra supervision when they had needed it. Another support worker told us "I have had an appraisal and requested training and it's already in motion". We looked at supervision records that showed us that training had been discussed and requests for further training carried out.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the service was mostly working within the principles of the MCA. DoLs applications had been sent to the local authority. Four were awaiting an outcome. One person had an authorised DoLs in place which had conditions attached to it that staff were aware of and were being met. People had a monitor in their rooms which enabled staff to listen in. They also had a peep hole in their door so that staff were able to look into their rooms. Both these measures had been put in place to enable staff to discreetly monitor a

persons' safety. We discussed this with the managers as there was no evidence that a best interest decision had been made to support these actions. We were told that this would be reviewed with immediate effect.

Staff had completed MCA training and understood the need for people to consent to care. A support worker described how they would get consent from a person they supported. They said "You can ask him and he will tell you with his hands. He can also write things down". Staff understood the need to use a variety of communication aids such as pictures and social stories to support people to make their own decisions.

People were involved in menu planning and choosing each day what they would like to eat. Staff had a good understanding of people's likes and dislikes. The menu was displayed in writing and picture form. One person had a plate guard so that they could eat their meal independently. Information on known food allergens was displayed on the notice board. People were supported to follow a healthy diet. The manager told us "we were concerned about one person who liked a lot of snacks and was gaining weight. We reviewed his diet with him using social stories and he agreed to a snack box that contained one healthy and one unhealthy snack a day. In the last three months they've lost eight pounds".

Records showed us that people had good access to healthcare. This includes behavioural therapists, GP's, occupational therapists and speech and language therapists.

Good

Is the service caring?

Our findings

One person told us that the staff were kind and that he could talk to them. They told us that their family could visit any time" They regularly went into the community and said "The staff stays with me which is good". We spoke with a relative who said "All the staff have been lovely. We have had lovely pictures from them and can see he was happy. We're really impressed he has a good relationship with staff". Another family we spoke with said "The staff are brilliant, so caring. I can tell it's sincere". We spoke with a mental health specialist who told us "The carers have always been lovely. Generally can always say they are all very good, caring and understand and have (the persons) best interests".

We observed staff supporting in a way that demonstrated they had a good knowledge of people. Staff provided support in a relaxed way. We observed people arriving back from their day activities. People were happy and pleased to be home. We observed positive interactions between staff and people. Staff had a good knowledge of the best way to communicate with each person which included hand signals, using pictures and social stories.

People's rooms were personalised and contained evidence of their interests. Staff had a good understanding of how people liked to spend their time and the things that interested them. This enabled staff to have meaningful communication with people.

We observed staff involving people in decisions. This included how a person wanted to spend their time and choosing what they would like to eat. Staff supported in an unhurried way at the persons' pace. Staff's knowledge of people enabled them to offer relevant choices and communicate effectively.

Families and friends were able to visit at whatever times they wished. People were supported to spend time with family outside of the home. Staff had a good knowledge of family and friends that were important to people. Staff supported a person with weekly phone calls to their family and had recently started using skype.

People who needed an independent representative to speak on their behalf had access to an advocacy service.

Family told us that when they visit staff leave them to have private time with their relative but if they need support they are impressed at how quickly staff respond. People were able to spend time in their own rooms alone and this was respected by staff whilst people's safety was discreetly checked. This demonstrated that staff respected a person's right to privacy.

People had their dignity respected. Staff knew the informal names people had chosen to be addressed by and used these appropriately. We observed interactions between staff and people that were respectful and maintained a persons' dignity. Some people needed staff to observe them most of the time. We saw staff achieving this in the least restrictive way respecting people's rights to having freedom and independence around their home and garden.

Good

Is the service responsive?

Our findings

The service had a complaints process and families and professionals we spoke with felt able to use it and that staff would listen to them. We spoke with a health professional who said "They do listen. I have a good relationship with the managers. If I have an overriding concern I would tell them and they always listen". We looked at the complaints log which did not contain any complaints about the quality of the service. We spoke with a relative who told us they had previously raised a concern about a staff members' attitude. They had felt listened too and the appropriate actions taken. This had not been recorded in the complaints log. We discussed this with the managers who told us that they would record verbal complaints as well as written complaints in order to fully capture people's feedback and the actions taken by the service in response.

Pre admission assessments had been completed prior to a person moving into the house. We looked at one file and saw that the person, their family and other specialist health professionals had been involved in providing information for the assessment. The pre admission assessment had been used to create individual care plans for people that provided information to staff about the person and how to support them.

We spoke with staff who demonstrated a good knowledge of people's care plans and how to support them. Staff told us plans were regularly reviewed. A senior support worker said "We update care plans as things happen". Care plans contained information about people's goals and aspirations. Staff were aware of them and were able to tell us what actions had been taken to support a person in working towards reaching their personal goals. We looked at records and saw that one person's goal had been to use a train. Staff told us the person had achieved this goal. Staff completed detailed daily notes for each person. They provided an account of how the person's day had been and were linked to a person's care plan.

Information had been gathered about people's interests and the activities they enjoyed. We spoke with one person who was able to tell us that he had materials and equipment in his room that enabled him to enjoy one of his hobbies. People had access to their own computers, TV's and music. We spoke with a relative who told us "He has fun, it's not an issue. Staff look at things and look at why and how they can make it better".

People had good links with the local community. On one day of our inspection people had gone to a local farm, ten pin bowling and taken a walk in a local park. One person had changed their mind half way through the day and had indicated to staff using a picture book that they wanted to go to the beach.

People had opportunities for learning at local colleges. Courses appropriate to a person's interests had been sourced. They had included art and also dance and drama classes. Voluntary work opportunities had been organised for people. This meant that people were able to develop their skills and personal development.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we recommended that the service seek advice and guidance from a reputable source about supporting families and friends to express their views and involving them in decisions about the care, treatment and support of people. We found that the service were still not consistently supporting families and friends to express their views or get involved in decisions.

Families and other professionals we spoke with told us there had been a lot of management staff changes that had caused communication to be difficult at times with the service. One health professional told us that a care plan they had been involved in didn't get off the ground due to changes of manager. We were told by a health professional and social worker that people had been late for appointments or missed them. We were told of another incident were the person didn't arrive with information that had been requested. When they contacted the home they had been told this had been due to staff communication and managing the home diary. We spoke with a relative who said "There has been a few managers. Been a few changes, I can't keep up with it. I would like more information. When the service first started I would get updates once or twice a week but now I have to ring them". Another family told us "The only thing were not pleased about is the communication. Lots of staff changes and poor communication between management and myself. Not sure who to go to with issues. I send e-mails and it can be a few days or can be no reply. I don't get photos. I have to request meetings as the service haven't. I find out more from the staff than the management". We spoke with a social worker who told us "My main concern is communication. Information is only shared when requested". We discussed this with the acting manager who told us that there was weekly contact with families. We looked at care records but this had not always been recorded weekly. This meant that people's families and professionals involved in people's care and support did not always feel empowered.

The registered manager was not present during our inspection. However they did contact us before the inspection to discuss the management arrangements of the service. During our inspection the day to day management of the service was being overseen by the organisations Business Development Manager. They had been undertaking the acting house manager role for four months. Also there was a newly appointed manager who had just taken up post and was undertaking their induction. The plan was for this person to apply to be the registered manager of the service. We were told that the current registered manager visited the service at least once a week and attended the manager's weekly meeting.

Staff spoke positively about the service. One support worker said "I love working here. I wouldn't change it for the world". The registered manager told us "Feel quite supported by the company – 100%. What I ask for, if I give the legal reasons, safety and outcomes for service users the company will provide". We spoke with another support worker who said "The home is managed really well. We work really well as a team". We spoke to a health professional who said "Staff are very motivated and willing to learn". They also said "I have a good relationship with the managers. If I have any overriding concerns I do tell them and they always listen".

Staff told us they felt appreciated by management and their views encouraged. One support worker said

"We have regular meetings. Feel able to have a voice. Everybody is able to voice their concerns and ideas. Not just management. Views are welcomed". Staff were able to give us examples of when their views had made a positive change to the service.

All staff attended regular staff meetings. We were told by staff that money had been put aside for a team building day. The actual event had not been organised but staff told us it was something they were looking forward to doing.

The service completed regular audits which included accidents and incidents, recruitment, health and safety, medicines and care files. Audits highlighted any identified actions. Audit findings were discussed at management and staff meetings. We discussed with the acting manager recording any actions taken and subsequent outcomes to demonstrate improvements achieved.

The service had not carried out a full quality assurance survey since the service opened in March 2015. Some families and staff had been sent an email asking them if they had any problems and had captured some feedback. We spoke with the acting manager who told us that this was currently being reviewed and would be issued within the next two months in order to gather feedback from people, their families, staff and other professionals.

Notifications were sent to CQC in a timely manner. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.