Belford Care Limited

Belford House

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

Belford House provides care without nursing for up to 32 older people who are frail or who live with dementia. At the time of the inspection 29 people were accommodated. It is arranged over two floors and has a lift.

Rating at last inspection

At our last inspection we rated the service good overall and requires improvement in the key area of safe, due to issues in relation to water safety and a lack of sufficient information regards when to give medicines people took as required. At this inspection we found these issues had been addressed for people.

The evidence gathered at this inspection continued to support the rating of good and there was no evidence or information from our inspection and ongoing 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 were kept safe from the risk of abuse. Staff understood their role and responsibility to keep people safe from the risk of harm. Risks to people had been identified, assessed and managed to ensure people's safety. Learning took place following incidents to reduce the risk of repetition for people. There were sufficient numbers of suitable staff to provide people's care in a timely manner. People received their medicines safely from trained staff. Processes were in place to identify any issues with people's medicines and the registered manager took appropriate action where required. Processes were in place to protect people from the risk of acquiring an infection.

People's needs were assessed, and the provision of their care was based on good practice guidance to ensure effective outcomes for them. Staff had the skills, knowledge and experience required to provide people with effective care. Staff had received relevant training to enable them to support people appropriately at the end of their life. Staff supported people to eat a range of nutritious and appetising foods and drinks. Staff ensured people's healthcare needs were met in a timely manner. The environment was spacious and suitable for the needs of the people accommodated.

Staff treated people with kindness, respect and compassion, people felt they mattered. People were asked for their views about their care and were encouraged to involve their relatives in decisions about their care if they wished. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured people's privacy, dignity and independence were respected and promoted.

People received personalised care that was responsive to their needs. People were provided with a range of opportunities for social stimulation, both within the service and in the local community.

There was a positive culture, that was person centred and focused on the achievement of good outcomes for people. There was a strong focus on continuous improvement. The service enabled and encouraged open communication with people who used the service, their relatives and staff. People's concerns and complaints were listened to and used to improve their experience of the care provided. The service worked in close partnership with other agencies.

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? The service has improved to good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Belford House

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 comprehensive inspection took place on 8 January 2019 and was unannounced. The inspection team included one inspector 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. The expert by experience had experience of caring for older people.

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. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we received positive feedback on the service from a range of professionals. These included two GP's and a specialist nurse, commissioners and the local clinical commissioning group. During the inspection we spoke with six people and six people's relatives. We also spoke with three day and night care staff, a cleaner, the chef, a junior assistant, the deputy manager, the activities coordinator, the training coordinator, the deputy manager and the registered manager.

We reviewed records which included three people's care plans, three staff recruitment and supervision records, staffing rosters for the period 26 November 2018 to 14 January 2019, and records relating to the management of the service.

The service was last inspected in October 2016 and no breaches were identified.

Good

Is the service safe?

Our findings

At our last inspection this domain was rated as requires improvement, as thermostatic monitoring valves (TMVs) had not been fitted to hot water outlets to ensure the water was of a safe temperature, these were fitted during the inspection for people's safety. The temperature of people's baths had not been documented. We also found when people needed medicines, 'as required' known as PRN protocols, there was insufficient information for staff regards when to give them, although this information was in their care plans. Procedures for cleaning people's commodes did not reflect national guidance.

The registered manager told us following the last inspection they had drawn up an action plan to address the issues identified within the safe domain, which records confirmed. We found TMVs had been regularly checked and serviced since they were fitted to ensure they remained in good working order. We saw thermometers were in bathrooms for staff to check the temperature of the bathing water for people and a record of these checks had been maintained. Protocols for PRN medicines included sufficient detail regarding the circumstances when people should be given these medicines to guide staff. The provider had fitted a sluice, to enable the effective cleaning of people's commodes. The registered manager had acted and sustained the changes they had implemented for people's safety.

People we spoke with told us they felt safe from abuse. A person's relative told us of their loved one, "[Person] feels safe and secure here." Staff were required to complete safeguarding training booklets, these were checked internally before they were sent off to be externally marked. Records showed all staff had either completed or were in the process of completing their safeguarding booklets. This training was then supplemented through safeguarding discussions which took place during the regular staff meetings. In addition, staff had access to relevant up to date safeguarding policies and guidance. Staff understood their role and responsibilities to keep people safe and to report any concerns. Processes were in place to ensure people were kept safe from the risk of abuse.

Staff had identified and assessed any risks to people in relation to areas such as moving and handling, mobility, the risks of falling when moving or falling from their bed, skin integrity, malnutrition and dehydration. Where risks had been identified to a person, relevant measures had been taken to reduce the risk for them. These include the identification of how many staff they required to support them safely, the provision of relevant equipment and staff's monitoring of people's health and safety. A person described to us how staff had involved them in discussions about the risk of them falling out of bed. Relatives spoken with confirmed they had been involved in risk assessments. Staff had undertaken moving and handling training and where relevant to their role falls prevention or management. We observed staff transferred people safely and spoke with people as they did so and explained what they were doing.

Relevant safety checks had been completed in relation to fire, water, gas, electrical and equipment safety. The provider had a contingency plan in the event of any emergency that impacted upon the safe running of the service. Staff were able to access on-call assistance at night in the event they required support.

The registered manager completed a weekly analysis of people's dependency levels, to ensure the level of

staffing rostered was sufficient for people's care needs. People told us there were sufficient staff to meet their needs. There were no current staff vacancies and there was no use of agency staff, only the provider's own bank staff. This ensured people benefited from continuity in the staff who provided their care.

The registered manager completed regular audits of the call bell response times, which demonstrated people did not have to wait long for assistance. In addition to the care staff, activities coordinator and ancillary staff, an extra member of staff was rostered to provide assistance in the morning, to support people with additional meals and drinks.

Staff recruitment checks had been completed. These included, a full employment history, proof of the applicant's identity, references, fitness to work and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider followed safe recruitment practices.

People told us they felt well supported with their medicines. People received their medicines from staff who had been trained to administer them safely and whose competence to administer medicines was assessed annually as required. Staff had access to relevant up to date medicines guidance. A health care professional told us the registered manager provided valuable input into people's medicines reviews. Processes were in place to ensure the safe ordering, storage, administration and disposal of people's medicines. Although no-one currently required controlled medicines, which require a higher degree of storage, the correct storage facilities and records were in place for their use if required. People's medicines were supplied by the pharmacy in a monitored dosage system which included pre-sealed, name-labelled pots. Staff documented the administration of people's medicines on their pre-printed medicine administration record (MAR). We found three gaps in staff signatures on two people's MARs for medicines administered on one day in the evening. We brought this to the registered managers attention who immediately acted to address this. The registered manager audited people's MARs monthly and we saw any gaps identified were addressed with the relevant staff. Staff had written guidance and body maps to guide them in the administration and application of people's topical creams. People received their medicines safely and action was taken to address any issues identified as required for people's safety.

The service was well maintained, clean and fresh with no odours. Processes were in place to ensure regular cleaning took place. Staff told us they had completed infection control training. Records showed relevant staff had either completed or were in the process of completing their infection control and food hygiene training booklets. There were plentiful supplies of personal protective equipment (PPE) which we observed staff wore as they went to provide people with their care. People and relatives confirmed they saw staff wear the PPE provided. Processes were in place to ensure people's laundry was safely managed to reduce the risk of cross-infection.

Staff understood the need to report and record any incidents that took place. Staff completed an incident form following any incidents such as a fall. Any bruises people experienced were noted on a body map, to ensure there was an audit of when they occurred. Management then reviewed the incident and wrote up any actions taken. The registered manager told us that following an outbreak of diarrhoea and vomiting over a year ago, they had reviewed the cause and taken relevant actions in autumn 2018 to prevent the risk of repetition this year for people. Any learning from incidents was shared with staff either through the staff shift handover or their staff meetings.

Good

Is the service effective?

Our findings

People's care needs were holistically assessed prior to the offer of a service, to ensure they could be met. The service ensured they stayed up to date with legislation and good practice guidance. Last year in response to government guidance about how to protect people from the risks of heat, staff were issued with ideas about how to promote fluid intake for people. The monthly falls analysis demonstrated that in addition to keeping people hydrated, there had been a significant reduction in the rate of falls people experienced from June 2018.

The service made use of equipment to promote people's independence and provide effective care. We saw some people had laser sensors in their bedrooms. Staff explained, any movement across the laser light triggered an alarm and they were alerted to the person getting up and provided assistance. This was an unobtrusive manner of monitoring people to manage the risk of them falling.

The provider had their own part time trainer. Staff received an induction to their role and those new to care undertook the social care industry standard induction. Staff told us they were provided with a variety of mandatory training. Records showed staff had undertaken training relevant to the needs of the people cared for, such as dementia training. People confirmed staff had the correct skills to provide their care. Staff told us, and records confirmed they were supported in their role through regular supervisions, which comprised of a mixture of observations of their practice and face to face supervisions. They were also supported to undertake further professional qualifications in social care. The provider ensured staff had the skills, knowledge and experience required to provide people with effective care.

People said the quality of the food was very good, they had a range of choices at each meal and their specific dietary needs and food preferences were met. At lunch time, the tables were well laid, and the meals looked appetising. People socialised over lunch, they were supported to eat where required. We saw people were regularly offered drinks across the day and helped themselves to fresh fruit and drinks. The risks to people from malnutrition were assessed. Processes were in place to manage any identified risks to people such as weight loss. Staff explained how meals were fortified and diets supplemented with milkshakes.

Staff worked well together to ensure people received effective care from different services. People's care plans provided staff with guidance about what they should report. Evidence from the staff shift handover and records demonstrated that when people required input from other services, the referrals were made in a timely manner. People received input from a range of healthcare professionals as required. People confirmed they had all their healthcare needs met. Healthcare professionals told us the service made appropriate referrals.

People told us they thought the premises were suitable and very comfortable. The service was well maintained and spacious with plenty of room for people both inside and out. There were several spaces for activities, socialisation and quiet time. We did not observe much signage for those living with dementia. However, the service was provided to those who were in the early stages of dementia, and the environment was not suitable for those with more advanced dementia. Most people were able to orientate themselves, or

staff supported them. People were welcome to personalise their own bedroom door to aid recognition and bathrooms were easily accessible from the lounges.

People's consent to care and treatment had been sought in line with legislation and guidance. 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. Staff had undertaken relevant training and where required Deprivation of Liberty Safeguards were in place.

Good

Is the service caring?

Our findings

People told us staff treated them well. We observed staff interacted with people in a meaningful way. We saw staff sat and chatted with people, they made good eye contact and really listened. A staff member said, "I have always been told by [name of registered manager] to prioritise the residents. I give people the time they need."

People confirmed they felt that they mattered to staff. A person described to us how staff had identified an aspect of home life that was very important to them and how staff had taken action to enable them to continue to enjoy this interest in the service. This gave the person great pleasure and they valued how much the staff cared about them. Another person said, "The attention is wonderful, people don't ignore you. You can have a laugh with staff."

People's records contained a 'life booklet' that provided staff with essential information about them, such as their preferred term of address, family history, life history, values, beliefs, interests, hobbies, and preferences. Staff demonstrated a good understanding of people. A person confirmed, "They take an interest in you - all the staff do."

Care plans provided staff with guidance about how to communicate with people if required. If people needed extra time to enable them to communicate or pictures or short instructions, this was noted. Staff were given guidance regards how they could support people to be involved in decisions. People's care records noted who they wished to be involved in the planning of their care.

People told us they were asked by staff if they wanted any help with their care. We heard staff as they consulted people about different aspects of their care. They asked them where they wanted to sit and what they wanted to do. People made decisions about their bedrooms, which were highly personalised.

We observed staff always knocked on people's bedroom doors and waited before they entered. People told us their privacy and dignity was maintained by staff who always closed the bathroom or bedroom door before they provided their personal care.

A relative told us, "Staff always open the door with a smile" and another said, "It's so friendly." The activities coordinator produced a monthly activities and events calendar, which stated people's relatives and friends were welcome to attend any events. We saw visitors were welcome to visit as they wished and sat with their loved ones during meals or activities if they wanted.

People were encouraged to retain their independence wherever possible, whilst feeling they could ask for help if required. A person told us how they had asked for staff support on the morning of the inspection as they did not feel so well and how supportive staff had been.

Good

Is the service responsive?

Our findings

People's records demonstrated they had been involved in planning their care. The care plans were personalised and reflected people's needs, levels of independence and preferences about how they wanted their care to be provided. People's preferences about their appearance had been sought, for example, whether they liked to wear jewellery, make-up, perfume or aftershave. We saw people were immaculately presented. It was noted how people liked to spend their time if they preferred their own company or to socialise. Their care plans identified the areas of their care they could manage for themselves and the areas where they required assistance.

Staff ensured people's care was reviewed at three months and then annually, or more often if required. A relative told us that since their loved one's health had declined, there had been regular reviews of their care to ensure it met their changing needs. Another relative said, "There are constant reviews as we go along as well as the official one."

A relative told us how responsive the service had been when their loved one needed to be admitted in a crisis. They said the service had been very accommodating. They told us how staff had cared for their loved one and how after 24 hours they had been a different person.

Staff supported people to spend their time how they wished. People were able to participate in a range of both internal and external activities for their stimulation and enjoyment. People's spiritual beliefs and wishes had been noted and met. Internal activities included for example, craft, sing alongs, pamper sessions, weekly hairdresser, coffee mornings, cooking and entertainers. People were able to take daily walks around the grounds with staff and had access to a bus monthly which they used to visit garden centres, pubs and to go on days out and theatre visits. There were regular social events organised for people and their families, such as brunches, cheese and wine evenings and quizzes.

The registered manager told us that in addition to the regular staff they employed 'junior assistants.' These were young people aged 14 to 17 who assisted the kitchen staff in the early evenings and mornings at weekends. Their role was to serve people's meals and clear the tables. We observed people enjoyed the company provided by the junior assistants. The experience enabled people to have daily contact and interaction with young people. We spoke with one of the junior assistants who told us "I feel it makes them happy. I greet them and try and make sure they are enjoying the experience." They also told us the role had improved their social skills and confidence. The scheme benefited both the people cared for and the junior assistants, in addition to breaking down barriers that can exist between age groups.

People and relatives spoken with all said they would know how to make a complaint. A relative commented, "Any issues you mention them, and it is addressed straight away. They [staff] report any issues." The service complaints register documented any complaints received, either verbally or in writing. It showed complaints were handled openly and transparently, any issues raised had been addressed and feedback provided. The registered manager saw complaints and feedback as an opportunity to learn and to drive continuous improvement for people.

Staff had completed end of life care training in the 'Six Steps programme' with a trainer from a local hospice. This is a nationally recognised best practice approach to delivering responsive and empathic end of life care. A staff member had been appointed as the six steps champion to promote good practice amongst the staff team. The trainer told us, "They have used it as an opportunity to develop the team." Relatives had since been invited to a coffee morning to introduce the concept and enable them to meet with the trainer and ask any questions. People had advanced care plans in place, which documented their wishes and preferences, where they were ready for these discussions.

Good

Is the service well-led?

Our findings

The service was run by an experienced registered manager who had worked their way up within the organisation and so understood each role and what it entailed. 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. They understood their legal responsibilities and had ensured these were met. People thought the service was well managed, which staff confirmed and told us they saw the registered manager regularly. A person said, "The manager circulates a lot and sometimes does a morning pill round. She's very much on the ball."

People told us the service was a good place to live. Feedback included, "I would recommend it to anybody else 100%, because they are so genuinely welcoming" and, "Excellent marks for everything they do." A health care professional told us, "The provider is very ethical and keeps people at the centre of what they do and this trickles through the staff team." This ethos was reflected in the service aims and objectives, which stated, 'Rules are kept to a minimum so that residents are free to live their lives the way they choose.' A relative commented, "I love the way it is their home. They can do what they want." The registered manager and the deputy manager were visible on the floor and had good oversight of the service provided. There was a positive culture, that was person centred and focused on the achievement of good outcomes for people.

The service enabled and encouraged open communication with people who used the service, their relatives, staff and professionals. Views were sought through; people's reviews, a feedback box, regular resident and staff meetings with resulting action plans that were completed and surveys. A relative told us, "They are always asking for our views. They always want to know what they can improve." Staff confirmed they felt able to raise issues as they arose and that when they raised issues they were addressed. The monthly updating of the 'You said, we did' board, demonstrated the ongoing actions taken in response to people's feedback.

The service had good links with the community. Local groups were invited into the service, with visits from a local pre-school and a church choir. People also went out regularly to attend a local dementia group.

There was a strong focus on continuous improvement. A health care professional told us, "They want to improve and generate ideas. They think out of the box." Another commented, "Staff have an excellent awareness of potential issues and are innovative in solving them." There was a comprehensive audit schedule whereby all aspects of the service, people's care and experiences were regularly audited to identify potential areas for improvement. Action plans were produced as a result and completed to demonstrate the improvements that had been made. Where appropriate for their role staff had individual monthly action plans to enable them to identify what tasks needed to be completed and by when. This enabled the registered manager to maintain oversight of progress in key areas such as maintenance and training for staff.

The registered manager told us that to promote partnership working with key organisations,

communication was key. They had a link social worker for the service and discussed any concerns with them. They had a strong working relation with the local GPs and nurses. Professionals also felt the service communicated well.