

Barnby Gate Limited

Belvoir Home Care Home

Inspection report

Brownlow Street
Grantham
Lincolnshire
NG31 8BE

Tel: 01476565454

Date of inspection visit:
21 July 2016

Date of publication:
22 August 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 21 July 2016.

Belvoir Home Care Home can provide accommodation and personal care for 20 older people and people who live with dementia. There were 18 people living in the service at the time of our inspection.

There was a registered manager in post. 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.

People were not suitably protected from the risk of acquiring avoidable infections. Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse including financial mistreatment. People had been helped to avoid the risk of accidents and medicines were managed safely. There were enough staff on duty to care for people and background checks had been completed before new staff were appointed.

Parts of the accommodation were not adapted and decorated to meet people's needs. Staff had received training and guidance to support them to care for people in the right way. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005 (MCA) and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. Two people living in the service were being deprived of their liberty and the registered manager had taken the necessary steps to ensure that their legal rights were protected.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. This included people who lived with dementia and who could become distressed. People were supported to pursue their hobbies and interests and there was a system for resolving complaints.

Quality checks had been completed to ensure that people received the facilities and services they needed. Good team work was promoted and staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice

guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were not suitably protected from the risk of acquiring avoidable infections.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Parts of the accommodation were not adapted and decorated to meet people's needs.

Although staff knew how to support people in the right way the registered persons had not made robust arrangements to provide all of the training they considered to be necessary.

People were helped to eat and drink enough to stay well and they had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who lived with dementia and who could become distressed.

People were supported to pursue their hobbies and interests.

There was a system to resolve complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality checks had not always been robustly completed so that problems could be quickly addressed.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Belvoir Home Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons were 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.

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 21 July 2016. The inspection was unannounced and the inspection team consisted of a single inspector.

During the inspection we spoke with seven people who lived in the service. We also spoke with three care workers, two senior care workers, the chef, the hospitality manager/activity coordinator and the registered manager. We observed care being provided in communal areas and we also examined records that related to how the service was managed including staffing, training and quality assurance.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection visit we spoke by telephone with three relatives. We did this so that they could tell us their views about how well the service was meeting their family members' needs and wishes.

Is the service safe?

Our findings

There were a number of shortfalls that resulted in people not being consistently protected from the risk of acquiring avoidable infections. People invited us to visit a number of bedrooms and although bed-linen was clean and fresh in all of the bedrooms three of them had a stale atmosphere. This was caused by the carpets not being clean. In addition, we found that in one of the toilets the floor was discoloured and stained. We saw another shortfall in the medication store room in that a laminate shelf used to store plastic pots into which medicines were dispensed was stained and dirty. A further problem involved various items of crockery that were chipped and cracked and so could not be cleaned to achieve a good standard of hygiene. Although there was no evidence to show that people had experienced direct harm as a result of these defects, the shortfalls increased the risk that people would not be suitably protected from acquiring avoidable infections.

People said and showed us that they felt safe living in the service. One of them said, "I've lived here a while now and I'm quite settled. The staff are good here." We observed another person who lived with dementia and who had special communication needs and we noticed how they waved and smiled to a member of staff who was standing nearby. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I call quite frequently and I've never had any concerns about my family member's safety."

Records showed that staff had completed training in how to keep people safe from harm and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns which remained unresolved.

We saw that there were robust arrangements to protect people from the risk of financial mistreatment. These included the registered manager and senior staff carefully assisting people to manage their personal spending money. The funds were held securely for each person and a record was made on each occasion money was spent on someone's behalf such as paying to have a consultation with the visiting hairdresser. We checked two sets of these records and we found that there were receipts for each purchase and that the cash held for each person matched exactly the balance described in the records.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this involved people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. An example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames, raised toilet seats and bannister rails. In addition, we noted that hot water was temperature controlled and most radiators were guarded to reduce the risk of scalds and burns.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this involved a person being offered more regular assistance by staff when they wanted to walk so that there was less risk of them falling and injuring themselves.

We noted that since our last comprehensive inspection on 3 July 2015 an accident had occurred in the service in which a person had fallen from a window. This had occurred because the window had not been fitted with a safety latch that met national guidelines. Immediately after the incident the registered persons fitted new safety latches to all windows located above the ground floor. We completed a focused inspection on 17 February 2016 to check that suitable steps had been taken to enable people to safely use these windows. We found that the windows in question had been appropriately secured and were safe to use. At this inspection we again checked three of the windows in question and found that the required latches were in place. We also noted that the registered manager had completed regular audits to ensure that the latches remained in good working order.

We found that there were reliable arrangements for ordering, administering and disposing of medicines. We saw that there was a sufficient supply of medicines. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them. In addition, the registered manager told us that in the 12 months preceding our inspection there had not been any incidents when a person's medicines had not been correctly administered. However, we noted that staff were not keeping a record of the temperature in the medication room. This increased the risk that medicines would be stored at a temperature that was too high and which would reduce their effectiveness. The registered manager said that the shortfall would be immediately addressed by staff carefully monitoring the temperature of the medication room throughout the course of each day.

Most people who lived in the service said that there were enough staff on duty to meet their needs. One of them commented, "In general I do think that we're pretty well looked after here and so I suppose they must have enough staff. I've no complaints." Another person who lived with dementia and who had special communication needs smiled and pointed to a passing member of staff in an appreciative way. Although the registered manager had not completed a recorded assessment of how many staff needed to be on duty we saw that there were enough staff because people promptly received all of the care they wished to receive. In addition, records showed that during the week preceding our inspection all of the shifts planned on the staff roster had been filled.

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

Parts of the accommodation were not adapted and decorated to meet people's individual needs. When we arrived at the service we found the front door area not to be a welcoming space. There were two wooden pallets stored against a wall. Although they did not obstruct access to the accommodation they were clearly visible to people approaching the front door. There was also a broken umbrella that had been discarded nearby. In addition, there was a handwritten sign stuck to a nearby window on which the ink had run advising staff not to smoke in the area. At the side of the property there was a patio area but this also was not an attractive space. We saw that there were various pieces of rubbish blowing about in the wind, there were two parasol bases that were discoloured with mould and some of the paving stones were uneven.

We saw that a number of improvements had been made to the accommodation. We also noted that there was a maintenance plan that listed further repairs that were due to be made. However, at the time of our inspection there were still various defects that reduced people's ability to enjoy and be comfortable in their surroundings. These included skirting boards, architraves and doors that were heavily scratched and marked. A person commented on this and said, 'Some of it is just plain tatty isn't it.' Relatives also voiced concerns about the standard of the accommodation and one of them said, "The care is the most important thing and that's good in the service. But that doesn't mean that the building has to be so run down. It just looks and is uncared for, which is a real pity."

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "The staff here are very good to me and help me a lot." Relatives were also confident that staff knew what they were doing with one of them remarking, "When I call to the service you can see lots of things going on. I've noticed that without any fuss the staff seem to know who needs to be helped to the bathroom and just turn up and provide the help needed."

Records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that most of the care workers had obtained or were studying for a nationally recognised qualification in the provision of care in residential settings.

The registered manager said that new staff needed to be provided with comprehensive introductory training before working without direct supervision. We were told that this involved them completing a number of 'shadowing shifts' when they accompanied one of the senior care workers who explained what they were doing as they went along. However, we found that the receipt of this training was not recorded and so we could not be confident that it covered all of the necessary subjects. In addition to this, we noted that not all new staff had benefited from being supported to complete the Care Certificate. This is a nationally recognised training programme that is designed to ensure that new staff have all of the knowledge and skills they need to care for people in the right way.

Records showed that most staff had completed refresher training in key subjects such as fire safety and how to safely assist people who experienced reduced mobility. The registered manager said that this was necessary to confirm that staff were competent to care for people in the right way. We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Other examples included staff knowing how to help people keep their skin healthy, eat and drink enough to stay well and to manage safely with reduced mobility.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked and records showed that these weights had been analysed using a nationally recognised model. This arrangement helped to ensure that staff could quickly identify any significant changes that needed to be brought to the attention of a healthcare professional. We saw that staff were correctly checking how much some people were eating and drinking each day. This was done because they were considered to be at risk of not having enough hydration and nutrition. Records showed that as a result of this some people had been prescribed a high calorie food supplement to help them to maintain a healthy body weight. We noted that staff had arranged for some people to receive advice from a healthcare professional because they were experiencing difficulties when swallowing. As a result of this they were having their food blended so that there was less risk of them choking.

We were present when people dined at lunchtime and we saw that when necessary staff gave people individual assistance when eating and drinking so that they could enjoy their meal in safety and comfort. In addition, we saw that there was a written menu which provided people with a choice between different dishes at each meal time. People were positive about the quality of their meals and one of them said, "The food's very good and I've no complaints on that score."

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A relative remarked about this saying, "The staff are completely on the ball about arranging for healthcare. Also, they telephone me whenever they call the doctor for my family member which I very much appreciate."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered manager and staff were following the MCA by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to use a medicine at a particular time and not leave it for later on. The member of staff reminded the person about why the medicine had been prescribed for them so that they fully appreciated how they would benefit from using it at the right time. After this, we saw the member of staff quietly waiting with the person until they were sufficiently reassured to accept the medicine in question.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a person's care manager to support them when deciding if it was advisable for a person to return to live in their own home.

People can only be deprived of their liberty in order 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 found that two people were being deprived of their liberty or were subject to a high level of supervision at the time of our inspection visit. This was necessary to ensure that they safely received the care they needed and records showed that for each person the registered manager had obtained or applied for the necessary DoLS authorisation. By doing this the registered manager had ensured that only lawful restrictions were being used that respected each person's rights.

Is the service caring?

Our findings

People were very positive about the quality of care that was provided. One of them said, "I get on fine with the staff who are all very helpful." Another person who lived with dementia and who had special communication needs was seen standing with a member of staff looking out of the window. They both used hand movements to trace the path of traffic that was passing by on a nearby road and the member of staff used signs to show how one of the roads led into town and to the shops. Relatives told us that they were confident that their family members were treated with genuine kindness. One of them said, "I've always found the staff to be excellent. I've only ever seen kindness and I think that the staff are first class. Shame you can't say that about the building though."

During our inspection we saw that people were treated with respect and in a caring and kind way. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about Grantham and how various shops had open and closed down over the years. We saw another example when a person enjoyed telling a member of staff about how the building used by the service had originally been a school that they had attended. The person concerned was pleased to describe how the current layout of the building was different to when it was a school. We noted that the member of staff was genuinely interested and asked various questions that the person was pleased to answer.

We observed another occasion when a member of staff was helping someone in the lobby to get ready to go out into town. The member of staff was called away to answer a call bell that had been used by someone who was resting in their bedroom. We noted that before the member of staff left the lobby they explained why they were leaving the lobby and assured the person that they would return as soon as possible. A few minutes later we saw the member of staff go back to the person where they helped them to plan the purchases they wanted to make in order to ensure that they had enough money to take with them. Shortly before the person left we spoke with them and they said, "The staff are all kind and keep an eye on me and make sure I'm okay."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about their memories of being at work. We noted that the person was pleased to recall the various jobs they had done and the different challenges and rewards of each.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own

company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture.

In addition, we saw that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We noted that staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. Also, we observed that when staff provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative commented on this saying, "I can see my family member when and where I want. There's a very relaxed atmosphere in the place and it's got a family feeling to it."

We saw that most records were kept electronically. They were held securely in the service's computer system that was password protected and so could only be accessed by authorised staff. A small amount of paper records were also used and we noted that they were stored securely when not in use. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Is the service responsive?

Our findings

Records showed that staff had consulted with people about the care they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. Examples of this included people being supported by staff to use aides that promoted their continence. Another example was the way in which staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A person commenting on the care they received, "The staff are very good and help me a lot. I couldn't manage without them." Relatives were also confident about this matter with one of them saying, "It's easy to be put off by the rough and ready appearance of the building but the actual care that staff give is very good indeed."

We noted that staff were able to effectively support people who could become distressed. We saw that when this happened staff followed the guidance in the person's care plan and was able to reassure them. One of these instances involved a person who was not sure when their relative was next due to call to see them and who indicated this by pointing towards the front door. A member of staff quietly explained to the person when their relative was next due to call to the service. They did this by pointing to a nearby clock and then turning the pages of a diary until the person was reassured that they would receive a visitor within the next few days. The member of staff had known how to identify that the person required support and had provided the right assistance.

There was an activities coordinator and records showed that people were being supported to take part in a range of social activities. These included things such as arts and crafts, games and quizzes. We saw a number of activities taking place during our inspection visit including people playing dominoes and carpet skittles. In addition, records showed that entertainers regularly called to the service to offer people opportunities to enjoy singing along to favourite tunes and to undertake gentle armchair exercises. People told us that they had enough social activities to enjoy with one of them saying, "There's plenty to do if you want it. There's quite a lively atmosphere here and I don't feel that my days unduly drag by." A person who lived with dementia and who had special communication needs showed us that they were enjoying being assisted by a member of staff to rearrange various ornaments on one of the sideboards in the main lounge. They smiled when moving items about and then held the hand of a member of staff when both of them stood back to admire their work.

We noted that there were arrangements to support people to express their individuality. These included people being assisted to meet their spiritual needs by attending a regular religious ceremony that was held in the service. We also noted that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

Although no one living in the service at the time of our inspection had asked to have special meals, the registered manager said that arrangements would be made to prepare meals that respected people's

religious and cultural needs should this be required. We also noted that the registered manager was aware of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A relative commented about this saying, "I don't recall ever having to complain because if there's a little niggle it gets sorted out straight away. The manager's very approachable and really wants to make sure things are right. The other staff are like that too."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. Records showed that in the 12 months preceding our inspection visit the registered persons had received one formal complaint. We noted that the matter had been promptly and thoroughly investigated by the registered manager who had then politely written to the complainant to explain what actions had been taken to address their concerns.

Is the service well-led?

Our findings

Records showed that the registered persons had ensured that a number of quality checks were regularly completed. These were intended to ensure that people reliably and safely received all of the care they needed. These checks included establishing that fire safety equipment, hoists, the passenger lift, electrical services and gas appliances remained in good working order.

However, other quality checks completed by the registered persons had not always effectively identified and quickly resolved issues. Examples of this were the problems we noted in the accommodation, oversights in the provision of induction training and shortfalls in promoting good standards of infection control. Although people had not experienced direct harm as a result of these problems, the lack of a robust quality management system had increased the risk that people would not reliably benefit from the facilities and services they needed.

People who lived in the service said that they were asked for their views about their home as part of everyday life. One of them said, "It's all very informal here really and we have a chat with the staff. Things aren't too set down and it has a family feel to it." In addition to this, we noted that people had been invited to contribute to regular residents' meetings. Records showed that the registered manager had introduced some of the improvements people had suggested at these meetings. An example of this involved people being supported to go to the local park in order to watch a game of bowls.

People and their relatives said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They knew in detail about the care each person was receiving and they also knew which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff. A relative commented on this and said, "The manager isn't remote at all and they're pretty much always around. I find it reassuring that they know about my family member's care when I ask them a question and don't have to ask staff about this or that point of detail."

We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the care they needed. There was a senior care worker in charge of each shift and during out of office hours there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be

listened to and that action would be taken if they raised any concerns about poor practice.

We noted that the registered manager had provided some of the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the registered manager supporting staff to use a national scheme that is designed to promote positive outcomes for people who live with dementia. We saw that this commitment was reflected in the way that people who lived with dementia were supported to relate to staff and to enjoy social activities.