Belle Rose Nursing Homes Limited

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Inspection report

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Ratings

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

Overall summary

We undertook an unannounced inspection of the service on 31 July with a second visit on 3 August 2015. At our last inspection of 7 August 2013, the service was not meeting all the regulations inspected. We found shortfalls in standards of respecting and involving people, cleanliness and infection control and in the assessment and monitoring of quality. We asked the provider to send us an action plan setting out how these would be addressed. At this inspection we found improvements had been made in these areas and standards were now being met. At this inspection we made recommendations for improvement in areas related to activities for people and the involvement of staff in how the service was run.

The service provides accommodation, nursing care and support for up to 12 people with severe and enduring mental health conditions. The home is not registered to

Summary of findings

accommodate people detained under the provisions of the Mental Health Act. People using the service experienced age related changes and most had physical health needs alongside their mental health needs.

Accommodation was over two floors with a lift, and an office area on the third floor. The home is situated within the town providing close access to community shops and facilities. Ten people lived in the home at the time of inspection aged from 60 upwards.

The service had a registered manager who was also the owner of the service. 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.

At the last inspection we found people's dignity was not respected due to the lack of storage available for incontinence products. This had been addressed and we found people's dignity was respected. Since the last inspection, improvements had been made to the premises to benefit people, such as refurbishment of rooms, storage arrangements, and through the appointment of a housekeeper which helped improve safety and cleanliness.

People were supported as appropriate to maintain their physical and mental health. The service enabled people to maintain their safety through the use of risk assessments which balanced keeping people safe with promoting their independence. These assessments identified any risks to a person's safety and management plans were in place to address these risks. Staff were aware of signs and symptoms that a person's mental health may be deteriorating and how this impacted on the risks associated with the person's behaviour. Staff expressed a wish for greater team working, for example, to have opportunities to make suggestions or raise concerns. We made a recommendation about this. Safe medicines management processes were in place and people received their medicines as prescribed.

People had care plans outlining their care needs, including guidance about maintaining their health to enable staff to support them as they wished. Staff worked in combination with the community mental health teams and with other relevant health care professionals to ensure people received adequate support in relation to their physical and mental health. Any concerns about a person's health were shared with the person's care coordinator so they could receive additional support and treatment when required.

Individual support was provided through a key worker system. Staff spent time engaging people in conversations, and spoke to them politely and respectfully. Staff showed empathy for people and treated them with dignity and respect. People appeared calm and relaxed. Staff attended regular training courses which helped them to develop the skills and knowledge to meet people's needs. Staff received supervision and had opportunities to obtain relevant qualifications.

Some people told us about their experience of the service and these comments were positive. People told us they felt settled in the home and that they felt safe. One person told us that the service was 'unique'. Another person told us, 'I feel very happy here."

Two external professionals involved with people living in the home described how the service supported people with complex needs to participate in community life. Some people visited the town regularly and enjoyed trips out occasionally. There were sufficient staff to meet people's needs however we recommended the service consider best practice in engaging older people with mental health needs in activities or therapies to promote wellbeing. This was particularly for people who chose not to go out or who could not go out unaccompanied.

People's choices were respected, the service understood and protected people's rights and the relevant safeguards had been put in place.

The registered manager undertook checks on the quality of service delivery and had developed an audit which described indicators for quality and safety relevant to this type of service. A range of policies and procedures had been developed to govern the way the service ran and to ensure people received the support they required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Staff were aware of safeguarding adult's procedures.

We recommended improvement in how the staff worked as a team to ensure they always felt supported and encouraged to report any concerns or shortfalls.

Staff were aware of the risks to people's safety and supported them to manage those risks.

Staff liaised with the health care professionals from the community mental health team when people required additional support to remain safe.

People received their medicines as prescribed and regular checks were undertaken to ensure safe medicines administration.

There were sufficient staff to meet people's needs. Recruitment checks and on going checks ensured staff were suitable to work at the service and meet people's needs.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to meet people's needs and people were enabled to participate in community life if they chose.

Staff received supervision from their manager and training, to ensure they had the knowledge and understanding to meet people's needs.

People were supported in line with the Mental Capacity Act 2005. Staff were knowledgeable about the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain their health and have their nutritional needs met.

Is the service caring?

Good

The service was caring. Staff had built positive relationships with people. They engaged people in conversations and were aware of people's communication needs.

People's privacy was respected and staff gave people space when they wanted some time on their own.

People were involved in decisions about their care. Staff met with people to discuss their care and support needs, so that support could be provided in line with people's preferences.

Summary of findings

Is the service responsive?

Requires Improvement

People were supported in line with their needs. Care plans were in place addressing the goals people wished to achieve. However there was no on-going record of how staff supported people to meet those goals in relation to daily occupation and activity.

People were supported to develop their daily living skills however we recommended the service consider how to increase opportunities for all people to take part in more activities or develop social links.

Complaints were investigated and responded to appropriately.

Is the service well-led?

Requires Improvement

The culture and leadership of the service was not always open and transparent because staff were not enabled to get together as a team to share best practice or make suggestions.

The management team liaised closely with other healthcare professionals involved in a person's care to identify any areas of service delivery requiring improvement.

The management team undertook checks on service delivery to ensure people were supported in line with the service's policies and procedures. The audits undertaken did not identify any concerns about the quality of the service delivered.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 July 2015 and was unannounced. A single inspector carried out the inspection. Before the inspection we requested a Provider Information Return (PIR) from the service. A PIR 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. However we did not receive this. The registered manager told us they may have overlooked the original request. We looked at a contract monitoring report which was produced by the local authority following their visit in September 2014. We looked at all other notifications about the service.

We spoke with six people who used the service and to three community healthcare professionals who worked closely with the service. We spoke with four care staff, two nursing staff, the registered manager, housekeeper and administrator. We observed the service and looked around the home. We reviewed four people's care records including medicines records, three staff records and records relating to the management of the service. These included health, safety and maintenance records, staff rotas, policies, procedures and audits.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the service. Staff supported people to be safe and free from harm. Staff were aware of their responsibility to safeguard adults, and were aware of the reporting procedures if they had any concerns about a person's safety. Staff were able to tell us how they would identify signs and symptoms of possible abuse. The training record showed staff had trained in this area. Staff showed awareness of the home's whistleblowing policy and procedures, however one member of staff told us they would not feel comfortable to use them if they felt it was necessary. Other staff told us they would like more opportunities to work together and share information about what worked in meeting people's needs safely.

Individual assessments were undertaken to identify the risks to people and others. These assessments were undertaken in combination with information obtained from people's external community care coordinators. For most risks identified, A plan had been developed about how to manage and minimise most of the identified risks. Information was also included in one person's risk assessment about risks that were not present at the time, but were known to occur when the person's mental health deteriorated. People's assessments included information about what may increase the risks to people's safety.

Staff acknowledged that some risks to health and wellbeing needed to be accepted in order to promote positive experiences for people. For example, we saw that two people regularly visited the local town, where regular incidents had occurred in relation to one person. Staff had taken steps to minimise but not eliminate the particular circumstances that led to these incidents, which enabled the person to still visit the town. This showed the staff had a positive and flexible attitude towards risk. However for one person there was confusion about whether they needed to move around the home using a wheelchair with no footplates. Footplates are used to keep people's feet in a safe position during transportation. We observed the person did not wish to have footplates on their chair whilst inside, whilst the risk assessment showed footplates were recommended. We observed that staff were not sufficiently guided about what to do when the person declined to have footplates inside. We raised this with the registered manager who agreed to address this issue and document decisions appropriately in their care plan.

Staff worked with the community mental health teams to recognise signs and symptoms that a person's mental health was deteriorating. Staff identified promptly if people were displaying signs

their health was deteriorating and supported people appropriately, together with their care coordinator. People that used the service had few hospital admissions due to mental health crises.

There were sufficient staff to meet people's needs. However staff told us they could become very busy when people's needs changed. For example, should someone's health decline, they might need two people to assist them at times. A qualified nurse was available 24 hours a day along with care staff. There were at least two staff on duty throughout the day. However the registered manager told us there was a staffing vacancy at the time of inspection. This resulted in difficulty in covering shifts if staff had annual leave, were off sick or were attending training courses. We looked at the rota and found a number of gaps over the previous six weeks. The registered manager told us these were filled either by themselves or by some staff occasionally having to work long hours. This was confirmed by other members of staff we spoke with. We saw that recruitment had taken place which had resulted in a job offer for an additional care assistant. However the registered manager told us the appointment had been delayed by the Disclosure and Barring Service (DBS) check. In the meantime other staff were available to supervise and support people as required to meet their needs and ensure their safety.

Recruitment processes ensured staff had the experience, knowledge and qualifications to support people. Checks were undertaken to ensure staff were suitable to work with vulnerable people and were eligible to work in the UK. Where on-going checks were required to ensure staff remained qualified to practice, these had been carried out by the service. For example, nursing staff had up to date registration in the relevant professional regulatory body.

Safe medicines management and administration processes were in place. People received their medicines safely and as prescribed. All people in the service needed support to ensure they received their medicines and appropriate consent forms had been signed by people about this. All medicines administered were recorded on a medicine administration record (MAR). We checked the MARs for three people and found them completed correctly. We saw

Is the service safe?

that records were completed of all PRN (when needed) medicines administered and if people received homely remedies the amount given and the reason why was recorded. Homely remedies are medicines that can be obtained without a prescription, for example, paracetamol.

We checked the stocks kept at the service for four medicines. We saw that for the majority the stock kept was as expected. However, we found there were paracetamol and a set of patches in an unlocked fridge in an annex near the back door. We raised this with the registered manager and the issue was addressed immediately. The service had identified one error since the last inspection through regular stock checks, related to a controlled drug. This was addressed by the service by ensuring certain medicines were counted and checked before they left the pharmacy.

People's medicines were reviewed by the GP or their specialist. The registered manager told us about one person whose medicine was no longer administered invasively. This had been achieved through negotiation with the person and joint working with the community nurse. We spoke with the community nurse who confirmed this. Staff had supported the person to be involved in their own medicines, while seeking appropriate advice from the relevant clinicians.

People were supported in a home which was clean. However one person's call bell was dirty, which we informed the member of staff about. We noted from care plans that some people presented particular challenges to infection control and in cross contamination due to their lifestyle. This was known and had been assessed and explored by the service, resulting in appropriate risk management plans. These helped to reduce these risks both for the individual and for others, whilst respecting people's right to autonomy.

Although some areas of the premises were in need of redecoration or refurbishment the home was clean. Other than an empty bedroom which was due to be redecorated and re-carpeted, there were no unpleasant odours in the home. There was a dedicated housekeeper who told us they followed a daily regime for everything that needed to be done every day and tasks which were less frequent, such as carpet cleaning. Staff, including the housekeeper, had received training in infection control. We observed staff using personal protective equipment appropriately. This was important, as some care staff were involved in preparing and serving food as well as assisting with personal care on the same shift. At the weekends care staff did the cleaning and care staff did the laundry throughout the week. Practice in relation to infection control had also been assessed by a specialist nurse as part of the local commissioning body's contract monitoring in October 2014. The home had addressed the recommendation which arose from this, which helped to prevent and control the spread of infections.

The service's fire safety had been assessed by both the local fire service and an external fire safety contractor. Risk management plans had been put in place in response to their recommendations. Fire risk assessment was of greater importance because some people smoked inside the building. We saw that a fire risk assessment took account of this risk and the bedroom environment where this occurred had been fire proofed as much as possible in order to minimise risk arising from this. Staff reminded people that there was a dedicated smoking area in the garden, however, one person continued to smoke in their room. Staff were aware of this risk and undertook observations so they were aware of who was in the building and what they were doing. Individual personal evacuation plans and regular fire drills were in place.

We recommend the service consider how all members of staff are enabled to work as a team, have appropriate opportunities to share best practice and ensure they feel comfortable to raise concerns at all times.

Good

Is the service effective?

Our findings

Visiting health and social care professionals told us that staff were effective in their roles. One told us, "Some people come here because other homes can't manage their behaviours well. The staff are always very accommodating and available to assist. They do call me in regularly to discuss risks. Another told us, "they have managed to enable this person to settle well and have the freedom to come and go." We saw a review by an external specialist doctor of one person's care which stated how the person had settled down considerably and was getting good care as evidenced by their relatively cooperative manner and well groomed appearance.

Staff updated their knowledge and skills through attendance at regular training courses. Staff received training in subjects considered mandatory by the service including; safeguarding adults, first aid, fire safety, food hygiene and medicines administration. Staff also received training specific to people's needs including; managing risk and mental health. One member of the care staff told us 'I do a lot of training; I like to understand what I am doing." We viewed a training plan which showed each member of staff was prompted to undertake training on a refresher basis at required intervals. We looked at two staff files and related records which had training certificates which matched what was written on the training plan.

Staff received supervision from their line manager. Two members of staff told us they found this helpful. This gave staff the opportunity to discuss their roles and responsibilities, and to highlight any further support or training they required. The registered manager who was a qualified in mental health was present on most days of the week and available to support less experienced members of staff. An on call service was available out of hours so staff could obtain further advice and support from a member of the management team when required. However staff told us they would like more opportunities to have staff meetings and share best practice and what worked. We raised this with the registered manager who told us they would reinstate arrangements to make this happen.

Senior staff were aware of the requirements of the Mental Health Act 1983. Although the service was not registered to accommodate people detained under the act, staff were aware of the relevant statutory aftercare provisions which affected many of the people who lived at the service and supported people accordingly. The registered manager and staff also understood their responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to make decisions about their care and the support they received. Staff requested assessments to be undertaken if they felt a person might not have the capacity to make a decision about their health and care. If people did not have the capacity to make certain decisions, these were made for them by the professionals involved in their care taking into account their best interests. Staff had arranged for a MCA assessment to be undertaken and a best interests meeting had been held because they had concerns that a person was neglecting their physical health. The assessment found that the person had capacity to manage their physical health. Staff supported them with information about the risks of their behaviour to their physical health, in liaison with the person's GP and Psychiatrist. This helped them to make an informed decision about what they did.

Some people were unable to manage their finances. Court approved appointees managed people's finances for them. The service liaised with the appointed individuals to ensure people had sufficient amounts of money on a day to day basis. Staff stored people's money securely and kept a record of all transactions made. These arrangements had recently been reviewed and strengthened. The service had also installed CCTV in the office area where people's money was stored. One person told us, "Staff keep my money safe and when I need it I draw it out."

Staff were aware of the Deprivation of Liberty Safeguards (DoLS). The registered manager told us about one person who was subject to (DoLS) as they were unable to give their consent to live in the home due to lack of capacity. Other people told us they were free to come and go from the service as they wished. A sensor by the front door alerted staff when people were leaving the building. One person told us they went for a walk in the community whenever they wished to. The staff team were aware of who was out when they returned to ensure they were safe and free from harm. There were up to date policies on this area covering rights, risks, restraint and autonomy. No serious incidents or injuries had been reported in the last 12 months.

People were supported to have their nutritional needs met. One person described the food at the service as, "good; staff make it nutritional and good. I'm not on a special diet." Another person told us, "food is good – you get a

Good

Is the service effective?

choice". They also told us they could choose to eat in their room if they wished. Another person chose to eat in the lounge and this was arranged. People were able to request alternatives to the meals on offer if they did not like what was on the menu. However these choices were limited when the cook was not working. At the time of the inspection meals were mostly prepared by the staff due to the cook being on sick leave. Staff were aware of people's dietary requirements and encouraged them to choose meals that met their needs. We observed meal times were unhurried and were provided in a homely atmosphere.

Some people were at risk of losing weight due to not eating enough. Some people's care plans included a nutritional assessment tool which staff completed to help record people's food intake and thereby to manage this risk. The staff reminded these people to eat and offered meals at alternatives times if they had missed a meal to ensure that had their nutritional needs were met. Snacks and drinks were available throughout the day.

Staff supported people to have their mental and physical health needs met. For example, one person had daily checks on their blood sugar so staff could support them to monitor their health and prevent it declining. Some people did not want physical healthcare treatment even if they were physically unwell. Staff managed these challenges by close contact with the professionals from the community mental health team involved in their care, and supported them to attend regular meetings to review their mental health needs. One person told us staff supported them to maintain their physical health. They said staff supported them to access a GP when they needed to. Staff worked with the other healthcare professionals involved in a person's care and followed advice given about how to support the person. The garden was accessible to residents and had a ramp for easy wheelchair access. The home was well situated to enable people to access community facilities, including the library, shops and GP surgery

Good

Is the service caring?

Our findings

One person told us, "I like the staff. I like everyone" and described the staff as "marvellous." Another person said they got on with the staff and enjoyed having conversations with them. One person said, "You talk to staff and they talk to you back." Staff told us they enjoyed interacting with people at the service and this provided them with job satisfaction.

People were treated with respect. We observed staff engaging people in conversations, and speaking to them politely. Staff were quick to respond if people requested some help, and gently encouraged them to undertake specific tasks. Staff were also aware of when people wanted space and took direction from the person as to whether they wanted to engage in conversations. Staff respected a person's privacy. Staff did not enter a person's bedroom without their permission, unless there were concerns about their safety. People's dignity was protected. For example, we saw one person being encouraged to have the door shut when they went to the toilet.

Staff were aware of people's preferences and provided care in line with this. For example, one person told us they had wanted to move rooms and this had been arranged to happen as soon as practical. They described how beneficial they found this. Staff were aware of people's interests and history and tried to encourage them to take part in activities at the service. Staff told us that some people enjoyed socialising and meeting up with friends. One person told us how they went to the local amenities to enjoy time in the community.

People were involved in decisions about their care. The service used a key worker system to provide people with regular individual support. Staff told us they used the key work sessions to ask people about their support needs. This gave people the opportunity to tell staff if they needed any additional support or if they felt they had progressed and their support needs had reduced. People were involved in the development and review of their care plans where possible, so that the support provided could be tailored to meet their needs, and they received support in line with their preferences. Where the person had been unable to take part or declined to be involved, this was respectfully noted on their care plan.

Staff were aware of people's communication needs and supported them as required to communicate their wishes. Staff told us one person had limited speech and sometimes they preferred to write their requests down rather than communicate verbally. Information was included in another person's records, that they responded better and understood information more, if people spoke to them in clear short sentences. We observed this in practice when staff were speaking to this person. The registered manager told us they had recently arranged for some people to communicate with their family members remotely using computer based communications, as they lived at a distance from the service.

Requires Improvement

Is the service responsive?

Our findings

One person told us they could trust the staff and they gave them the support they needed. Each person had a care plan in place for each identified support need. The care plan also included a profile of the person which identified important elements of people's background, how this affected the person and how staff could support them to remain well. We saw from daily records how staff supported people, and that people were supported in line with the information in their care plans.

Copies of reports from meetings people had with the healthcare professionals involved in the treatment of their mental health were kept in people's care records. These enabled staff to be informed of any changes in people's support needs and to identify progress the person had made since being at the service. A professional from the community mental health team told us that the service had supported people to reduce their admissions to hospital. "[The staff] has been proactive in managing my client, who has shown signs of relapse, by keeping me informed and listening /taking advice as needed."

Information was provided to staff about what increased a person's anxiety and how the person was to be supported to reduce their anxiety. Staff encouraged people to talk about their feelings and any changes in mood. Staff were knowledgeable of people's needs. They were able to tell us what support people required from staff and the reasons why. For example, one person had limited mobility and this affected their ability to undertake their personal care. Staff were aware of what this person was able to do independently and supported them where required with anything they were unable to manage on their own. Another member of staff told us they used to support someone to attend their own health appointments however this had stopped as the person became too agitated when out in the community. Staff told us about another person who became tired more easily due to their physical health.

One member of staff told us people may be supported to do more themselves if there were more opportunities made available by having volunteers or more family involvement. We saw that some people had built friendships with the other people at the service and enjoyed spending time together.

The management team identified that staff were struggling to motivate people to get involved in activities. Although staff were available to meet people's needs, there was no dedicated staff input to engage individuals in activities or to spend one to one time. This meant some people had little stimulation or occupation throughout most days. The service had some links with local day centre very near to the home which at the time of our inspection only one person used. We saw some people needed a greater level of encouragement to take part in activities due to their mental health. We raised this with the registered manager who acknowledged this and would try to address this.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. One person told us they had made a complaint and the manager had responded to them. We reviewed the complaints received in the last year.

We saw that all complaints had been investigated and the complainant was responded to with the outcome of the manager's investigation. We saw that complainants were invited to meet with the manager if they wanted to discuss their complaint further. One complaint related to the person's room facilities and this was addressed by a change in room.

We recommend the service consult best practice in how opportunities can be provided in a care home setting for older people so that they can be involved in activity and interaction that reduces isolation and promotes health and mental wellbeing.

Requires Improvement

Is the service well-led?

Our findings

The service was offering safe care and accommodation for people with complex needs whilst ensuring people had their right to choice respected. However comments from staff reflected an inconsistent approach to information sharing. Whilst staff generally felt supported they did not all feel their views were sought and valued. This acted as a barrier to further improvement in meeting the needs of people, many of whom were becoming more dependent. One staff member told us, "There isn't always the opportunities to discuss things together".

Information was provided to staff about people's behaviour that may lead to them being in conflict with other people. For example, one person often invaded other people's personal space due to their condition. One person told us a couple of items had been taken from their room by the person. Staff were not in agreement about how this should be addressed.

We viewed the findings from the 2014 survey which recorded that relatives who were involved with the service were complimentary about the service. The professionals fed back that good quality care was provided and the staff supported people to implement the advice given at people's health care review meetings. We viewed a report from a quality assurance visit in September 2014 undertaken by one of the funding authorities. The visit was described as positive overall. However there were a number of actions for the service to implement in relation to training, the range of audits and recording, including keeping a record when people declined interventions in relation to activities. We saw that all actions had been implemented however there were still some gaps in relation to activities.

There was evidence that the registered manager had developed a system of checks and audits of the quality of the service. Audits had been recently undertaken in health and safety processes, fire safety equipment, medicines management and staff supervisions. Infection control issues raised by a specialist nurse had been addressed. More individual risks management plans related to skin care, mattresses, profiling beds and individual nutritional assessments had been checked for accuracy and completion. Incidents and accidents were recorded and a record of falls was kept for one individual who was at particular risk. Where a pattern was noticed action was taken to try to prevent further falls.