

Derbyshire County Council

Ada Belfield House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ada Belfield House Care Home is a residential care home, providing personal care for up to 25 older adults, in one adapted building. Registered service bands include older people, dementia, mental health, sensory impairment and learning disability. At this inspection there were 23 older adults receiving care at the service.

People's experience of using this service and what we found

The service was well managed and led internally by the registered manager, to help ensure person centred, safe and effective care. But the provider's external governance and oversight arrangements were not consistently sufficient or effective, to fully or consistently ensure this

Staffing, risk management and medicines arrangements for people's care and related management checks, helped to ensure people's safety at the service. People were protected from the risk of harm or abuse. The provider took action when things went wrong at the service and referred to relevant authorities involved with people's care when required to do so.

People's care, environment and related equipment needs were met. Staff supported people to maintain or improve their health and nutrition as agreed with them and any external health professionals involved in their care. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible. The provider's related policies and systems supported this practice.

Staff were effectively trained and supported to provide people's care. Relevant information sharing for people's care was standardised; to help ensure they received timely, consistent care as agreed with them, including when they needed to move between services.

People received care from kind, caring staff who ensured their dignity, equality and rights in their care. Staff knew people well; how to communicate with them and understood what was important to people for their care. People were informed, involved and supported to understand, agree and make ongoing decisions about their care.

People received timely, personalised care that was tailored to their individual needs and wishes. This was provided in a way which helped to optimise people's independence, inclusion and engagement in home life; with their friends and family and local community as they chose. People who were living with a life limiting illness were effectively consulted, informed and supported for their end of life care.

People and their relatives were informed and confident to make a complaint or raise any concerns about the service, if they needed to. People's views and feedback were regularly sought. Findings from complaints and feedback were used to help inform and ensure any service improvements needed.

Management and staff understood their role and responsibilities for people's care. There were effective

arrangements for communication, record keeping and information handling at the service, along with relevant engagement and partnership working for people's care and safety.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published May 2017).

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the Well Led section of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Ada Belfield House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by a single 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 service

Service and service type

Care Homes

Ada Belfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at key information we had received about the service since our last inspection. This included any notifications the provider is required to send us, to tell us about important events when they happen at the service. We sought feedback from professionals who work with the service and we contacted Derbyshire Health Watch. Health Watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to help plan our inspection.

During the inspection

We spoke with 12 people who used the service and six relatives, about their experiences of the care provided. We spoke with three care staff, including one senior, the registered manager, two deputy managers, a cook, a volunteer and two care apprentices. We observed how staff interacted with people and we looked at a range of recording relating to people's care and the management of the service. This included, three people's care records; medicines, staffing records and meeting minutes. We also looked at some of the provider checks of the quality and safety of people's care and areas of care policy.

After the inspection

We asked the registered manager for additional information to help us validate the evidence we found at the inspection. This included staff training and quality assurance information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse at the service.
- Staff knew how to recognise abuse and the actions they needed to take to protect people from the risk of harm or abuse. This included to follow local and recognised joint agency reporting procedures in the event of the witnessed or suspected abuse of any person receiving care at the service.
- People and relatives were informed how to keep safe and to raise any safety concerns they may have.
- People and relatives were confident people were safe at the service. One person said, "Staff make me feel safe: and there is good security here too." A relative told us, "I know [person] is safe here."
- The provider had acted in a timely manner to report and respond to any safeguarding concerns; and to ensure people's safety at the service when needed.

Assessing risk, safety monitoring and management

- People received safe, least restrictive care.
- Risks to people's safety associated with their health condition, environment and any care equipment were effectively assessed before people received care and regularly reviewed. Staff understood any risks identified and the related care actions they needed to follow to reduce this, when the provided people's personal care. Such as supporting people to move, eat and drink or take their medicines safely.
- Arrangements were in place to ensure the timely servicing and maintenance of any equipment used for people's care.
- The provider operated a range of key safety procedures, which staff knew to follow in the event of any foreseen emergency. Such as in the event of an incident from a person's sudden ill health.
- Emergency evacuation fire procedures were under review by the provider to ensure people's safety in any event.

Using medicines safely

- People's medicines were safely managed, to ensure people received their medicines when they should.
- Staff responsible for people's medicines were trained and competency checked to ensure they followed the provider's procedures for the safety and administration of people's medicines.
- Staff understood provider's medicines policy guidance met with nationally recognised guidance concerned with medicines safety in a care home setting.
- We saw staff gave people their medicines safely when they needed them, and supported people to take these where and how they preferred
- One person told us, "I get confused; Staff control my medicines for me here, so I take them at the right time. Their relative confirmed this as said, "We've helped with the care plan; (person) is safe now because

they are well looked after; and they've sorted out her medicines here, as they were in a mess before."

Staffing and recruitment

- The provider's arrangements for staff recruitment, retention and deployment helped to ensure people's safety at the service.
- Required employment checks were carried out before staff and volunteers commenced employment. The provider also sought appropriate assurance of the same from the relevant body who supplied any social care students or apprentices at the service. This helped to make sure were safe to provide or support people's care at the service.
- The provider regularly took account of people's care, dependency needs and the layout of the home to help inform staff deployment arrangement for people's care and related safety needs.
- Staff felt their levels were sufficient to ensure people's safety; but that additional temporarily deployment arrangements for care staff to cover the laundry and kitchen support, could sometimes compromise their time spent with people.
- People and relatives felt overall there were enough staff to provide people's care. One person said, "Staff work well together, there's usually help when I need it." A relative told us, "They can be stretched, but I think staffing is adequate; I have peace of mind."
- We discussed our findings with management, who told us about active recruitment measures in progress to fill relevant staff vacancies.

Preventing and controlling infection

- The provider's arrangements for cleanliness, infection prevention and control; helped to protect people from the risk of a health acquired infection.
- We saw the environment, furnishings and equipment used for people's care were visibly clean, hygienic and well maintained.
- Staff were trained and provided with relevant guidance and any equipment they needed to use. For example, staff wore appropriate personal protective clothing, such as gloves and aprons when they provided personal care, or for handling and transporting soiled or dirty linen.
- People were satisfied with the standard of cleanliness and hygiene at the service. One person said, "Yes, I am very happy with how clean everything is kept." A relative told us, "It's always clean and tidy; staff wear gloves and aprons when they should."

Learning lessons when things go wrong

- Action was taken to monitor and ensure people's safety at the service. For example, remedial measures were implemented following a recent staff fire drill, to ensure people's related safety in any event, where people's emergency evacuation may be needed for their safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs and choices were effectively assessed before they received care, which was given in line with nationally recognised guidance and the law.
- Two people's care plans we looked at, had not been updated when required, following identified changes in their health and related care needs. However, related recorded management checks showed action was agreed to ensure this. Staff we spoke with knew people's related care needs from the changes, to ensure this was effective.
- Management checks had identified areas in two people's care plans we looked at, which had not been updated when required, following changes in their health and related care needs. Management remedial actions were also identified to ensure the care plans were revised, up to date. This included, who would be responsible and by when.
- One person said, "Staff knew how to support me." A relative said, "We were involved in the care plan to make sure [person's] from the start; they [staff] have got it right."

Staff support: induction, training, skills and experience

- Staff were trained and supported to carry out their roles and responsibilities for people's care.
- Staff told us they received the induction, support and training they needed to provide people's care; and for their ongoing learning and development relevant to their role. This included support to obtain national vocational qualifications relevant to their role.
- New care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non professional care staff are expected to adhere to when they provide people's care.
- Staff were all positive about their training and support. Their comments included, "We get lots of training and regular supervision; we can ask if we need any additional." "I have had a good induction and have completed the care certificate, which was useful."
- Related comments from people and relatives were all positive. They included, "Staff seem to know what they are doing." "Staff certainly appear to be trained to do their job; I think they are all very experienced and helpful."

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were effectively supported to maintain, or improve their health and nutrition when needed.
- Staff understood people's health and nutritional needs and the related personal care steps they needed to follow to help ensure people's health and effective nutrition. This information was recorded in people's care

plans and regularly reviewed. For example, to help people to maintain healthy skin or ensure they ate and drank sufficient amounts for their health.

- People were supported to access relevant external health professionals for the purposes of routine or specialist health screening; and for advice and treatment when needed.
- We received all positive feedback from people, relatives and an external health professional. One person said, "They make sure I seen the doctor when I need to." A relative told us, "They have sorted out [person's] hearing appointments; [person] has the right aids, which is so good now." A visiting professional said, "Staff are very good at noticing when anyone's health needs change; they refer promptly and always follow our care instructions."
- We saw lunchtime was a sociable occasion for people, who were supported to eat in a choice of dining rooms or their own rooms, as they chose. Tables were attractively set, including napkins and condiments.
- Menus showed were provided with a choice of varied, regular meals, snacks and drinks, which met with their assessed dietary needs, choice and nutritional requirements. For example, diabetic diets, or the correct consistency of food and drink for people who experienced swallowing or chewing difficulties because of their health condition.
- People told us they enjoyed their meals, which we saw looked and smelled appetising at lunchtime. Their comments included, "Meals are tasty and hot; if you don't like the main meal, there are always alternatives you can have." We have fresh home made cakes and a good choice of lunches." "You can have a glass of wine or sherry if you wish."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in timely consultation with relevant external health professionals, when needed for people's care.
- Standardised arrangements were in place to ensure timely information sharing with any external care provider, when needed for people's care. For example, in the event of a person needing to transfer to hospital because of acute ill health. This helped to ensure people received consistent, timely and informed care, as agreed with them

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met
- The service was working within the principles of the MCA, to ensure people's care was lawful and in their best interests.
- Staff were trained and followed the requirements of the MCA for people's care.
- People said staff generally explained what they were doing, offered people's choices and checked they were happy before and after they provided care; which we also saw.
- Records showed related assessments and decisions had been properly taken. This included when people were unable to make specific decisions about their care because of their health condition.
- DoLS applications had been made for people where needed, to the local authority responsible. Staff understood the care steps they needed to follow to ensure people's safety, rights and best interests. This included in accordance with any authorised DoLS, or pending any formal authorisation decision by the local

authority.

Adapting service, design, decoration to meet people's needs

- The environment was well maintained and adapted to meet people's independence, choice, orientation and safety needs.
- People were consulted and happy with the environment; and were supported to personalise their own rooms as they wished.
- We saw appropriate signage and information was visibly displayed, to help people's understanding and orientation. Such as large print and picture signs for bathrooms and toilets, or personal pictures to help people recognise their own rooms.
- The environment was adapted and equipped to support people to move safely and independently around the home.
- Private and quiet spaces were available for people and their families to use.
- There was a well-kept garden area, which provided some level access, seating and raised planting beds.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were treated with respect and their equality and diverse needs were recognised and met.
- We saw staff interacted with people in a positive, friendly and professional way.
- Staff understood the provider's published aims for people's care; to ensure their equality, rights and diverse needs. This information was recorded in people's care plans and staff received related training to promote this. Regular management checks of staff practice, helped to make sure this was consistently followed.
- There were inclusive opportunities for people to practice their faith in the way they chose.
- People and relatives felt staff treated people with kindness, compassion and ensured their dignity, choice and independence when they provided care, which we also observed. One person said, "The staff are kind and patient; I couldn't do their job; I love it here; I give them a gold star." A relative told us, "Staff are all excellent and caring, I can't fault them at all."

Supporting people to express their views and be involved in making decisions about their care

- People were involved and supported to express their views and make decisions about their care.
- People and relatives felt they had good relationships with staff who knew them well. People were satisfied and felt regularly involved in discussing and agreeing their care. Relatives were appropriately involved in this way.
- Staff gave examples of how they ensured people's involvement and choice when they provided care. This included people's choice of clothing, food, where, when and how they received care and spent their time.
- People's care plans showed their choices and preferences for their care and daily living routines.
- Information was visibly displayed for people about how to access independent advocacy services, if they needed someone to speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity, choice and independence was respected and promoted.
- We saw staff consistently ensure people's dignity and rights in their care. Such as knocking on people's bedroom doors and waiting for permission before entering; making sure people's clothing was properly adjusted after providing personal care and making sure people had drinks and any personal items to hand before leaving them.
- All people and relatives we spoke with were confident of this. One person told us, "I can't fault the staff, they treat me with dignity."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care in accordance with their preferred daily living routines and lifestyle preferences.
- People's care plans were individualised as agreed with them, to show their preferred care and daily living routines, beliefs and lifestyle preferences, which staff understood.
- Throughout our inspection we saw staff consistently strove to implement the principles of person centred care. Staff were proactive to ensure this and also observant to respond, when people needed assistance, in a timely manner.
- People felt staff knew them well and followed care choices and preferred daily living arrangements. All said they usually received assistance from staff in a timely manner. They also confirmed that, if they did have to wait for any reason; this was not for any undue length of time long and staff always let them know.
- People and relatives we spoke with felt staff knew them well and worked hard to ensure people's needs were met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in home life and with others who were important to them and to access their local community as they chose.
- A range of social, recreational; entertainment and leisure activities were regularly organised for people join at the service. Regular meetings were also held with people and relatives to help inform people's care and daily living arrangements from their expressed views.
- Established links with the local community continued for people's engagement, which they often enjoyed. Such as, with the local school and church.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the accessible information standard for people's care.
- Relevant service information was provided for people, to help to them understand what they could expect from their care and how to raise any concerns, if they needed to.

Improving care quality in response to complaints or concerns

- There was an effective complaints handling procedure, to account for and help inform or improve people's care when needed. needed.
- People and relatives said they were informed and confident to make a complaint or raise any concerns about the service, if they needed to. Everyone we spoke with said they hadn't had any cause to make a formal complaint. All felt staff listened and acted on what they said when needed.
- Records of complaints received by the provider since our last inspection, were effectively accounted for.

End of life care and support

- The service provided personal care led by relevant external health professionals, to support people's palliative and end of life care needs; in a timely consistent and co-ordinated way.
- Staff were trained and understood recognised care principles concerned with people's dignity, comfort and choice at their end of life care.
- We looked at one person's care plan, who was living with a life limiting health condition and spoke with their relative. This showed the person's involvement and supported to decide and agree their care. This included any advance decisions for their care and treatment at the end stage of their life, their preferred place of death, who would be involved and care of their body after death.
- Anticipatory medicines were in place for individual use, if needed out of normal working hours. This helped to ensure the person's comfort in the event of them experiencing pain or distress and to help them avoid any unnecessary hospital admission.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement. This meant the service was not effectively led as the provider's governance and oversight arrangements for the service, did not fully ensure high quality, person centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour responsibility

- The provider's quality monitoring and risk management strategies were not wholly sufficient or effective, to fully ensure the quality and safety of people's care at the service.
- The registered manager carried out regular management checks of people's care at service level, to help ensure the quality and safety of people's care; and they understood their responsibility to enter specific management information into the provider's electronic recording system. This included any health incidents, such as falls or any pressure sore incidence. However, systems for monitoring and oversight of this information at provider level, was not fully assured for people's care.
- When we recently asked the provider to share their quality assurance processes with us, we were informed this was being reviewed and developed, as a defined procedure was not currently used across their services, including this location. This meant there was an increased risk to people from this, of receiving unsafe or ineffective care; because any service improvements needed may not always be implemented in a timely, consistent manner.
- Records relating to people's care were safely stored and mostly accurately maintained. Management remedial action was in progress to fully ensure this. The provider's operational policy and ongoing management arrangements, helped to ensure the safe handling and storage of people and staffs' confidential personal information.
- The registered manager took regular account of management, staffing and communication arrangements at the service, to ensure these were sufficient and effective for people's care.
- The provider had sent us written notifications about any important events when they happened at the service, to ensure people's safety. They ensured the visible display of their most recent inspection rating in the home and also on their website for public information.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support

- There was a registered manager for the service. The registered manager understood and followed the requirements of their registration for people's care.
- There were clear lines of communication and accountability established within the service. Staff understood their roles and responsibilities for people's care. Such as for communication and reporting following any health incidents or safety concerns.
- Management measures concerned with staff performance, support and supervision helped to monitor and ensure this was effectively followed.
- The provider continued to ensure and periodically check their care policies at the service; to ensure they

continued to meet with nationally recognised standards and guidance for staff to follow for people's care.

- People, relatives and staff were highly positive about management and leadership at the service, which was visible and accessible to them. All said they would recommend the service to friend and family. One person said, "The management here is top class; four star." A relative told us, "The home and staff are very well managed – it has a great reputation in the local town."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Planning and promoting person-centred, high-quality care and support with openness

- People were regularly engaged and involved, to help inform their care in both an individualised and collective way, to help shape the service.
- People and relatives were satisfied with the provider's arrangements for their ongoing engagement and involvement in relation to the service, people's care and future planning. This included active consultation with them regarding a completely new build in progress for the home, nearby.
- The registered manager used a range of methods to consult with people, to help inform or improve their care when needed. This included regular recorded meetings and periodic care quality surveys with people and their representatives. Related records and feedback showed people's overall satisfaction with their care, which we also heard from them.
- Staff felt there was an open culture at the service, where they were supported and confident to raise any concerns, if they needed to.
- When any changes or improvements were needed for people's care; staff and records showed this was communicated to them in a timely manner, and to ensure they fully understood.

Working in partnership with others

- The provider worked with relevant agencies, including educational and relevant external health and social care partners, when needed for people's care.
- This helped to ensure people received effective, consistently informed care. For example, in relation to their medicines, end of life and dementia care experience; or for infection prevention and control measures employed the service.