

## Scope

# Belvoir Lodge

## Inspection report

243 Edwards Lane  
Nottingham  
NG5 6EQ  
Tel: 00 000 000  
Website: <http://www.scope.org.uk/>

Date of inspection visit: 29 September 2015  
Date of publication: 09/12/2015

## 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



## Overall summary

We inspected the service on 29 September 2015. The inspection was announced. We gave 24 hours' notice of the inspection as the service is small and we wanted to be sure people would be at home. Belvoir Lodge is owned by Scope and is registered to accommodate up to five younger adults with learning disabilities or autistic spectrum disorder. The accommodation consists of a dorma bungalow which has been adapted to meet the needs of people with learning and physical disabilities. On the day of our inspection five people were using the service.

The service had a registered manager in place at the time of our inspection. 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 who use the service have severe learning disabilities and the use of verbal communication is

# Summary of findings

limited. We found that most of the staff had worked in the service for a long period of time and had an excellent knowledge of how each person communicated verbally and with gestures and body language.

People received their medicines as prescribed. However medicines were not always being stored safely to ensure they were still effective.

People were protected from the risk of abuse in the service and the team coordinator knew what information should be shared with the local authority when needed. Staff knew how to respond to incidents and when to share information with the safeguarding team. This meant there were systems in place to protect people from the risk of abuse.

Staffing levels met the needs of people who used the service to ensure they received care and support when they needed it.

People were supported to make decisions but where there was a lack of capacity to make certain decisions, people were not protected under the Mental Capacity Act

2005. People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. Health risks to people were not always monitored appropriately.

People were supported to maintain their nutritional intake and staff involved a range of health professionals when people's needs changed and they needed extra support.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people, and supported them to develop their independence.

People were supported to enjoy activities and social stimulation. People were supported by staff who knew how to recognise if they were unhappy and knew how to respond to this. Complaints were dealt with appropriately.

Although people were involved in giving their views on how the service was run, the systems in place to monitor the quality of the service were not always robust.

# 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?

The service was not consistently safe.

People received their medicines as prescribed but these were not always stored safely.

People were protected from the risk of abuse which was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

There were enough staff to provide care and support to people when they needed it.

Requires improvement



### Is the service effective?

The service was not always effective.

People made decisions in relation to their care and support. However where a person lacked the capacity to make certain decisions they were not protected under the Mental Capacity 2005.

Risks to healthcare were not always managed appropriately.

People were supported to maintain their nutritional intake and staff, who had received training to support people, involved a range of health professionals when people's needs changed and they needed extra support.

Requires improvement



### Is the service caring?

The service was caring.

People were treated with kindness, compassion and respect by a team of staff who knew their needs and preferences.

People were encouraged to make choices about the way they lived and they were supported to develop their independence.

People had access to regular advocacy and this was used effectively as a voice to speak up for them and ensure they were listened to.

Good



### Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to pursue their interests and hobbies.

People were supported by staff who would recognise if they were unhappy and knew how to deal with this. Complaints made were dealt with appropriately.

Good



### Is the service well-led?

The service was not consistently well led.

Requires improvement



# Summary of findings

The systems in place to monitor the quality of the service were not robust and did not always identify improvements needed.

People were involved in having a say about the service through meetings and annual surveys.

# Belvoir Lodge

## Detailed findings

### Background to this inspection

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

We inspected the service on 29 September 2015. The inspection was announced. We gave 24 hours' notice of the inspection as the service is small and we wanted to be sure people would be at home. The inspection team consisted of two inspectors and a specialist advisor, who was a nurse.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which

the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we observed people receiving support from staff in communal areas, spoke with two relatives of people who used the service, a visiting advocate, three members of staff and the deputy team coordinator. We spoke with the team coordinator employed to carry out the day to day running of the service, which was overseen by the registered manager who did not work in the service on a daily basis. We looked at the care records of four people who used the service, medicines records, staff training records, as well as a range of records relating to the running of the service, including audits carried out by the registered manager and registered provider.

# Is the service safe?

## Our findings

We looked at the storage and administration of medicines and we found that although medicines were being administered to people as prescribed, there were some shortfalls in the way medicines were stored. We found in the main storage area, external preparations such as creams and ointments were not being dated upon opening. We also found that the temperature of the main storage room was not being checked daily to ensure medicines were being kept at a safe temperature. This meant staff could not be sure medicines were still effective.

We also found there was a second storage area upstairs in the building and medicines were not being stored safely. The cupboard containing an overstock of medicines was not secured and the temperature of the cupboard exceeded the required safe temperature, which meant people could receive medicines which were no longer effective.

Staff had received training in the safe administration of medicines and had their competency assessed by a clinical lead for Scope. We checked medicines stock levels and found these to be accurate and records showed that medicines were being administered to people as prescribed. Staff told us they received regular training to ensure they were up to date with current safe practice and records we saw confirmed this. Staff also had their competency assessed by the manager to ensure they were following safe practice.

Both of the relatives we spoke with felt their relations were safe in the service. One relative said, "I do believe that [relation] is safe and happy." The other relative told us that they would know by their relation's body language if something was wrong.

People could be assured that staff knew how to recognise and respond to any signs that people were at risk of harm. Staff we spoke with told us that they would know if anyone did not feel safe or that something had happened. They went on to describe how people would display this through their body language and gestures.

Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns

and escalating them both within the organisation and to external agencies if needed. The manager demonstrated that they knew what information they needed to share with the local authority following incidents in the service.

The provider had a designated safeguarding team within their organisation. Any incidents were reported to this team for them to assess if each incident met the threshold for sharing with the local authority or if it could be managed internally. For example there had been a medicines error and this had been escalated to the internal safeguarding team. They had determined this did not meet the threshold and appropriate action was taken to minimise the risk of a further error. The provider told us in the PIR that timelines for reporting incidents to the internal safeguarding team were monitored to ensure incidents were responded to in a timely way. We saw that the registered manager had also recently carried out a themed visit to the service to assess safeguarding and this included ensuring referrals were being made and testing staff knowledge.

Risks to individuals were recognised and assessed. We saw there were risk assessments in place for activities of daily living both in the service and in the community, giving guidance to staff on how to keep people safe.

We saw there were emergency procedures in place which were written to match the individual support needs of each person. These informed staff how to support the person in the event of an emergency, such as a fire. We saw there were also plans in place detailing how people should be safely supported by staff to move from chair to chair using a hoist, and which slings should be used. This meant staff had the information they needed to keep people safe whilst supporting them.

Relatives told us there were staff available to give their relation support when they needed it and that staff had the time to spend with their relation. One relative told us, "[Relative] has a good life." We observed people were given support when they needed it because there were enough staff on duty who ensured they were available when support was needed. Staff spent a great deal of time with people, interacting with them and engaging them in activities. Staff were available to support people to go out into the community.

## Is the service safe?

Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. The team coordinator told us that they assessed the level of staff needed and that the provider supported an increase staffing levels if this was needed.

# Is the service effective?

## Our findings

People who lacked the capacity to make some decisions were not protected under the Mental Capacity Act 2005 (MCA). We saw there were care plans in place detailing how staff should support people to make their own decisions about their care. However, the plans detailed that where a more complex decision should be made, an MCA assessment should be undertaken. We saw that all of the people who used the service had bedrails in place but an MCA assessment had not been completed. We also saw there were no records showing how the decisions for these to be put in place had been made to show these were in people's best interest. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability.

We also saw that decisions had been made about people's finances and medicines management. There were no records showing how people's capacity around making these decisions themselves had been assessed. There were no records to show how these decisions had been made in each person's best interest or who had been involved in the decision making process.

Staff displayed an understanding of the Deprivation of Liberty Safeguards (DoLS). The team coordinator told us they had made an application for a DoLS for each person who used the service to ensure they were not having any unnecessary restrictions placed on them. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People were supported to make their own decisions where they had the capacity to do so. We observed people making decisions on the day we visited and we saw that the advocate used in the service was involved in supporting people to make decisions. For example one person had wanted to have their own social networking account and the advocate had supported them with setting this up. People's decisions in relation to their care was detailed in their support plans, such as how to support people to make decisions about their clothing and what time they preferred to go to bed and get up.

People were not appropriately supported to minimise the risk of them developing a pressure ulcer. Records showed that the risk of people developing a pressure ulcer was only

assessed once a year. We looked at the records of one person who spent their days in a wheelchair and so would be at greater risk of developing a pressure ulcer. In the file of this person there was a pressure relief support plan which stated that the person should be offered time out of their chair to stretch on either their bed or the floor. We looked at 29 daily record sheets for this person and found that this had only been recorded as happening on two occasions. We saw this was important for this person as they had developed a pressure ulcer in the past.

Relatives told us they felt staff had the knowledge to support their relation appropriately. One person had a health condition and required staff that were skilled and trained to support them with this. Staff were able to describe the training provided and the means by which they had been deemed competent. Staff stated that they felt comfortable and safe with the specialist techniques they had been trained in, and we saw records which showed staff had been assessed to ensure they followed safe practice.

We observed staff supporting people and we saw they were confident in what they were doing and had the skills needed to care for people safely. Where equipment was used to transfer people, staff did this safely. One person who used the service had complex care needs and the team coordinator told us they planned the staff rota to ensure appropriately skilled staff worked with this person.

Staff told us they enjoyed working in the service and felt they had the training they needed to enable them to do their job safely. They told us they were given training in a range of subjects relating to the work they did. Staff told us that if they were absent from work longer than a couple of months then upon returning to work they were re-trained and had their competency assessed to ensure they had retained their knowledge. Staff told us they had regular supervision from the team coordinator and they used these to discuss their development needs.

Records we saw gave details of training undertaken by all staff. This showed that all staff had either completed the required training or had a date booked to do so within the timescales stated on the training plan. New staff were provided with an induction training programme. The training covered areas of training such as moving and handling, eating and drinking, epilepsy and



## Is the service effective?

communication methods. Records confirmed that staff were given the opportunity to have formal supervision with the team coordinator to discuss any development needs and any issues relating to their work.

People were supported to eat and drink enough. We observed people being supported to eat and staff provided people with their diet as detailed in their care plan. For example people who had been assessed as needing a soft diet were given this. Staff told us they felt people got enough to eat and drink and that the food was good quality. One member of staff said, "People eat a lot here, they have a lot of food."

People's nutritional needs were assessed regularly and where a potential risk was identified consideration was given to a referral being made to external health professionals. One person had recently gained some weight and the team coordinator told us discussions were being held to assess if a referral was needed to get advice on how the person could be supported to prevent further weight gain. One person had a percutaneous endoscopic gastrostomy (PEG) feed because they could not take liquids orally. There was detailed guidance on the support the person needed with this and we found staff were managing this appropriately.

People were supported to access external health professionals when their needs changed. They were also supported to attend routine health appointments. One relative told us, "There is excellent continuity of care and staff know and meet the needs of my relative."

We saw from care records that staff sought advice from a range of external professionals such as dieticians and occupational therapists to support people with their health care. Staff drew on resources from physiotherapists, speech and language therapists and consultant nurses to get support with people's care and support. There was also a clinical lead employed by Scope to support staff in any clinical matters.

We saw from the records of one person that they needed on going support with their health and we saw staff were supporting them to attend regular appointments. We spoke with a visiting professional and they told us that staff took notice of what they said and acted on requests for changes to people's care and support.

We saw that where people had a health condition, there was a care plan in place informing staff how the condition affected the person, how to monitor the condition and how to respond if the person displayed a sign or symptom of the condition. We looked at the records of one person who had a health condition and saw records were kept of any signs or symptoms and these were used to determine if the condition was deteriorating. Staff we spoke with had a good knowledge and understanding of this condition and knew how to respond to the symptoms and what signs the person displayed prior to symptoms manifesting.

# Is the service caring?

## Our findings

Relatives we spoke with said they felt the staff were kind and caring. One relative said, "They all care and love [relation]." Another relative said, "Staff are very caring."

We observed staff interacting with people who used the service and we saw positive relationships had been developed. Staff clearly knew people's preferences and how to communicate with them effectively. Staff interaction was warm and relaxed and staff engaged with people according to their individual communication needs. We saw people were comfortable with the staff and people smiled and responded positively to the interactions.

Both of the staff we spoke with spoke of people with warmth and compassion. They told us they enjoyed working in the service and cared a great deal about the people they were supporting. We saw staff respond to a person who became distressed at the noise from workmen undertaking improvements in the service. Staff immediately intervened and asked the person if they wished to be moved or go to their room and the person indicated they would like to go to their room and staff supported them to do this.

People were supported by staff who knew them well and understood their individual communication methods. The relatives we spoke with said staff knew their relation very well. We saw there were detailed plans in place to inform staff how they could effectively communicate with people who used the service. Staff we spoke with were able to describe the way individuals communicated with them via verbalisation, gesture or movements. We observed staff communicating well with people and saw they could clearly interpret individual expressions and body language.

Staff recognised signs that showed people's discomfort and responded to these. For example one person had a support plan in place detailing that the person would be distressed with new faces. We saw this happen when we entered the room and a staff member quickly noticed this and got eye level with the person and explained who we were and why we were there. This quickly alleviated the person's distress and they responded positively to us and were smiling.

Staff had an appreciation of the importance of people's choice and their right to live as they wished. We observed

people being given choices throughout the day with staff asking people what they would like to do and people choosing music and sensory stimulation. We saw a visual choice was offered at mealtimes and for drinks.

The provider told us in the PIR that the service was developing the use of technology for improved communication and better developed assisted technology. We saw evidence of this having been used to support people to be involved and choose the redecoration of the service. External health professionals had been involved and a computer used to show people the options. Everyone had chosen their own colour schemes and furnishings for their bedroom and a group decision had been made for the communal areas. People had then been supported to go out and shop for their chosen items and we saw bedrooms reflected the personality and preferences of people. One member of staff told us, "This is their home, it is all about them."

People's independence was also promoted and supported. The team coordinator told us about one person who had been supported by staff to eat in the past. The team coordinator and staff had worked with the person to enable them to eat independently and told us they felt this had a positive impact on the person. We observed the person eating independently and saw this was a positive experience for them. They were smiling, looked happy and got a great deal of enjoyment from the sensory experience of this. We also saw photographic evidence of people being supported to undertake daily living skills in the service and on the day of our visit people were supported to help bake a cake, prepare the evening meal and to answer the door to visitors.

An advocate visited the service every week to speak with people who used the service and they were there on the day we visited. Advocates are trained professionals who support, enable and empower people to speak up. The provider paid for this service and we saw this had a positive effect on people and the advocacy was used in a meaningful way. The advocate told us that they had taken the time to get to know people and because verbal communication was limited this had helped them to understand people's methods of communication. They told us they sat and talked with people and found out what they liked to do. They then followed this up making sure staff were enabling people to do what they wanted to do and be

## Is the service caring?

supported in the way they wished. We observed, from a distance, the advocate with a person who used the service and they had a relaxed session in the garden. It was clear they had developed a positive relationship.

We saw the advocate also engaged with other professionals on behalf of people who used the service. For example one person had been displaying an anxious behaviour and the advocate had engaged with the learning disability team and involved them in identifying the cause.

We observed staff respecting people's privacy and dignity when supporting them. For example speaking to people

discreetly about matters of a personal nature, taking people to their bedrooms if they indicated they wanted privacy and staff involving them in any support they were given.

We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this. One member of staff we spoke with was a dignity champion and said their role was to observe other staff and give advice if they felt there could be improvements. Another member of staff had raised issues about privacy in relation to part of the garden layout and told us this had been rectified straight away. The provider told us in the PIR that all staff had received training in respecting privacy and dignity.

# Is the service responsive?

## Our findings

People were supported to be involved in planning their care and support. We observed people being given choices and making decisions about their care and support and staff explained to people what they were doing when they supported them.

The care plans we looked at were centred around the person, giving details on the person's likes and dislikes, including, food, music and activity preferences. The plan included details of who was important to the person and guidance on how to communicate effectively with the person to ensure their choices and wishes were respected. Plans also guided staff in whether people preferred a male or female member of staff. Staff were aware of the guidance in the plan and had used this to ensure the person was included as much as possible in the design, review and delivery of their care and support.

One person had been involved in a person centred review which had been carried out with all of the people involved in the person's support, including their family, staff working closely with them and external professionals. The review was carried out to find out if any changes needed to be made to the person's support and to assess what was working and what was not. The provider told us in the PIR that two people had been involved in such a review and that this was to be rolled out to the remaining three people who used the service.

Staff we spoke with had an excellent knowledge of the preferences of people and how they liked to spend their time and how they preferred to be supported. Staff knew what would work well for individuals and what would not. We saw people's preferred daily routines and how they liked to be supported were detailed in their care plan and these went into great detail to ensure staff would know how to support them in a way they liked.

People were supported to access the community and engage in a range of activities of their choice, including sensory activity groups and social clubs. We saw staff supported people to have time away in their relatives'

homes and one person was supported to do this on the day of our visit. We saw people were also supported to maintain relationships with family and friends via the use of video technology. Staff told us that people were given plenty of opportunity to go out into the community and follow their hobbies and interests. One member of staff said, "If someone asks to go somewhere, it happens." We observed an afternoon activity, which involved sensory equipment. Staff and people who used the service were actively involved in this.

People were also supported to take part in activities they preferred such as pampering sessions, sensory themes and swimming. On the day of our visit new ceiling tracks were being installed in the lounge area. Staff told us this would improve the floor gym sessions which were held as people could be moved around as needed. They told us these sessions were valuable in keeping people's limbs supple and helping them to maintain movement. People were also supported to celebrate different events and themes. There was to be a Halloween party at the service and staff told us people from other Scope services would be attending this, and it gave people a chance to mix with other people who used services.

People were involved in discussions each week on whether they were happy in the service and staff were able to tell us how people would present in mood and body language if they were unhappy. The relatives we spoke with told us they would feel comfortable to approach staff if they had any concerns. One relative told us, "I would have no hesitation in reporting issues if I had any." The registered manager also talked to people who used the service as part of their visits and asked people if they had any concerns.

People could be assured their concerns would be responded to. There was a procedure for staff to follow should a concern be raised and staff we spoke with knew their responsibility to respond to any concerns raised and report them to the team coordinator or higher in the organisation. There had been one complaint raised in the last 12 months and we saw this had been investigated and a meeting held with the person making the complaint, with a strategy put in place to address the concerns.

# Is the service well-led?

## Our findings

We found that the systems in place to monitor the quality of the service were not always effective and this left people at risk in relation to certain areas of their care and support. Although medicines management audits were completed by the team coordinator, these had not identified the issues we found.

There were systems in place for the team coordinator to check the safety of the bed rails and hoist slings in the service, however we saw an external contractor had carried out a maintenance check of the slings but three slings were not available for the contractor to carry out checks and this had not been re-arranged to ensure the slings were safe for use.

The systems in place to audit records had not been effective in identifying lapses in support plan reviews. We found that records were not always accurate and the systems in place to audits these had not identified this so that improvements could be made to ensure they were being maintained accurately. For example, in all three support plans we looked at, risk assessments were not being reviewed regularly and we found that although some risk assessments stated they should be reviewed every three months these were only happening once or twice a year. This meant that if people's needs had changed, the risk assessments may not have been updated to reflect this.

We found conflicting information in one person's care plan which contained two 'hospital passport' summary description sheets. Neither was dated and both contained differing information. This could cause confusion and delay if the person required treatment from an external service. We also found this person had an application for a DoLS and this did not include details of the person's condition. Additionally staff completing the form had referred to them as the opposite gender and this had not been identified. Another person's plan had not been updated to reflect a change in relation to caring for a medical aid, which had moved from being weekly to monthly. However, care staff when questioned, were all aware of the change in practice.

The team coordinator was required to submit reports to the registered provider to inform them of any complaints, accidents and incidents. This gave the registered provider an overview of what was happening in the service. The

registered manager also carried out monthly quality visits which were unannounced drop in visits to observe care, speak with people using the service and staff and to check the environment. It was clear from the reports of these visits that people were being asked for their views on the service and were responding positively on the service they were receiving. The reports from these visits were submitted to the provider so that both they and the registered manager had an overview of what was happening in the service. However, the quality visits did not include looking at the systems in place to check medicines and equipment safety and did not include auditing the support plans.

Environmental audits were also carried out by the team coordinator but we identified concerns in the small laundry area which had not been identified by the team coordinator or the registered manager during their audits. We found seven five litre bottles of hydrogen peroxide based cleaning agent were kept in the area contrary to guidance on the bottle stated that the contents should not be stored at extremes of temperature and kept in a cool place. We found the area became very warm when the tumble drier was on and this posed a risk of explosion. Required guidance sheets advising the safe handling and storage of these were not available, which would have alerted staff to the risk should this cleaning agent become too hot. Guidance would have also alerted staff to the risk if they did not wear protective clothing when handling this cleaning agent but staff were unaware of the risk and some of the protective clothing required was not available.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post and they oversaw the management of the service and had a team coordinator who was responsible for the day to day running of the service. The provider told us in the PIR that management meetings were held with other managers within Scope to share good practices and new ways of working. They told us they also had co- working meetings with another organisation to share good practice. They told us the registered manager and the area manager were easily contactable if any support or advice was needed.

One relation of a person who used the service told us they had a very good relationship with the team coordinator. Staff were supported in having a say about the service through regular meetings and the team coordinator having

## Is the service well-led?

an 'open door' approach. Staff told us the team coordinator was approachable and they felt comfortable raising suggestions and concerns with them and felt they were listened to. One member of staff told us that when they started working in the service they had asked the team coordinator for more sensory items to be purchased and this had been done. They said, "You only have to ask and it is done." We observed staff working together as a team and they were organised and efficient.

People were supported to have a say in the running of the service. They were involved in weekly meetings to decide

on the activities and menu for the following week. There were also regular meetings held with people to see if they were happy with the service and to get their input on any changes needed.

People had recently been supported to complete a client satisfaction survey and we saw people had been positive in their feedback. The team coordinator told us that once all of the surveys had been looked at the results would be analysed and shared with the people who used the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems in place to monitor and improve the quality of the service were not always effective. Regulation 17 (1)(2)(a)(b)