

Bellhouse Care Home Limited

# Bell House Care Home Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected the service on 11 May 2015. The visit was unannounced. Our last inspection took place on 17 October 2014 and we found the service was not meeting the regulations relating to consent to care and treatment, care and welfare of people who used services, safeguarding people who used services from abuse and assessing and monitoring the quality of service provision and records. We asked them to make improvements. The

provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations. On this visit we checked and found improvements had been made in all of the required areas.

# Summary of findings

The Bell House is registered to provide personal care and accommodation for up to 24 older people. The accommodation is single storey and all bedrooms are single rooms.

There was a manager in post; however, this person was not registered. 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 received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Medicines were administered to people by trained staff.

People received sufficient amounts to eat and drink. We found the dining experience for people who used the service was pleasant.

Robust recruitment processes were in place which ensured staff were suitable to work with vulnerable adults. Staff received regular supervision and annual appraisals. This gave staff the opportunity to discuss their training needs and requirements.

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. We observed interactions between staff and people living in the home and staff were respectful to people when they were supporting them. Staff knew how to respect people's privacy and dignity. Staff demonstrated they knew

people's individual characters, likes and dislikes and had good relationships with the people living at the home and the atmosphere was happy and relaxed. Care plans were person centred and individually tailored to meet people's needs.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). Staff were clear when people had the mental capacity to make their own decisions, this would be respected. Staff told us they had received Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) training.

Staff demonstrated a good understanding of how to protect vulnerable adults. They told us they had attended safeguarding training and were aware of the policies in place regarding reporting concerns.

People who used the service and their relatives had opportunity to give their views and opinions on the service provision. There were regular resident and relative meetings and satisfaction surveys were also distributed to people who used the service on an annual basis.

People's health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

The management team investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home. There were effective systems in place to monitor and improve the quality of the service provided.

# 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 safe.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

People were supported by sufficient numbers of staff that were skilled to meet their needs.

People's medicines were stored safely and they received them as prescribed. Staff had undertaken training on the administration of medicines.

Good



### Is the service effective?

The service was effective.

Staff training provided did equip staff with the knowledge and skills to support people safely and staff did not have the opportunity to attend regular supervision.

People were supported to have enough suitable food and drink when and how they wanted it and staff understood people's nutritional needs.

People had access to health care professionals to meet their specific needs.

Good



### Is the service caring?

The service was caring.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were happy with the care they received and their needs had been met.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff.

Good



### Is the service responsive?

The service was responsive to people needs.

People received support as and when they needed it and in line with their support plans.

People who used the service were supported to take part in a range of recreational activities in the home and the community which were organised in line with their preferences.

People who lived at the home told us they felt comfortable raising concerns and complaints.

Good



### Is the service well-led?

The service was well led.

There was a manager in post. Staff we spoke with told us they felt the management team in place at the home were approachable and supportive.

Good



# Summary of findings

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Accidents and incidents were monitored by the manager and the provider to ensure any trends were identified and acted upon.

# Bell House Care Home Limited

## 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 11 May 2015 and was unannounced. The inspection team consisted of two adult social care inspectors a specialist advisor with a background in governance and an expert by experience in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 12 people using the service. During our visit we spoke with five people who used the service and three relatives/visitors to the home.

We also spoke with four members of staff, the head of care and the manager. The provider was also in attendance throughout the inspection. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at four people's care records. We also spent time observing care in the lounge and dining room area to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms and communal bathrooms.

Before our inspections we usually ask the provider to send us 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. On this occasion the provider had not received their PIR request. We reviewed the information we held about the service including previous inspection reports and contacted the local authority contracts team and infection control team.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe in the home. These were some of the comments people made, “I feel very safe here and the staff are very nice.” “When I press the call bell the staff come quickly.” “I feel more comfortable now that I have settled in and got used to the place.” One person’s relative told us, “My relatives are safe here, the staff have promoted her to be more independent and she is definitely walking better, a big improvement.”

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people’s needs and keep them safe. The manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us the staffing levels enabled them to support people well and to ensure their care needs were met safely. This was confirmed by our observations during the inspection. We spoke with one person’s relative who told us, “There always seem to be enough staff around and the home is spotless.”

We found there was a robust recruitment policy in place. Staff we spoke with told us they had filled in an application form, attended an interview and were unable to begin employment until their Disclosure and Barring Service (DBS) checks and references had been returned. The DBS is a national agency that holds information about criminal records. We looked at three staff personnel files which showed detail of the person’s application, interview and references which had been sought. This showed that staff were being properly checked to make sure they were suitable to work with vulnerable adults.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding vulnerable adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. Staff records confirmed staff had received safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked in people’s care records and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out in relation to mobility, nutrition and medication. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

Records showed an up to date fire risk assessment was in place. Fire safety equipment was tested and fire evacuation procedures were practiced as well as discussed in staff supervisions and resident meetings. The home had care plans in place for each person who used the service which provided staff with guidance on how to support people to move in the event of an emergency.

People received their medicines safely and when they needed them. We checked the stock levels for three people against their medicine administration record (MAR) and found they were correct. We looked at seven MAR charts and saw there were no gaps where staff were required to sign to say they had given people their medicines. We saw on the reverse of the MAR there were notes made to evidence decisions to omit medication and where people had received ‘as required’ medication. We saw each person had a medication care plan and identity record in place. This held information regarding people’s GP known allergies and circumstances for administering ‘as required’ medicines. This ensured staff were aware of the signs to look out for when making decisions around administering pain relieving medication.

We saw ordering systems ensured people did not run out of their medicines. We observed staff administering people’s medication and saw staff stayed with the resident while they took their medication. They used this as an opportunity to engage with the person and asked how they were feeling. We spoke with one person who told us, “I understand my medication and I take it myself.” We saw the person’s care records reflected this.

During our look around the premises we saw the home was clean and tidy and free from malodours. We looked at various areas of the home including the lounge, dining room and bathrooms. We also with people’s agreement looked at some people’s bedrooms which were clean, tidy and personalised. We found the home was maintained well

## Is the service safe?

and looked in a good state of repair. We looked at maintenance records and saw all necessary checks had been carried out within timescales recommended in guidance and legislation.

# Is the service effective?

## Our findings

People had access to healthcare services when they needed them. We saw evidence in four people's care records which showed they regularly visited other healthcare professionals such as dentists and chiropodists. One person who used the service told us, "If I need to see a doctor or dentist the home will sort it out for me." One person's relative told us, "We had an issue with our own doctor who refused to come and see Dad as it was too far but the manager took care of it promptly and got the doctor to come who visits the home, we were very impressed." This showed people who used the service received additional support when required for meeting their care and treatment needs.

People's needs were met by staff who had appropriate skills, competencies and knowledge for their roles. Staff we spoke with told us they received good support from the manager and colleagues. Everyone said they had training opportunities and had received appropriate training to help them understand how to do their job well. They said they received regular supervisions and appraisals and we saw evidence of this in the staff records we reviewed.

We looked at staff training records which showed staff had completed a range of training sessions. These included moving and handling, medication, infection control, fire safety, health and safety and first aid. The manager told us they checked the training records on a monthly basis and identified what training had been completed and what still needed to be completed to ensure staff's skills were up to date. We spoke with one person who used the service who told us, "I think the staff are trained well they know what they are doing." One person's relative told us, "I think the staff know what they are doing they seem very confident."

Staff we spoke with told us they thought their induction training had been comprehensive and covered for example, moving and handling, health and safety, food hygiene and safeguarding. We were told staff would initially observe and shadow their colleagues for the first couple of weeks. One person said, "I was already a carer before I came here, but I found the induction really good and it prepared me to work at Bell House." Staff told us there was lots of training, a lot of courses were e-learning.

The manager told us an induction programme was completed by all new members of staff on commencement

of their employment. We looked at staff files and were able to see information relating to the completion of induction. We saw one person's new starter induction booklet had a range of questions that the new member of staff needed to complete. These included fire procedures, accidents and incidents, policies and procedures, risk assessments, medication and menus. The manager told us they discussed the answers with the member of staff to assess the level of knowledge, understanding and if further training was required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We asked the manager about Deprivation of Liberty Safeguards (DoLS). They told us no-one using the service currently had a Deprivation of Liberty Safeguard in place. They told us they would make formal application to the relevant bodies if they needed to. They told us they had carried out mental capacity assessments for all of the people using the service. Care records we looked at confirmed this.

The Mental Capacity Act 2005 covers people who can't make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'. Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. Staff told us they had received Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) training.

People's care records showed each person had been asked to give their consent to their care and support. One person told us, "I have choices in everything I do."

We saw drinks and treats were offered to people throughout the day. People we spoke with said they enjoyed the meals and always had plenty to eat and drink. They told us, "I have a choice where I have my meals; sometimes I have it in the lounge." "I always have enough to eat and drink." However, one person told us, "We don't get a lot of fresh fruit." We spoke with the manager about this and they told us they would speak to people using the service about the choices available or snacks. We spoke to the chef who told us they knew each individual, their likes and dislikes and that every day they went round to ask each person what they would like to eat that day for their lunch.



## Is the service effective?

We observed the lunch time meal and saw all the tables were set with tablecloths, condiments, flowers and placemats. Each person was offered a hand wipe by staff before their meal. There was a nice atmosphere and appropriate music was playing. The food looked hot and tasty and plenty of it. Everyone was asked if they were enjoying their meal. We saw staff were in attendance throughout the meal, the manager told us that once a week the staff would sit with people to eat lunch and used this as

an opportunity to spend quality time with people. We saw there was one person who needed support with their lunch and became agitated. We observed the staff were very patient and offered the person something else and calmed the person down. We saw in care records that people's dietary needs were recorded in care plans and people's weights were monitored weekly and records showed they remained stable.

# Is the service caring?

## Our findings

People we spoke with said they liked the staff and described them as 'very good'. They said staff knew them well and were kind and caring. People also told us, "If the staff have time they will sit down and have a chat." "I think the staff are lovely, if you want something they will get it for you." "Most of the staff are very caring, some are better than others." "The staff are always kind and compassionate." "Some staff are extra kind and they all treat me with dignity and respect." "The staff are very respectful and I am listened to by the staff." They said staff listened to them and this helped them. They also said staff supported and encouraged them to do things for themselves and we saw this happen throughout the inspection.

People described ways in which they felt the staff treated them as individuals and knew their preferences. For example, one person said, "If I want some privacy I go to my bedroom." Another person told us, "Once or twice a week I have a bath and I can stay in for as long as I want to, I find it relaxing."

We also received feedback from people's relatives who told us, "When I leave here I know they [name of relative] are being looked after well." "We have noticed that people's well-being is cared for." "There is a nice friendly atmosphere in the home. Nothing is too much trouble for these staff, they're lovely."

We spent time with people in the communal areas and observed there was a happy atmosphere and people were comfortable and relaxed around staff. There was laughter and banter between people as they chatted with one another and staff. We saw staff engaged warmly with people at every opportunity. They encouraged people to express their views and listened calmly and patiently to their responses. We saw staff was skilled in communicating with people and discussing choices with them.

We saw people were encouraged to maintain their independence. For example, people were encouraged to mobilise and we observed people being supported to choose where they would like to sit at which table for lunch.

We observed one person being asked if they wanted to have their hair styled, and staff spent time with them talking about what they would like to have done and when the hairdresser would be visiting the home.

We asked staff to explain their understanding of person centred care. Comments we received included; "Person centred care is about seeing people as individuals and how they want their support to be given", "Giving care that meets their needs and not just because it's a routine" and "The care here is based around them. It's about them."

We saw people looked well dressed and cared for. For example, we saw people were wearing jewellery and had their hair nicely styled. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity.

We saw staff was respectful in their interactions with people who used the service, as well as each other. One person told us the staff always knocked and waited for an answer before entering their rooms. We saw staff discreetly and sensitively brought matters to people's attention. For example, one person had spilt some of their drink on their clothing and we saw the staff member quietly spoke with the person and assisted them to their room to change. We saw any personal care was carried out in private.

We looked at the care records of four people and found evidence which showed the involvement of the person concerned. We saw that where documents required signing by the person this had been done. People we spoke with told us they knew they had records which the home kept about their care. We also spoke with one person's relatives who told us, "We have seen the care plan and are very happy with it." This meant that people, or where appropriate their relatives, had been involved in their care.

People were encouraged to maintain and develop relationships and to visit their family members and to keep in touch. One person we spoke with told us their family member who visited them on a regular basis was always made to feel welcome by staff. Another person told us, "I can see my family whenever I want and the staff make them feel welcome."

# Is the service responsive?

## Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were carried out where possible to make sure all people who used the service were compatible and to give opportunity for people to get to know each other.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. We looked at the care plans for the four people who currently used the service. The care plans were written in an individual way, which included people's preferences, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

Activities were meaningful and arranged to suit the needs and interests of the people who used the service. Staff said they offered and encouraged activity based on the person's known likes and dislikes. People told us they enjoyed the activities on offer. They told us, "Once a month they come from church and we have a service." Occasionally people who used the service were taken out to the village and the local rotary club. We saw photographs were displayed

throughout the home of people participating in activities, this included baking and painting. Records were also available which showed people who used the service were involved in a range of activities.

At the time of our inspection the activity coordinator was facilitating a quiz. We saw that all of the people who used the service were involved and they all said they enjoyed it and that it kept their brain working. We spoke with the activity coordinator who told us, "I love this job and I feel they get a lot out of the activities. They are great and I can always tell they are enjoying themselves. They come up with a lot of ideas and sometimes when I come in they tell me they've had an idea and we go with that. We also have a plan in place for the month which includes entertainment too." We also saw there was a high degree of emphasis on encouraging independence and participation in daily activity in the service.

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. We spoke with people who used the service who told us, "I have no complaints and if I had I would tell the manager and my daughter."

There was a complaints file in the service with all information and documents available should any complaints be made. The manager told us they had not received any complaints since September 2014.

# Is the service well-led?

## Our findings

At the time of our inspection there was a manager in post who was not registered with the Care Quality Commission. They told us they were in the process of applying to become the registered manager of the home. The manager dealt with day to day issues within the home and oversaw the overall management of the service. They worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them. Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere, which was inclusive. One person told us, "The home is well run, I have been here a few years and the new manager has made a big difference to the home." Another person told us, "The manager always asks my opinion on things."

We also spoke with people's relatives who told us, "When we were looking for a home we went to a few that were not desirable but as soon as we came in here we knew it was right, there were no smell and the bedrooms are fantastic I have not been when it is meal times but Dad says the food is good, it's hot and you get plenty of it. The manager is always visible and she is very hands on when we come in she usually has an apron on and is always buzzing about." Another person's relative told us, "I would highly recommend this home to anyone. The manager has a chat quite often about what goes on here, and if there is anything more they can do to improve the service."

Staff meetings were held which gave opportunities for staff to contribute to the running of the home. We also saw the service held bimonthly governance meetings which were attended by the provider. The governance meeting minutes for January and March 2015 showed discussions included infection control, resident satisfaction, audit reports and action plans, client needs, staffing and health and safety. The manager said the staff meetings were held bimonthly. Staff told us communication was good.

The manager told us they met with their head of care on a daily basis. The purpose of the meeting was for the planning of the day ahead and also allowed for any concerns or issues relating to people's care to be discussed any necessary actions taken. We saw satisfaction surveys were also carried out on by the provider. These were available for people to complete when they visited the service. We saw responses were positive. One visiting professional had commented, "Very impressed with on going changes. Rooms improved and patient plans/ systems much improved." Another comment was, "The home is clean, tidy, well-organised and the staff are very clear about their duties and well managed. It is in better shape than at any time in the last five years." The manager told us they would be sending out an annual survey in September 2015. This showed that people's views and opinions were taken into account in the way the service was provided.

The manager told us a monthly summary of accidents and incidents was completed. They confirmed there were no identifiable trends or patterns in the last 12 months. We saw individual incident forms had been completed and where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences.

We saw daily, weekly and monthly checks were completed at the home depending on the area of the service being reviewed. For example, water temperatures and first aid boxes. There was a system for auditing in place. The audits included infection control, finances and medication. Where improvements had been identified as needed in areas we saw action plans had been completed about how these would be achieved. We saw that the provider carried out monthly quality assurance visits to the home. This showed the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.