

HC-One Limited

Bellefield Residential Home

Inspection report

42 Aysgarth Avenue
West Derby
Liverpool
Merseyside
L12 8QT

Date of inspection visit:
08 May 2017

Date of publication:
13 June 2017

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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	

Summary of findings

Overall summary

This unannounced inspection of Bellefield Residential Home took place on 8 May 2017.

Situated within a quiet residential area of West Derby in Liverpool, Bellefield Residential Home is a purpose built 30 bedded care home offering dementia, residential, respite and end of life care.

At the last inspection in October 2015, the service was rated 'Good'. We found during this inspection that the service remained 'Good.'

The registered manager was still officially in post at time of our inspection. However, they were in process of moving to another service, another manager had been appointed, and was available on the day of our inspection. The manager had systems and processes in place to ensure that staff who worked at the service were recruited safely. Staff were able to describe the course of action they would take if they felt anyone was at risk of harm or abuse which included 'whistleblowing' to external organisations. Rotas showed there were an adequate number of staff employed by the service to ensure people's needs were met. Risks were well assessed and information was updated as and when required. People were supported to manage their medication by senior staff who were trained to do so.

All newly appointed staff were enrolled on the Care Certificate. Staff we spoke with confirmed they had been supervised regularly and had completed an annual appraisal. The training matrix showed that all staff had completed all mandatory training in accordance with the providers training policy, including areas of specialism, such as dementia and end of life care.

The service was working in accordance with the MCA and associated principles. We saw that where people could consent to decisions regarding there care and support this had been well documented, and where people lacked capacity, the appropriate best interest processes had been followed.

People and visitors we spoke with were complimentary about the staff and the home in general. People told us they liked the people who supported them. Staff were able to give us examples of how they preserved dignity and privacy when providing personal care.

Care plans contained information about people's likes, dislikes, preferences and personalities. Staff we spoke with demonstrated that they knew the people they supported well, and they enjoyed working at the home.

Complaints were well managed and documented in accordance with the provider's complaints policy. The complaints policy contained contact details for the local authorities and commissioning groups.

Quality assurance systems were effective and measured service provision. Regular audits were taking place for different aspects of service delivery. Regular action plans were drawn up when areas of improvement

were identified. Staff meetings took place, however resident meetings were not as regular.

Further information is in the detailed findings below

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 remains Good

Good 

Is the service effective?

The service remains Good

Good 

Is the service caring?

The service remains Good

Good 

Is the service responsive?

Service remains Good

Good 

Is the service well-led?

Service remains Good

Good 

Bellefield Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection took place on 8 May 2017 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has expertise in a particular area, in this case, care of older people.

Before our inspection visit, we reviewed the information we held about Bellefield. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who used the service. We also tried to access the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We saw there had been a concern raised with regards to medication being given appropriately, and whether people were being referred to healthcare professionals when needed. We checked this as part of this inspection.

We spoke to five people living at the home, and four visitors. We also spoke to a turnaround manager for the provider, the senior, and the manager of the home, in addition to three staff. We looked at the care plans and for three people and the recruitment files for three staff. We also looked at other documentation associated to the running of the service.

Is the service safe?

Our findings

Everyone we spoke with said they felt safe living at the home. One relative commented, "I know they [family member] are safe and well looked after here so I can relax when I leave them." Someone who lived at the home told us, "I feel safe at all times." And "I am very happy here; I have company all the time."

Rotas showed that there were enough staff employed by the service to cover the shifts. People who lived at the home shared the following comments with us, "I have rung the call bell once and the staff came quickly." However, another person told us the staff could be 'run ragged' of a night. We checked the rota for night staff and saw that there were consistent staffing levels from week to week.

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the organisation's safeguarding policy. Staff we spoke with also said they would whistle blow to external organisations such as the Care Quality Commission (CQC) if they felt they needed to. We saw that the recruitment and selection of staff remained safe, and staff were only appointed following a robust recruitment check.

Medication was well managed. We discussed some of the concerns we had received with regard to medication and checked medication was being used and stored appropriately. Medication was only administered by senior staff who had undergone specific training which included annual assessments of their competency. We spent time with the senior member of staff and checked the medication. We saw that the medication was stored in a temperature controlled room. The temperature of this room was recorded twice daily to ensure they were within the correct range. Storing medications at inappropriate temperatures could affect their ability to work. We viewed some of the MAR (Medication Administration Records) charts for people and saw that they were filled out correctly. We spot check the medications for two people and saw that the balances of the stock corresponded to what was recorded on the MAR chart.

We checked the procedure for controlled drugs, (CD's). These are medications with additional safeguards placed on them. We saw the procedure for administered controlled drugs was in line with the provider's policy and national guidance.

Risks to people's health and wellbeing were appropriately assessed and measures were put in place for staff to follow to support people to remain safe. We saw risk assessment in relation to nutrition, medication and the environment. For example, we saw that one person was at risk of choking. We saw there was a detailed risk assessment in place which explained what the staff needed to do in order to minimise the risk for the person. We saw that the risk assessments were reviewed every month.

There was a process in place to record, monitor and analyse incidents and accidents, which included an explanation of why the incident occurred and any remedial measures out in place as a result of this.

We saw that health and safety checks with regards to the electricity, lifts, gas and water testing were completed in line with legislative requirements. We spot checked some of these certificates to ensure they

were in date.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager demonstrated an understanding of the MCA and the associated DoLS. Discussion with the manager confirmed they understood the need for DoLS to be in place and when an application should be made and how to submit one. We viewed the DoLS for one person who lived at the home. We saw that DoLS were only applied for following a MCA assessment which clearly stipulated to reason for the DoLS, and there was evidence the decision had been made in person's best interests.

People were supported by appropriately trained staff. We saw that each staff member had undergone an induction in line with the principles of the Care Certificate, as well as the provider's own mandatory training requirements for specific training, such as dementia and end of life. The Care Certificate is a set of principles which can be used to support new workers in the first twelve weeks of their roles. We viewed the training matrix for the home, and checked corresponding certificates for staff to ensure they had been on the courses. Training was mostly completed via e-learning, with some classroom based courses for practical sessions, such as moving and handling.

We saw that people were supported appropriately with their nutritional and hydration needs. We asked people about the food and we partook of the lunchtime experience of the home. The meal was well presented and tasty. People commented about the food such as, "The food is lovely, we get a choice and it's always hot. There is something different every day," and "I have never asked for another choice because I am happy with what's on offer." We saw that a choice of food was always on offer for people. The chef was knowledgeable of people needs with regards to foods, such as any allergies, or eating guidelines people needed to follow.

The home was spacious and clean. We observed people were relaxed in different parts of the home throughout the day. There was a pet budgerigar to provide stimulation, and there was some directional signage around the home to help support people with dementia. We discussed further improvements the provider could make to the décor of the home to support people living with dementia.

We saw that health care professionals regularly visited people at the home. We saw notes were made when a person had been visited by a healthcare professional which included the reason for the visit and the outcome, also if any changes to the care plan or medication was needed. We checked to ensure people had been referred to healthcare professionals when needed.

Is the service caring?

Our findings

Everyone we spoke with told us they thought that the staff were caring. Some of the comments we received included, "The staff help me have a shower when I want one but I dress myself."

All relative said "The staff are brilliant and very pleasant." One relative said "The girls [staff] do everything for [family member], they cannot wash or dress themselves and always look smart." Another relative said, "The staff are lovely, very kind and caring." The feedback we received from our expert was that this seemed to be the feeling with all of the family members, that nothing was too much trouble for the staff. We looked at the provider's PIR and it stated 'We know and understand our Residents and we support them with their individual preferences'. This was reflected in the care that we saw?

People we spoke with could not recall if they had been involved in the planning of their care, however all of the visitors we spoke with said they had read their relative's care plan, however none of the relatives had been involved with care planning. We saw that care plans were appropriately signed by people who had capacity to so, or by their relative if they were legally allowed to do so.

All relatives said they could visit anytime of the day without restrictions and were always made welcome. All said they were always offered a drink when they arrived at the home.

Staff we spoke with all told us they loved their jobs and the people they cared for. Most of the staff had been in post for a long time. One member of told us, "I can't imagine not seeing them [the people who lived at the home]. They make my day." Other members of staff were able to describe how they protected people's dignity and privacy when providing personal care. One member of staff said, "I always make sure I knock on the door and ask them if they would like my help, or if I should come back later." Another staff member said, "Even though I am the only one in the room, it is important to cover people with towels or blankets so they feel secure."

We saw there was no one making use of advocacy service at the time of our inspection; however, we saw this information was displayed for people who might require this.

Is the service responsive?

Our findings

People told us that staff supported them in the way which they chose. We saw examples that care was person centred. Person centred means care which is delivered according to the needs of the person and not the organisation. For example, we saw one person's care plans describe in detail what level of support they required to get ready in the morning, this included whether they preferred a bath or a shower, male or female staff and what choices they wanted to make for themselves. For one person, they required support with certain aspects of bathing; however they wanted to choose all of their own clothes themselves. We saw that another person wanted to have rollers in their hair every day. When we arrived at Bellefield, we observed a member of staff blow drying someone's hair. Care plans also contained information regarding people's backgrounds and life histories.

People told us and we observed that there were regular activities which were arranged both inside and outside the home. People told us, "[Person doing activities] is very good, they do quizzes, poetry class and arrange for singers to come in." Also "We go out on the mini bus for trips out." Another person said "We have had singers and a man playing the accordion. I have been out to Liverpool Cathedral on the mini bus then stopped for a coffee." One person we spoke to was not happy with the activities but they did not say why.

We looked at the complaints procedure for the home. The PIR with regards to complaints for the home stated 'We have an 'open door' policy and Residents, Relatives and Visitors can raise concerns, complaints and compliments through our formal and informal process.' We asked people if they knew how to raise a complaint and who they would speak too. Everyone we spoke with told us they knew who to speak to. We saw that the complaints procedure was displayed in the main reception area of the home. We saw there had been four complaints since our last inspection we tracked one of the complaints through and saw it has been investigated appropriately in accordance with policy.

Is the service well-led?

Our findings

The registered manager was still in post however, they had recently moved to another service so would be de-registered with CQC. There was another manger in post who would be replacing the registered manager who had not been in post long.

We were supported on the day of our inspection by the new manager, and a turnaround manager for the provider who also used to be the registered manager at Bellefield and knew the home very well. Staff we spoke with were positive about the home, and said they enjoyed working there. All of the staff said they would recommend the home to family and friends.

The culture of the home was friendly and relaxed, and people commented positively about the home, some comments received included; "I am happy with the atmosphere, I get on with everyone. I have chosen to stay here", "The atmosphere in the home is very good; I am quite satisfied with everything" and "It's nice and relaxed and happy and I love being taken out on day trips."

We saw that quality assurance procedures were robust, and there were audits in place for medication, health and safety, infection control, dignity and dining, catering and care plan audits. We also saw the home had a 'resident of the day' process in place which meant that in addition to the other audits taking place in the home staff checked everything for that specific person and ensured information was up to date. We saw that where remedial action was identified this was quickly highlighted in an action plan and assigned to the appropriate staff member. We saw on the providers PIR they had stated 'Every audit has an action plan to drive improvement.' This was clearly evidenced in the documentation we viewed.

Team meetings took place regularly; however the last resident meeting had not taken place for some time. We saw however, that one was scheduled to take place later in the month. People we spoke with confirmed they had not attended many resident meetings. The manger told us that going forward all of these meetings would be planned in to take place every other month. We saw that regular feedback from people who lived at the home was requested annually and used to improve service delivery.

The manager was aware of their role and had notified the Care Quality Commission of all reportable incidents as required. The ratings were displayed from the last inspection.

There were policies and procedures for the staff to follow, staff had signed the polices and they were aware of their roles and responsibilities within them.