Optimal Living (Luton) Limited

Belle Vue 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?	Good

Summary of findings

Overall summary

The inspection took place on 28 October 2016 and it was announced. We gave the provider 48 hours' notice of our inspection as they are a small residential home for adults with learning disabilities and we needed to ensure that some people would available for us to speak with.

The service provides accommodation and personal care for up to eight people living with learning disabilities and autism. At the time of our inspection, there were eight people using the service.

The home has a Registered Manager in post. 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 & Social Care Act and associated regulations about how the service is run.

People were safe and staff understood how to report concerns to the relevant agencies. Risk assessments had been completed to identify any risks to people and control measures implemented to help keep people safe. The service employed enough staff to meet people's needs and recruitment procedures were followed correctly. Medicines were managed safely and people's healthcare needs were identified and met.

People enjoyed a varied menu, were encouraged to cook independently where possible, and had enough to eat and drink. People and their families were actively involved in care and support planning, and were supported to achieve positive, person-centred outcomes. People's dignity and privacy was respected by kind and caring staff.

Staff were knowledgeable and positive about the people they supported and demonstrated a caring attitude. Interactions between staff and people using the service were caring, and there was a key worker system in place to help meet people's individual needs. Staff received a range of training which enabled them to carry out their roles effectively. They were supported through an on-going program of supervision and appraisal.

People using the service and their relatives spoke highly of the registered manager and the culture of the service. There were robust systems in place to monitor the quality of people's care, with regular audits by senior management. People and staff were given opportunities to contribute towards the development of the service through regular meetings.

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.

Staff were trained in safeguarding and knew how to identity and report any concerns.

The service had sufficient numbers of staff to meet people's individual needs.

Staff did not begin their employment until satisfactory recruitment checks had been completed.

People's medicines were managed appropriately.

Is the service effective?

Good

The service was effective.

Staff had undertaken training which was relevant to their role and enabled them to support people using the service effectively.

People had choice over their food and drink and their needs in relation to nutrition and hydration were being met.

People were supported to attend regular healthcare appointments and had involvement from healthcare services to ensure their continued welfare.

Is the service caring?

Good

The service was caring.

People's dignity and privacy was respected by staff.

Interactions between staff and people using the service were positive.

Staff demonstrated a good understanding of people's needs.

Is the service responsive?

Good

The service was responsive.

People were supported to undertake a variety of activities inside and outside of the home.

People and their relatives were supported to make decisions and contribute to the planning of their care as much as possible.

The provider had an effective system to handle complaints.

Is the service well-led?

Good

The service was well-led.

People were positive about the management and culture of the service and felt supported and listened to.

People and staff were given opportunities to contribute to the development of the service through regular meetings.

There were systems in place to monitor quality of the service through regular audits.

Belle Vue Care 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 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 28 October 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who were often out during the day, and we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service and observed interactions between them and staff. We also spoke with one member of the care staff and the registered manager.

We reviewed care records for three people who used the service the service, looked at three staff files and reviewed records relating to medication, complaints, training, quality audits, maintenance and staff meetings.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, "Yes I feel safe living here." Another person said, "It's safe." A third person confirmed, "I think so," when asked if they received safe care and support. The member of staff we spoke with was able to describe ways in which they kept people safe. They said, "We follow the policies and care plans for each of them [People] to keep them safe. We've got all the information we need. We've had moving and handling training to know how to move them safely."

Staff understood how to safeguard people from avoidable risk of harm and who to contact if they were concerned about a person's safety. The member of staff we spoke with said, "I know about safeguarding now because it's part of our training, and I would know who to contact because it's on display and in the procedures." Staff were given competency questionnaires to test and assess their knowledge of safeguarding procedures. People were also encouraged as part of their regular residents meetings to share their understanding of safeguarding and who they would contact if they had any issues or concerns.

Each person had risk assessments in place for different areas of their care and support. These detailed the type and level of risk they were exposed to, and the control measures that could be implemented to mitigate risks as far as possible. Risk assessments were designed to account for potential risks without compromising upon the person's independence or stated objectives. For example we saw that specific risk assessments were in place which determined the risk of the person losing their skills, mobility or independence, and how the staff could support them to maintain and develop these. Other risk assessments included finances, medicines and behaviour. The service took a proactive approach to managing the risks associated with behaviour which may have impacted negatively upon others. Each person's support plan included detailed guidance on how staff could manage this safely, and this included the presentation of the behaviour, the triggers that could have escalated the situation and techniques that could be used to calm and redirect where necessary. For people who required support with moving and handling there were clear instructions for staff to follow when using equipment or assistive technology to move people safely.

The medicines that people took were listed in their care plans with the dosages, times and the reason they were prescribed. People's medicines were then stored in a locked cabinet in their rooms which they were able to access if they took their medicines independently. The manager told us about their plans to use a colour coding system to account for each of people's medicines as they came into the service. The manager planning to have two training days for both people and staff to understand how to use this system effectively.

We asked people if there were enough staff available to meet their needs. All four of the people we spoke with replied "yes" to this question. One member of staff said, "There are definitely enough staff, definitely. The people here are spoiled for staff really; we've never got a situation when we're short." We looked at the rotas for the previous month and saw that there were always a minimum of two members of staff available on shift with the registered manager able to provide hands-on care if required. At night one member of staff worked a 'waking night'. The service had a bank of relief staff to call if required and an on-call system where

a member of staff was always available to provide support if required for emergencies such as hospital appointments.

People had personalised emergency evacuation plans in place which were kept in their rooms and care plans. These detailed how people were to be supported in case of any emergencies. The service kept a log of any accident, incident or injury that happened and detailed the nature of the incident and what was being done in response to mitigate any future risk. For any behavioural incidents an assessment chart was completed which asked staff to reflect upon the incident and provide details of what might have caused the behaviour and how it was presented. This meant that staff could review these records and reflect on each incident to reduce the risk of recurrence or take proactive measures to recognise potential escalation.

The registered manager told us that people were involved in the recruitment of prospective staff to assess whether they were suitable for the role. Staff were asked to upload their CVs so the registered manager could assess their suitability, and complete a pre-interview questionnaire which gauged their level of knowledge and understanding of learning disability. They were then invited to an informal meeting where they were shown around the home and asked to meet the people using the service. They were then asked to complete an application and attend a formal interview. We looked through three staff files and found that two references had been sought from previous employers and that each member of staff had a completed DBS (disclosure and barring service) check completed prior to commencing employment. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There was a robust business continuity plan in place which accounted for a variety of potential emergency situations and detailed the response that would be taken to each. This was robust and thorough, and had been tested by the registered manager and staff for viability. It covered several areas such as the loss of individual bedrooms, the loss of services such as telephones or computers and the plans in case of staff shortages. This meant that there were thorough measures in place to anticipate and minimise the potential risks to people's safety. A log was kept of each time such a situation had occurred, the outcome of the plan being implemented and any further action that would need to be taken to keep people safe.

Good

Is the service effective?

Our findings

The people we spoke with felt that the care and support provided by the staff was effective. One person said, "They support everybody the same they're great." The other three people we spoke with replied "yes" when we asked if staff had the right training to carry out their roles. When we asked staff about the training they received they were positive about the quality and frequency of training available. The member of staff we spoke with said, "I've done all of the training courses available and it's very high quality. I've done the care certificate which covers everything and we did autism training recently too. That helped us to understand how we can relate to them [People] better and manage in difficult situations, and why they might be behaving in one way or another. I think the relationships between us and them [People] improved a lot as a result of doing that training, actually. We know a lot more than we did before. It's made us more comfortable."

Staff received a variety of training which helped them to carry out their duties effectively. We saw a training matrix had been developed by the registered manager to monitor and provide an overview of all the courses that staff had completed. When they first started with the service, the staff completed training courses that the provider considered essential such as health and safety, moving and handling and the administration of medicines. In addition the staff were also given the opportunity to complete courses in more specialised areas such as epilepsy awareness, managing challenging behaviour and reviewing and recording paperwork. Training was regularly refreshed and each of the staff had their competency tested in key areas such as mental capacity and medicines.

Staff completed an induction when they first joined the service which included a tour of the building, a chance to read through care plans and policies and work alongside experienced members of staff. After six months new members of staff received a probation review which assessed their continued suitability for the role. Staff undertook the care certificate as part of their training and induction and staff were supported to take QCF qualifications. The manager told us about how they were supporting one member of staff to go to college to take a health and safety diploma and go to university. People's care plans included information about the level of support they required with eating and drinking and their personal preferences.

Staff had received training in the Mental Capacity Act (2005) and understood how it was applied in practice. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All of the people using the service had the capacity to make decisions about their own care and support, and this was reflected within their care plans as well as the support they might require with some elements of decision-making. We saw that for one person a capacity assessment had been completed to determine whether they were able to manage their own finances safely. None of the people we spoke with told us they were not free to leave the service or felt

restricted.

People were asked to provide consent to different aspects of their care and support. For example each person had a medicine agreement in place which explained to them the help and support they would receive to take their medicines and asked them to sign to indicate their understanding and consent. Other areas such as accessing the person's room in their absence, photographs and sharing of information were also provided to people to ask for their consent. These agreements were then subject to regular review which meant that the person was being asked whether they were still comfortable with having given their consent in these areas.

People told us they were supported to attend healthcare appointments as required and had their needs in relation to their health and well-being met. One person said, "If I need to see a doctor they will take me." Another person was able to tell us about the ways in which staff were encouraging them to follow clinical instructions as part of improving an on-going health condition. They said, "I have had a bad leg so I use my bike to help me to get it better. Sometimes I get too hot and I need to cool down so there's a fan available." Each person had a health action plan in place which listed their healthcare conditions, the professionals involved with their care and support, and how they could be supported if they transitioned between services. For example if a person needed to be admitted to hospital the service had created a plan which they could take into hospital which detailed the person's background, specific needs and communication. The service also used MUST (malnutrition universal assessment tool) guidelines and took people's weights regularly to monitor their on-going well-being and dietary needs. All visits to professionals such as GPs, dentists or opticians were recorded alongside the outcomes and reports from each appointment.

Good

Is the service caring?

Our findings

The people we spoke with told us they were cared for and supported by staff who understood their needs, and were kind and considerate. One person said, "I'm treated in a very nice way. I can do what I like here and have things the way I want them. I have to have things the proper way and I'm allowed to have that here." Another person said, "The staff are nice."

Staff showed a good understanding of people's needs and demonstrated a caring attitude. The member of staff we spoke with said, "When we see them [People] smiling and happy it's gives us all a reason to wake up in the morning. There's no two days that are the same here and it's just wonderful seeing their joy and happiness. I think this must be one of the best jobs in the world." During the inspection we observed the interactions between people and staff and found the atmosphere and the culture within the service to be kind, considerate and upbeat. Staff took the time to speak with people and explain to them what they were doing and why. One person had a 'life story' book with photographs and events from their past contained to allow them to reminisce and to show staff to help them to better understand the person.

People told us they felt listened to and had their views heard. One person said, "We all do washing and do our own clothes and help out with the dinner and helping around the home." Another person told us they had recently helped to clean the office. Information contained within people's care plans included details on how staff could support them to be as independent as possible in different areas of their care and support. For example we saw that the support that people needed with personal care, dressing and personal hygiene was accompanied by outcomes and goals for the person to work towards to enhance their daily living skills and allow them to live more independently. For example we noted that one person who sometimes needed support choosing appropriate clothes for the weather was first encouraged to make the choice for themselves before seeking staff input or advice. The registered manager told us, "We don't want to de-skill people so it's important they do as much as they can for themselves, even if sometimes they might prefer for us to do it for them."

Every month there was an advocacy meeting where an advocate came and spent time with people using the service and asked them if there was anything they wanted to share or any issues they required an advocate for. This gave people the opportunity to have their views heard and listened to by a third party on a regular basis, and this was encouraged by the registered manager who wanted them to feel they could express any concerns in a safe environment.

People told us they were treated with dignity and respect. One person said, "I think I'm respected, yes." The other people we spoke with replied "yes" when they asked them if they felt staff treated them respectfully. Staff were tested on their knowledge and understanding of dignity, privacy and confidentiality in their annual survey. Responses included, "I understand that dignity is about treating people with respect, allowing them to have their own space and respecting their decisions. Confidentiality is disclosing only on a need to know basis."

During the inspection we spoke with one visiting relative who told us they were pleased with the progress

their family member had made at the service. People told us their family members were welcome to visit any time and spend time at the service. The registered manager routinely asked family members for their input into people's care plans and sought their views on the effectiveness of the care their loved one received.

Good

Is the service responsive?

Our findings

Each person had an initial needs assessment which was then transposed into a more detailed and person-centred care plan. People told us they were involved in contributing and answering questions which were used to set goals and outcomes across different aspects of their lives. This included communication, emotional needs, and financial management. Each person was asked 'which areas of your support do you want to develop or maintain'? People were able to tell us about the progress they had made towards achieving their goals. For example we saw that one person had a goal to attend their day centre every Friday, and as this was the day of our inspection we observed that they had attended as required.

A communication passport was in place for each person which detailed the ways in which people communicated and how staff could communicate with them in turn. This enabled staff to build and develop a better understanding of people and communicate with them in a clear and consistent way. During the inspection we were greeted by one person who used British Sign Language to communicate and told us that some staff were now able to communicate with them using this method.

People had copies of their own person-centred-plans in their room. One person was keen to show us their plan and could explain their involvement in creating and reviewing the plan each month. A monthly evaluation was carried out with each person's key worker which reviewed their care plan, their previous month's engagement and activities, and reviewed whether their needs had changed. One person we spoke with told us, "We sit down monthly with my key worker and talk about how things are going and they'll ask me if I want to change anything." These evaluations also provided an opportunity for people to review how they were progressing towards their stated goals and objectives.

During the inspection we spoke with people and staff about how positive outcomes were achieved for people and were told about some person-centred examples of these. For example one person who was about to celebrate a landmark birthday had expressed a desire to go to Spain having never been on a plane before. The person's key worker sat with them to ask what sort of holiday they wanted, showed them the options on the internet and went through flight sims and visited the airport a few times to get then used to the idea of travelling. The person subsequently went with their keyworker on holiday and enjoyed it so much they were expressing a desire to go to on holiday again and this time to America. Another person had historically only worn the same clothes every day for many years, and this was presenting significant challenges in managing anxieties. The registered manager told us they had worked with the person gradually to introduce new clothes, looking at what was important to them and finding clothes that they were comfortable wearing. The registered manager said, "We didn't impose or force anything on him and if they threw something away we would know it wasn't suitable and respected that." The person began to accept a wider range of clothing and was now changing regularly.

All of the people we spoke with understood how to make a complaint and responded "yes" when we asked if they would feel comfortable doing so. The provider had a complaints policy which detailed how people could complain and how the complaint would be managed. A staff member when questioned in the annual survey reported being pleased with how a complaint was handled. They said, "When I raised a minor

concern it was dealt with empathetically and swiftly and the matter was resolved. I was treated in a dignified way." The registered manager told us the service had not received any complaints since our last inspection.

Good

Is the service well-led?

Our findings

The people we spoke with were positive about the registered manager and felt she was friendly and approachable. One person said, "I can speak to the manager if I need anything." Another person said, "I can speak to [registered manager], she's nice."

The staff we spoke with were positive about the management and culture of the service and felt well supported. One member of staff said, "The manager is very approachable and I can say that she is not only a manager but she's very honest, correct and she does so much to help us every day. She's happy when we're happy. I'm supported all the time to develop and she is brilliant." As part of their survey a member of staff had said, "I think the managers have created a working environment where we are continuously updating and improving what we do. [Registered manager] is a very hardworking and dedicated manager and a great asset to the organisation." The registered manager was an active member of the team and worked in the service alongside the staff. She sat on the executive board for learning disability service delivery in the local authority and attended regular provider forums and spent time developing her understanding of legislation and regulation. During the inspection the provider came to visit the service and was also visible and involved in supporting the registered manager.

Staff were able to contribute towards the development of the service through regular team meetings. One member of staff said, "We meet every month. We'll meet to talk about residents, meetings are usually good fun because we're all together." We looked at team meeting minutes for the previous six months and saw that a variety of issues had been discussed amongst the team, with actions and outcomes set and responsibilities delegated among the team. We saw that upcoming events and activities were discussed, as well as the welfare of people using the service and refreshers of staffs' knowledge in key areas such as abuse or mental capacity.

Residents meetings took place each month to provide people with the opportunity to discuss issues and have their views shared. We looked at the minutes for the previous three meetings and were able to see how people's views, concerns and positive feedback had been sought and recorded by the staff team. For example people were asked at each meeting whether they were happy living at the service, happy with the food and to share activities and positive stories with each other. If people did raise issues then these were dealt with promptly, for example we saw that it had been discussed that the service needed new dining room furniture. The staff had consulted with people about the type and colour of furniture they wanted, and we noted that this had been sourced and was present in the kitchen at the time of our inspection. We also noted that at the beginning of the year it had been discussed that a group summer holiday to Pontins was the collective choice of people when asked in the meeting where they would like to go. At the time of our inspection this holiday had taken place successfully and the people we spoke with were able to tell us about it in detail. This meant that people's views, wishes and preferences were being consistently heard and met by the service.

Surveys were sent out to people regularly to ask for their feedback and to share their views. We looked at the report from the most recent set of surveys sent out in 2016 and found that all of the respondents had

provided positive feedback about their time and experience living at the service. A 100% of people responded 'yes' when asked if they were happy living at the service, able to see their friends and family and happy with the support they received from staff. Surveys were also sent to each member of staff to collect their views and ask for any improvements they felt could be made. All of the staff responded positively to every single one of the questions asked, which included 'do you feel your complaints will be dealt with effectively' and 'do you think we are improving as a service?' Surveys were also sent out to relatives, healthcare professionals and events organisers. Again, the feedback was overwhelmingly positive across the breadth of the surveys, and reports had been created and issued to respondents with their views collated. The manager told us that each aspect of people's activities were part of the feedback cycle and had involved the taxi drivers, day centres, healthcare professionals and other stakeholders in collating additional feedback.

The manager carried out a monthly audit across the service with weekly audits completed of people's finances. The checks carried out included medicine audits, care plans and recording in daily logs. If improvements or changes needed to be made then these were highlighted and remedial action was taken to address the concerns identified. Workplace meetings took place each quarter with the provider who made observations in the service and provided feedback and areas for improvement.

The registered manager was able to provide us with examples of how the service's links to community professionals had been developed to support people with their well-being. For example they had developed a relationship with the local GPs which meant that they were able to make same-day appointments for people's healthcare conditions, with helped to reduce any risk of their condition deteriorating or the person developing anxieties through not being able to be seen soon enough.