Orchard Care Homes.com (3) Limited

Belmont

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

Belmont Residential Care Home is situated in a rural location on the outskirts of Longridge. The service is registered to provide personal care and accommodation for a maximum of 49 people. Accommodation is provided in 46 bedrooms with en suite facilities. The home is a single storey building divided into four units, each with its own lounge, dining room and kitchen. There are two other large communal rooms mainly used for activities and social functions, and outdoor areas people can use.

This unannounced inspection took place on 17 April 2015. We last inspected this service on 20 February 2014 and the home was compliant with the regulations we checked during the inspection.

People's views about the service were very positive. Our observations and the information held with the records matched the positive descriptions that people who lived at the home gave us.

Summary of findings

The systems and procedures operated at the home were designed to enable people to live their lives in the way they chose, depending on their ability. The care and support offered to people was personalised and people's dignity was put first.

The risks linked to people developing further health and social care problems were minimised as far as possible. The care provided was orientated around the person and took account of people's assessed needs, preferences and choices.

The service and staff respected and involved people in the care they received. For example, all the care plans viewed showed the person's choices and personal preferences. The care planning process had involved the person or their relative when they were written and their views were reflected in the plans. People told us they had input into the menus or activities at the home and we saw that the choice of meals was varied.

Staff members took into consideration the Mental Capacity Act (2005) for people who lacked capacity to make decisions. People's mental capacity was assessed and there was information available for the staff that helped them support a person with fluctuating capacity.

We saw consistent approaches from staff with staff explaining to people before they undertook a care process, other staff gave the person information about the care and support they were in receipt of.

Staff were provided with effective support, induction, supervision, appraisal and training. The service had a system to manage and report accidents and incidents. When action plans were needed to monitor people's safety these were produced. The service had a quality assurance and, where appropriate, governance systems in place.

There were effective accountability systems in operation within the home. If care tasks or records were not completed, action was taken by the Registered Manager or management team to address the issues and ask people for a clear explanation as to why they had not undertaken their responsibilities properly.

There was 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.

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.

Good

People told us they felt safe and were supported to understand what keeping safe meant and were encouraged to raise any concerns they may have about this. Staff at the service understood that people's safety had to be balanced with people's right to make choices and take risks.

Staff recognised the important role that safeguarding people from abuse had in enabling people to live a positive life.

People who used the service had their medicines well managed by the service, and if they wanted to manage their own medicines, they were supported to do this.

Is the service effective?
The service was effective.

Good

Staff were provided with effective support, induction, supervision, appraisal and training. They were confident in their knowledge and use of the Mental capacity Act 2005.

People told us they had enough to eat and drink throughout the day, and at night if required.

The premises were well maintained, and appropriately adapted to meet people's mobility requirements.

Is the service caring?
The service was caring.

Good

The systems and procedures operated at the home were designed to enable people to live their lives in the way they choose, so that they could be as independent as possible.

People were treated with dignity and respect by staff and were supported in a caring way.

Staff used people's preferred names and we saw staff being warm and affectionate. People responded to staff with smiles.

The care and support offered to people at the home was personalised and put the person at the centre in identifying their needs and choices.

Is the service responsive?
The service was responsive.

Good

People we spoke with told us that support and care was planned and delivered around the person concerned in terms of their needs, likes and interests.

People were supported to take part in a range of activities whilst staying at the home.

The service had an appropriate complaints procedure, and handled complaints appropriately.

Is the service well-led?
The service was well-led.

Good

Summary of findings

All of the people we spoke with confirmed that the service was well –led. The staff communication systems in place were effective.

Staff were extremely motivated and very caring. Staff had time to reflect and their feedback was used to improve the quality of the service.

The management team took time to speak with staff to discuss people's needs and address any concerns.

Quality assurance systems were in place and these were used to drive improvement.

The service had appropriate data management systems in place that protected the confidentiality of the people using the service.

Belmont

Detailed findings

Background to this inspection

We carried out this unannounced 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 the 17 April 2015 and was unannounced. The inspection was carried out by the lead adult social care inspector for the service.

Prior to the inspection we looked at the information we held about the home. This information included details of notifications sent to us by the provider and information from other sources such as the Local Authority Safeguarding team.

We spoke with a range of people about the service, such as the Registered Manager, a Project Manager, five staff members, nine people who used the service and three visiting family members.

Prior to this inspection we contacted the local authority in order to ascertain if there were any concerns about the home. They did not have any concerns. We spent time looking at records, which included the care records of five people, three of the staff training and personnel records and a number of management and audit records related to the running of the home.

Good

Is the service safe?

Our findings

People who used the service were protected from potential abuse or avoidable harm because the Registered Manager and service provider had taken reasonable steps to minimise the risks associated with the care of vulnerable people. All of the people we spoke with and their relatives told us they did not have any concerns about safety. People we spoke with told us they felt safe with and trusted the staff who supported them. People also told us they would feel able to tell someone if they were unhappy about something.

We found written records to show what arrangements were in place to provide safe and effective care in the event of an emergency or a failure in major utilities. Staff were aware of the fire evacuation procedure and when questioned about it, were able to give an accurate account of what they would do to keep people safe in the event of a fire.

The processes in place within the home for identifying and responding to signs and allegations of abuse were found to be appropriate. We spoke with three staff members about their understanding of what constitutes abuse and how they responded to signs and allegations of abuse, and they gave a very detailed account. The systems relating to safeguarding vulnerable people were found to take into account both local and national guidance. Staff confirmed that they had both seen and had access to the local procedures, and the staff personnel records confirmed that staff had received training on the subject.

Accidents and incidents were documented, and if action needed to be taken to address issues or change practice, this was completed by the staff. Risk assessments and care plans had been updated following incidents such as falls or illness. We found that if people's needs changed over time due to deteriorations in their health, the risk assessments and care plans reflected these changes. People at risk of losing weight had risk assessments in place for the staff to follow in order to minimise or eliminate the possibility of weight lost.

We looked to see that there were sufficient staff with the right skills, qualifications and experience on duty to meet the assessed needs of the people at all times. Information held within the personnel records showed that staff had been trained and held relevant qualifications in either nursing or social care. The Registered Manager explained that the staffing numbers and arrangements were reviewed routinely, sometimes on a daily basis, in response to the needs of people who lived at the home. We saw information in the rotas that supported this.

The systems relating to the safe recruitment of staff were found to be appropriate. Safe and effective procedures were followed for all staff, including temporary and agency staff, students and volunteers. Records held with the personnel records showed that the service had assessed the character of applicants during an interview process, and had undertaken appropriate safety and employment checks to ensure people were either fit to work in care, or unsuitable for employment. The Registered Manager explained that the application and interview process was in place to check that potential staff had the right skills and qualifications needed to do the job. We found that all disciplinary action taken against staff was well documented.

The processes for the safe and secure handling of medicines were found to be appropriate and in line with the relevant guidance and legislation. The service was found to have a clear process in place for the handling of controlled drugs. The senior staff at the home explained that only staff who had received training in the safe administration of medicines were involved in giving out medicines, and information within the training records confirmed this. She added, "We have regular staff meetings and if there are any medicines updates or if we need to give out new guidance and alerts relating to specific medicines then we do so, so that staff are always up to date." We found records of these meetings. The process in place to ensure a person's prescription was up to date and reviewed was found to be appropriate, and took into account their needs or changes to their condition or situation.

The infection control measures throughout the home were found to be in good order. Cleaning schedules were up to date, staff training was in place and cleaning products were stored appropriately. People living at the home said that the home was always clean and tidy, and we observed this to be the case on the day.

Good

Is the service effective?

Our findings

People indicated to us that they got on well with staff and that staff provided 'excellent support' that they liked. Relatives we spoke with told us they had confidence in the skill and knowledge of the staff that supported their loved ones. Comments from relatives included: "This is the best place I have ever been in, and I've been in quite a few places. Everything is excellent" and "I think this home is very distinctive: It's got its own character and feel. Some places feel like warehouses, but this feels like a home." One person living at the home said, "I love it here. I feel that my life has some meaning."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken. We found that action had been taken by the service to assess people's capacity to make decisions. We found written records to show that considerations had been made to assess and plan for people's needs in relation to mental capacity. The registered manager had a good understanding of MCA and DoLS.

We found that the service had appropriate processes in place to ensure that people were able to give consent to their support and care. Where people lacked capacity, the staff and manager knew how to comply with the MCA. Assessment and review processes were found to be in place to ensure that staff and relatives were kept up to date with a person's ability to make decisions and to ensure that staff followed the correct procedures when supporting people who lacked capacity. We found documentary evidence to show that the systems operated within the home relating to consent to care and treatment took into account both local and national guidance. Where needed, mental capacity assessments took place; best interest meetings were convened and referrals to the Local Authority were made if a DoLS authorisation was required.

The staff we spoke with understood the need to ensure people were enabled to give consent to care, and understood the requirement to seek external advice and guidance if there were any doubts about a person's ability to make informed decisions. The training records showed that staff had either received training in this area, or were due to undertake this training.

At the time of our visit, the home was in the process of having its Investors in People (IIP) award renewed. IIP is a nationally recognised accreditation scheme that recognises where services have developed effective strategies to improve its performance through positive action of the staff team. Staff at the home said that they felt very well supported. One person said that the induction process they had felt very personalised, and that they felt well equipped to start work. The Registered Manager told us that the organisation had arranged for her to individualise training in the use of disciplinary processes as this was an area she didn't feel confident in. The Project Manager said, "We see the home as being a resource, and a place where staff are encouraged to practice best practice, and be role models for each other, and even role models to other staff from some of our other homes." We could see that staff were actively engaged in activities to monitor their own practice and that of others in order to promote high quality care and support.

Information held within the personnel records showed that there were processes in place to assess if the staff were competent to deliver care and support to people living in the home. The Registered Manager explained that the supervision arrangements in place involved not only discussion with staff about their role and work, but the identification of their learning and development needs. The records showed that training needs were discussed and planned for, and if staff needed to update their skills, then arrangements were put into place. If staff showed any interest in obtaining qualifications relating to the care sector, then again, the records showed that arrangement were put in place to meet this need. The staff we spoke with confirmed that they had access to formal supervision and appraisals, and we found documentary written evidence to support this.

We found that there were appropriate processes in place to make sure people did not experience poor nutrition and hydration. We found documentary evidence to show that ongoing assessment, planning and monitoring of

Good

Is the service effective?

nutritional and hydration needs and intake took place. We observed that food and hydration was provided and made available in sufficient quantities and on a regular basis, and this was supported by comments from people living at the home. We found there to be a choice of food and drink that took account of people's individual preferences. People said that they could decide when to eat and where to eat. We observed staff offered support and to enable people to eat and drink when necessary. This was found to be documented within the individualised care plans.

The Registered Manager explained that many of the people who lived at the home had significant healthcare needs. We found information to show that some people had been assessed as being at risk of losing weight and of dehydration. Systems were found to be in place to monitor and manage these risks, and record keeping was both accurate and up to date.

We found the building to be large and spacious, its design and layout was appropriate to the meet the needs of the people living there. Reasonable steps had been taken to ensure that premises were accessible to all those who need to use them. The premises and grounds were well maintained and potential risks to people's safety had been identified and managed through a risk assessment process.

Good

Is the service caring?

Our findings

Feedback from people about the attitude and nature of staff was positive. Comments included, “The staff are always positive and caring, ready to listen and give you time if you need it.” “Staff work in a dignified way, and I always feel special and well cared for.

Staff showed they cared for people by attending to their feelings. For example, one person was confused about which room they should be in for a group activity and a care worker came to the person’s assistance and spoke with them. They talked with the person and asked how they were. They gave time for the person to talk and engaged with them.

People’s bedrooms were personalised and contained photographs, pictures, ornaments and other items each person wanted in their bedroom. This showed that people had been involved in establishing their own personal space within the home.

We looked at the ways in which people were supported to understand the choices they had in relation to their care and treatment and how staff supported them to make positive decisions. We spoke to four people at the home who said they were comfortable when expressing decisions about their care. One person said that they could approach the staff or manager to discuss issues such as the food, clothing and medication. We spoke to a number of relatives and visitors who told us that they felt they could influence the care and support their relative received, and explained that they had been involved in significant decisions about their relative’s healthcare. They explained that they had been given the opportunity to have input into their relative’s care plan, and had been consulted about changes to the care that had been provided. We found documentary evidence to support this in people’s care plans and risk assessments.

We observed care workers knocked on people’s doors before entering rooms and staff took time to talk with people or assist them to undertake activities. People were treated with dignity and respect by staff and they were supported in a caring way. Care workers used people’s preferred names and we saw warmth and affection being shown to people. People recognised care workers and responded to them with smiles which showed they felt comfortable with them. Tasks or activities were seen not to be rushed and staff were seen to work at people’s preferred pace.

The Registered Manager confirmed that staff at the home were to receive end of life care training. She explained that the home already had systems in place to support people at the end of their life. A member of staff explained, “We do include end of life discussions with people when we involve them in the care planning process. We make detailed records on the co-ordination of care; care in the last days of life and also care for the bereaved if needed.” One staff member said, "We can, and do arrange for staff to be with people, until their family arrive. No one is left alone. If we need an extra member of staff we can do this. It’s important for us to make end of life a time where people feel comfortable and at ease.” People were involved in decisions about their end of life care. For example one person had a ‘do not attempt cardio pulmonary resuscitation’ (DNACPR) document in place. We saw the person and their family were involved in this decision.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us that support and care was planned and delivered around the person concerned in terms of their needs, likes and interests. Relatives spoke highly about how staff always tried to include people in decisions relating to their lives, as far as was possible.

Information held within the care plans showed that people had been actively involved in their assessment of need, depending on their capabilities. This process helped to identify their individual needs and choices, and was based on information supplied by social workers or healthcare staff. If the person was unable to contribute, information had been actively sought from others such as family members and friends. Written personalised care plans, which detailed people's individual needs and choices, had been put together by the staff and the person in receipt of care where possible. The people we spoke with said that the care they received was delivered in accordance with their needs and wishes, and the written reviews of this care supported this view. The assessment and care planning processes were based on current good practice relating to the care and treatment of vulnerable people. The service was found to hold a lot of very detailed information about each person, and it was suggested that this be condensed into a more manageable format for the staff to follow on a day to day basis, and in the event of emergencies.

We spoke to three relatives about the care planning process, and delivery of care, and they all were satisfied that staff were following their relative's care plans, and that this had resulted in their relatives experiencing a good quality of life whilst living at the home.

The staff we spoke with understood the importance of involving people in appropriate activities which helped people feel involved and valued. Staff told us activities were based on people's preferences. For example there were one to one activities such as talking about the news, reminiscence, arts and crafts. We observed people take part in a group activity based on reminiscence. People were seen to enjoy and engage in this activity. The activity co-ordinator told us they had time to talk with people and their families to develop life history documents. We saw evidence of this within people's care files. People's preferences regarding activities were recorded. The daily notes in the care plan recorded what activities and events the person was involved in.

The Registered Manager explained that, "As a home we are very much a part of this community, it is so important that we have a good reputation. We regularly hold coffee mornings at the local Civic hall which is well attended by the locals. We have regular events at the home where we invite people to join in our activities and themed days." People at the home confirmed this. The registered Manager She added, "The residents love joining in with these events, and many of our families get involved. Recently we held a food bingo at the British Legion and raised money for our resident's fund. This enables us to have plenty of trips out through the summer. None of these events would be possible without my staff, who kindly volunteer their spare time."

The home had a suitable complaints policy and procedure which was provided to new people on entering the home. A record of complaints was kept and examined, and found to be in good order. We saw a number of very positive compliment cards from some of the people living at the home, and relatives.

The home had appropriate processes in place to ensure that when people were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services. Information held with people's personal care records showed that liaison had taken place with other health professionals and a relative spoken with confirmed that they had been involved with the assessment process and had been kept informed at every stage. We found written records to show that information was shared in a timely way and in an appropriate format so that people received their planned care and support. Written records were maintained and appropriate external contact details were logged. Staff at the home stated that confidential information was only shared about a person once it was established it was safe to do so. We observed this in practice when a staff member spoke to a relative over the telephone regarding a healthcare matter.

Good

Is the service well-led?

Our findings

Everyone we spoke to said that the Registered manager and Project Manager provided good leadership. Staff and relatives said that the Registered Manager was knowledgeable, and that she was able to deal with issues in a positive manner as they arose. One relative said "I think this home tries to put quality first. Admittedly there are always going to be pressures on a home, be that finance or getting the right staff. But I think they have succeeded in getting the right balance, and you can tell in the way the place is run, and the way the staff work. My (relative) appears to be very happy here, and as a family we are very satisfied with the top quality care provided."

Our observations were that the Registered Manager led by example, and engaged with all the staff on duty, and with people living at the home. Staff were complimentary about her management approach saying that she was a "good leader" and "approachable."

We observed the registered manager talk to people and their relatives throughout the day and she spent time ensuring people were content and happy with the service they were receiving. We found that an annual questionnaire was delivered to the people supported by the home, relatives, and local health professionals. The results of the questionnaires and any recommendations were looked at by the management team and put into action. The feedback from the latest set of questionnaires was found to be positive with no recommendations. The Registered Manager explained that the home did not solely rely on feedback from annual questionnaires, saying that all the systems operated within the home were used to continually look at quality issues, and where improvements were needed, then these were implemented.

At the time of our visit, Belmont was involved in a reassessment of its staff training and support systems by way of a visit from the Investors in People (IIP) accreditation team. Feedback from the assessor was positive. Their comments included, "In overall terms, the assessment was extremely positive across the full spectrum of the Investors in People Standard. Feedback on the effectiveness of leadership and management in the home was very positive, with staff referring to a style and capability that reflects a strong emphasis on supporting, providing balanced feedback to, and conveying recognition to staff." Comments from the staff we spoke with referred to the culture of the home in a very positive light, referring to effective teamwork and a harmonious working atmosphere. Comments included, "I think it's a nice place to work – it's got a nice atmosphere" and "We've got a good team working here, and we all work together in order to do our best for the residents."

We found written evidence to show that the Registered Manager had an appropriate system in place used to assess and monitor the quality of the service. Information held within the management records showed that people received safe and appropriate care and support. The staff we spoke with clearly understood the lines of reporting and accountability within the home. When we questioned staff they were able to give a good account of their roles and responsibilities with reference to keeping people safe, meeting people's needs and raising concerns regarding the quality of care provided at the home. One staff member said, "I think the manager tries to make sure we all have a shared purpose, and she helps to motivate us to succeed as a team."

The registered manager explained that she was involved in auditing different aspects of the service provided. We saw evidence of these audits, and saw that when the system had flagged up areas of concern, and minor issues relating to care delivery and service provision, these issues had been actioned, and dealt with appropriately. We saw that records of incidents and accidents were kept. The staff told us that these were monitored and reviewed by the senior staff and management in order to identify areas of concern and improvement.

We found documentary evidence to show that risk assessments and safety plans were in place relating to different aspects of the home. For example: care planning, treatment, infection control, medication, fire, healthcare, environmental safety and staff training. We found a number of daily records to show that various people at the home had been involved in incidents that required notification to the Care Quality Commission and/or the local Safeguarding team; we saw records to confirm that these notifications had been processed and sent in a timely manner.

When we questioned some of the staff about communication in the home, and they confirmed that they received regular handovers (daily meetings to discuss current issues within the home). They said that handovers gave them current information to continue to meet

Good

Is the service well-led?

people's needs, and provide an opportunity to receive updates regarding incidents, and what action to take to minimise or reduce the possibility of further accidents or incidents.

The care and staff support systems in the home were based on current best practice. The home was well organised and we found that there were clear lines of responsibility. There were good systems in place to monitor if tasks or care work did not take place. Partnership working with other agencies was planned, and was seen to be an important aspect of service provision. We saw records to support this in people's care and personnel files.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.