

Salutem LD BidCo IV Limited

Belvoir Lodge

Inspection report

Belvoir Lodge
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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

About the service

Belvoir Lodge is a residential care home providing personal care to up to five younger adults in one adapted building. Everyone living at Belvoir Lodge had learning disabilities and physical disabilities. At the time of our inspection there were five people living there. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People living at Belvoir Lodge were cared for safely. Staff received training in safeguarding and felt confident to raise concerns. People's health needs were assessed, and any risks associated with their conditions documented. These were reviewed regularly and updated to reflect their current needs. Risks associated with the service environment were assessed and mitigated. There were enough staff to keep people safe. People received their prescribed medicines safely and were protected from the risk of infections.

People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. Staff were given enough training and support to meet people's needs well. People were supported and encouraged to have a varied diet that gave them sufficient to eat and drink. The provider had taken steps to ensure the environment was suitable for people's needs. People were supported by staff to access healthcare services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were involved in planning and reviewing their care. Staff we spoke with were knowledgeable about people's likes and dislikes, how they preferred to be supported, and their personal histories. People were supported to spend private time with their friends and family. Staff respected people's right to confidentiality.

People were supported to take part in activities they enjoyed throughout the day and week. The provider had identified where there were specific cultural or faith needs with people and relatives. Staff knew how to support people to meet these needs. The provider had taken steps to ensure people were given information about their personal care and support in ways they understood, and staff were familiar with people's preferred ways of communication.

The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. The provider notified CQC of significant events as they are legally required to do. Staff said they felt well supported by the manager and their colleagues. Staff we spoke with

had clear views about their role in supporting people to live the full lives they wanted. The provider had a clear action plan for improving the quality of care at Belvoir Lodge. The manager and provider worked in partnership with outside agencies to improve people's care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 October 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Belvoir Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection visit was carried out by one inspector

Service and service type

Belvoir Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of our inspection. Having a registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager at Belvoir Lodge was in the process of registering with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We sought the views of Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We also sought the views of external health and social care staff, and commissioners from the local authority. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. Commissioners also undertake

monitoring of the quality of services. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

People were not able to fully express their views about their care to the inspector. We spent time observing how people in the communal areas of the home were supported; we saw how they were being cared for and supported by staff and used these observations to help us understand peoples' experience of living at the home. We also spoke with two relatives, four care staff, the manager and area manager for the provider. We looked at a range of records related to how the service was managed. These included two people's care records and we looked at how medicines were managed for three people. We also looked at two staff recruitment and training records, and the provider's quality auditing system. During the inspection visit we asked the registered manager to send us additional evidence about how the service was managed, and they did this.

Is the service safe?

Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding and felt confident to raise concerns. The manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People's health needs were assessed, and any risks associated with their conditions documented. These were reviewed regularly and updated to reflect their current needs. We noted from one person's care records that staff had not consistently recorded what type of epileptic seizure they had, or how long it was for. This level of detail is necessary to support staff and external healthcare professionals in monitoring epilepsy. We spoke with the manager about this, and they took action to ensure this would be done in future.
- Risks associated with the service environment were assessed and mitigated. Maintenance staff had a clear system in place for regular checks on all aspects of the environment. This included legionella checks and checks on equipment such as hoists and slings.
- There were clear plans in place to guide staff in what to do in an emergency. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP). These had up to date information about people's mobility and support needs. This meant staff and emergency services would quickly know how to support people safely.

Staffing and recruitment

- There were enough staff to keep people safe. The provider and manager had a flexible approach, enabling them to adjust staffing levels upwards if people were doing lots of activities away from the service.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- People received their prescribed medicines safely. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed medicines were documented, administered and disposed of in accordance with current guidance and legislation. Records relating to people's medicines were clear. Each person's medicines records had key information about

allergies and how people liked to be given their medicines. The provider's system for managing medicines helped ensure people were given the right dose at the right time.

Preventing and controlling infection

- People were protected from the risk of infections. The service was kept clean, which minimised the risk of people acquiring an infection. Staff described and understood infection control procedures, and we saw they followed these, using personal protective equipment when required. Staff carried out a range of regular tasks to ensure the service was clean.
- An area next to the washer and dryer needed maintenance to ensure it could be cleaned effectively. We spoke with the manager about this, and they addressed the issue immediately.
- The manager carried out checks in relation to cleanliness and infection prevention and control to ensure this was effective. This ensured the risks associated with infections were minimised, and the premises were clean.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of developing pressure ulcers. They also used up to date guidance in relation to medicines management. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans.

Staff support: induction, training, skills and experience

- Staff said they felt they were given enough training and support to meet people's needs well. Staff described having supervision to discuss their performance and training needs.
- Staff had an induction and training before they started working with people. This included shadowing more experienced staff and being introduced to people before providing care and support. Staff had supervision, where they could get feedback on their performance and discuss training needs. Staff also had checks on their skills to ensure they provided consistently good care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to have a varied diet that gave them sufficient to eat and drink. A relative told us their family member was eating, and had begun to put weight on, which was positive.
- Staff told us menus were planned with people. However, if people wanted other choices, they were supported with this. We saw people were offered options for meals, snacks and drinks, and it was clear staff knew about people's food likes and dislikes.
- People who needed assistance or encouragement to eat were supported by staff. People who required specific diets or food textures for health reasons were given these, and staff sought advice from healthcare professionals around people's eating and drinking needs.

Adapting service, design, decoration to meet people's needs

- The provider had taken steps to ensure the environment was suitable for people's needs. People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised to their taste. People had also recently chosen the new décor for the hallway and entrance area, and staff were working to redecorate according to people's choices.
- The service had adaptations for people with mobility needs. For example, bathing and shower facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their

personal care and promoted independence in bathing and showering.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff to access healthcare services when required. A relative confirmed they were happy that staff supported their relative to maintain their health. Staff we spoke with were familiar with people's health needs, as identified in their care records. Care plans detailed what people's health needs were and said what staff should do to help people maintain their health.
- Staff shared information with each other during the day about people's daily needs. Staff also kept daily notes regarding health concerns for people and action taken. This enabled them to monitor people's health and ensure they accessed health and social care services when required.
- Care records confirmed staff regularly contacted health professionals for advice if they were concerned about people's well-being.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA, including how to support people to make their own decisions. Where people lacked capacity for specific decisions, the provider followed the MCA.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for several people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw during our inspection that staff responded quickly to people's non-verbal communication to ensure they were supported appropriately.
- Staff we spoke with were knowledgeable about people's likes and dislikes, how they preferred to be supported, and their personal histories.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in planning and reviewing their care. Advocacy support was also used to ensure people had an independent person to support them express their views. During our inspection, we saw that people were encouraged to communicate what they wanted to do and how they wanted to be supported. There was guidance for staff on people's individual non-verbal communication, and staff understood how to use this with people.
- As well as reviews with people and relatives about care, each person also had a key worker. This staff member's role was to ensure they had everything they needed, and to make sure people were supported to express their views about the care they received.

Respecting and promoting people's privacy, dignity and independence

- On one occasion during our inspection, we saw one person receiving their medication in the kitchen area. At the time, there were several people and staff coming in and out of the kitchen area. This meant the person receiving their medicine was at risk of being distracted and having their dignity compromised. We spoke with the manager about this. They advised they were planning to move all medicine administration activities to people's bedrooms, as this would be more private and dignified.
- People were supported to spend private time with their friends and family. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting times. Staff told us, and records confirmed people were supported to maintain the relationships that were important to them.
- Staff respected people's right to confidentiality. Staff understood when it was appropriate to share information about people's care. We saw staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private. Records relating to people's care were stored securely, as were records relating to the management of the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff said they tried to ensure everyone had the support they needed to take part in activities and hobbies they liked. They described how they supported people to try new activities to see whether they wanted to do them regularly. We saw evidence of people being supported to take part in activities they enjoyed throughout the week.
- People's care plans were detailed, containing information about how they liked to be supported, their daily routines and preferences. Staff we spoke with knew the different ways people like to be cared for. People's care was reviewed with them and their relatives, and care plans were updated to reflect any changing needs. This showed the service was responsive to people's changing needs.
- The provider had identified where there were specific cultural or faith needs with people and relatives. Staff knew how to support people to meet these needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had taken steps to ensure people were given information about their personal care and support in ways they understood.
- Staff were familiar with people's preferred ways of communication. One staff member said, "The barrier to communication is us because we don't understand people's own communication – that's why we have to learn how people express their views." People's care plans for communication were detailed and individualised. We saw staff used a range of techniques to ensure people understood what was happening. For example, one person's care plan had specific instructions on how to support them to eat and drink well. This included how staff should communicate and ensure a calm quiet environment to enable the person to express their views. We saw how staff followed this guidance, which enabled the person to communicate their views about their meal.

Improving care quality in response to complaints or concerns

- Relatives had mixed view about how complaints were responded to. One relative said they felt able to speak with staff or the manager and felt confident issues would be resolved. Another relative said

historically, issues had not always been dealt with well, but they now felt confident in the manager to make improvements. Staff we spoke with knew how to respond to concerns raised and their need to record and escalate them. There was a complaints procedure in the service so that people or their representatives would know how to escalate their concerns if they needed to.

End of life care and support

- No-one was receiving care at the end of their lives at the time of our inspection, but we looked at how end of life care was planned. People and relatives were encouraged to express their views about wishes regarding care towards the end of life. This included where people would like to be cared for, whether they would like to receive medical treatment if they became unwell, and in what circumstances. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Belvoir Lodge was taken over by the current provider, Salutem LD BidCo IV Limited, in May 2018. The service recently had a change in management, both within the service and also at the provider's area manager level. This followed issues identified by the provider with the way the service was being managed previously. We found that prior to the change in management, there had been issues with the robustness of care recording and quality audits. However, the provider had recognised this and was taking practical steps to address concerns about the quality of care. This included ensuring the new manager and area manager understood their roles in providing the registered service and taking an in-depth look at the quality of care across all aspects of the service.
- The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included checking the fire safety systems, water quality and cleanliness of the building. We saw evidence where action was taken to improve. However, we identified areas of record keeping that required improvement, and this had not been picked up in the provider's audits. This included skin integrity monitoring, details in recording of seizure activity, and reviewing people's risk of malnutrition. We spoke with the manager, who took immediate action to rectify this.
- The provider notified CQC of significant events as they are legally required to do. This meant the provider was informing us about significant events that occurred in the service which assist us to monitor the quality of care.
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The service did not have a registered manager in post at the time of our inspection. However, the manager had applied to become registered with CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Staff told us, and records confirmed they had regular training and meetings to discuss how to ensure care was provided in an open and transparent way. This included being honest about what was not working well and committing to improving people's quality of life.
- Staff said they felt well supported by the manager and their colleagues. Staff we spoke with had clear

views about their role in supporting people to live the full lives they wanted. Staff felt able to make suggestions for improving the service and were positive about trying new activities in the community with people.

- The provider had a clear action plan for improving the quality of care at Belvoir Lodge. This included ensuring all staff were up to date with training the provider specified as mandatory, and ensuring staff had assessments of their competency in a range of personal care skills.

Working in partnership with others

- The manager and provider worked in partnership with outside agencies to improve people's care. People's funding authorities, as well as other health and social care professionals were in regular contact with the service about ensuring people's needs were met.
- Staff and the manager recognised when people's needs changed. They made the appropriate referrals and arranged meetings with health and social care professionals promptly to address this.