

Mr Mukesh Bouri

Belgrave House

Inspection report

School Road
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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

This inspection was carried out on 16 January 2015 and was unannounced.

The atmosphere was relaxed and friendly at Belgrave House and there were sufficient numbers of skilled staff to meet people's needs and keep them safe. People living at the service were confident when speaking with staff as well as when staff were providing support. People seemed happy with the support that staff provided

Staff had received appropriate training for their role. This included training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards so that people, who

could not make decisions for themselves, were protected. Staff knew how to manage risks to promote people's safety and independence. Staff were also supported with an induction programme on commencement of employment and had continued training.

People's needs were assessed and support was planned and delivered in line with their individual needs. Their health was monitored and they were supported to access a range of health professionals if needed. Medicines were stored and administered safely and in line with current acceptable practice.

Summary of findings

The environment was suitable for people living at the service and had vast grounds that provided various outdoor activities and events. There was also a building for activities that people chose to undertake on a daily basis.

The staff were friendly and attentive to people's needs and this helped them to feel safe, well cared for and to enjoy living at Belgrave House. The staff noticed if people were not fully confident about anything and took action to support the person appropriately.

The staff were knowledgeable about the people they supported and had been trained in safeguarding people. They knew what signs to look for regarding any poor treatment, knew who to report this to and what action to take.

Staff completed refresher training to ensure they had the knowledge and skills for their role. The knowledge required by staff on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was evident.

People who required special meals, for example regarding their culture, religion or diet, were supported appropriately by staff who had gathered information on people's likes, dislikes and dietary requirements when the person moved into Belgrave House.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had received training in safeguarding and knew how to report any concerns regarding possible abuse.

The safety of people was monitored and appropriate action taken when needed to reduce hazards people faced.

Staff used safe methods to assist people during daily activities inside and outside the service. People's needs were assessed to ensure the correct amount of staff were on duty at all times.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff training was up to date and training on the Mental Capacity Act had been completed and staff understood the implications of the Act. Staff had regular supervisions and annual appraisals.

When people became ill or felt unwell, the provider sought advice from specialist healthcare professionals in a timely manner.

People had a choice about what they had to eat and were offered a variety of nutritious foods.

Good



Is the service caring?

The service was caring.

Staff were relaxed and friendly when dealing with people or when providing any kind of care or support.

Staff were respectful and courteous when talking about individual needs.

Staff showed a good knowledge of the needs of people they were supporting and they spoke respectfully about people at all times.

People were consulted and involved in decisions about themselves. Staff used appropriate methods to ask questions and discuss things with people.

Good



Is the service responsive?

The service was responsive.

Care plans reflected the needs of people, and held the information that helped staff to support people appropriately. People had been asked by the staff how they liked to be cared for to make sure their wishes were known.

People had access to a wide range of activities and were supported to be involved in their local community.

Good



Summary of findings

Is the service well-led?

The service was well led.

Staff told us they were supported and listened to by the manager. Audits were carried out and the quality of the service provided to people was regularly monitored.

Regular discussions were held with people who lived at the service to obtain their views. Good communication systems were in place and the manager was readily available to all.

Staff were aware that the manager was readily available and would provide support when needed

People and their families were asked their opinion on the quality of the service.

Good



Belgrave House

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 16 January 2015 and was unannounced. One inspector carried out this inspection.

Prior to this inspection we reviewed information we held about the service. This included statutory notifications that the provider had sent to us. A notification is information

about important events which the provider is required to send us by law. They tell us of any deaths, significant incidents and changes or events which had taken place within the service provided.

During the inspection we spoke with 10 people living at the service. We did this by speaking with people individually as well as in groups. We also spoke to three members of care staff and the manager/provider of the service.

We looked at records such as management audits, health and safety records, staff rotas and training records. We also looked at four care plans and observed the interactions between staff and people living in the home. We observed how people received support.

After the inspection we spoke with two healthcare professionals, plus one other professional who has contact with Belgrave House for their opinions of the service provided to people.

Is the service safe?

Our findings

People were kept safe by the actions and support of the staff team. For example, we observed staff encouraging people to be careful when they collected their hot drinks from the kitchen area. One person told us that they were due to have a visit home soon. Staff told us how this was organised and the arrangements to ensure people were happy and felt safe during travel on such visits. We noted that care staff were not rushing anyone when supporting people.

We had discussions with one member of staff about some activities and how people were supported to use their craft items safely. All activities and outings were risk assessed for each person to ensure these were undertaken appropriately and in a safe way.

Staff told us about the safeguarding training they had completed and told us what they would do if they had any concerns. They gave examples of what might be seen as abusive and expressed an understanding of people's rights. New members of staff had also completed safeguarding training and explained how the staff group supported one another at all times to ensure the safety of people living at Belgrave House.

The manager told us that all potential risks were assessed and when required, plans were put in place to reduce any risk to people staying at the service. We read risk assessments for four people. Records showed that information was up to date and that risks had been assessed. This provided guidance for staff about managing any potential risk so that people were supported safely.

Staff explained about the large outside area where people enjoyed walks in a small wooded area. We were told about the pathways and easier access that had been developed to allow people living at the service to enjoy an independent walk or picnic safely.

We noted throughout the day that staff attended to people's needs and provided continued support and attention. People were supported in a timely manner by sufficient numbers of staff who could meet their needs. Relevant factors had been included in the calculation of duty rotas to make certain these were flexible and planned to take account of people's needs, daily activities and any additional staffing that was deemed necessary. For instance, that any outing or activity had been looked at and the rota adjusted if two members of staff were required.

We discussed the recruitment process with management and staff. They told us that there was a very stable staff team that had been consistent for some time. We reviewed three staff files that all contained the appropriate action at recruitment. Checks had been completed prior to the staff being employed. This meant that people were supported by a suitable staff team. New members of staff were introduced to people living at the service and were also observed for a period of time to see how they interacted with people. This was part of the selection process and the opinions of people living at Belgrave House were taken into consideration before any member of staff was employed. This ensured that people were comfortable and happy with the new member of staff and people were familiar with a new face before staff provided support to anyone. Medicines were safely managed. The manager explained how everyone currently living at the service was only issued with medicines following a full review by their GP. We observed that staff explained to the person concerned about the reasons for any prescribed medication. We discussed with staff about their practices when they were handling and administering medicines. These were appropriate and in accordance with current legislation. We saw that records were fully completed and up to date.

Is the service effective?

Our findings

We spoke to one healthcare professional, a dentist and one other external professional who had contact with people at Belgrave House. Comments were positive and they told us staff always treated people appropriately at all times and followed any professional advice that was given. One person living in the service said, “Staff help. Am happy.” When we discussed the meal that people were helping to prepare for lunch, two people confirmed that they liked their meals. One person smiled and said, “Always good food, I like it.”

One person told us, “Staff help with sewing, I like to pick the jewels and beads.” There were different areas for such activities as pool, craft, puzzles and quiet reading. This provided people with adequate and appropriate space to carry out their chosen activity or to sit and chat with friends or relatives.

Discussions with staff confirmed that induction, training and ongoing support programmes were in place. They told us they were able to request any relevant training and that they had regular refresher training on such things as safeguarding and moving and handling. The manager showed us the training plans that were in place. This ensured that staff had relevant, up to date training and provided the support needed to meet people’s needs effectively. Staff confirmed they had regular supervision meetings with management and had an annual appraisal. One staff member told us that they had joined the staff team with limited experience. They had found that supervision and the support from other staff members had strengthened their confidence and knowledge. They felt that the way staff worked together and were supported by the provider, made certain that people who lived at Belgrave House had the appropriate support to achieve their life goals.

Training included the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of the MCA and DoLS and to report on what we find. The manager and staff expressed an understanding of what DoLS meant and when this

needed to be used. They explained that it had not been necessary to make any referrals as people were supported and enabled to live independently and as freely as possible at all times.

We observed people being supported during their midday meal time as well as during times when they were enjoying a tea break. Staff allowed time for people to respond to conversations and to deal with their meal independently. For example, people helped prepare some meals when they wished to do so. Staff continually spoke and laughed with people living at the service during all activities and throughout the meal time. We observed staff watching and checking people had all they needed.

Care plans contained information about what people liked and how they enjoyed their meals served. We saw that staff were fully aware of what and how people should be supported safely with meals. Any special requirements for needs relating to diabetes, allergies or religion were catered for. We were given examples of when a person’s cultural needs had been fully supported by the service. This support included continued contact with family and friends to ensure that the person’s heritage was described and pictured around their room for visual support. Staff told us that the GP was called as soon as they had any concerns about a person’s health, this was confirmed when we reviewed care plans.

Our discussions with the dentist confirmed that the service made regular dental appointments to support and ensure the continued oral hygiene of people. We were told that the dentist had also been to Belgrave House. They found people living at the service were relaxed when attending appointments. The registered manager informed us that the service liaised with doctors. Together they worked hard towards using alternative relaxation techniques for calming and relaxing people who may regularly become agitated or anxious.

Healthcare professionals said that the manager and staff dealt quickly with any issues. They told us that any matters that needed attention were always followed up to ensure the health and wellbeing of people living at the service was maintained.

Is the service caring?

Our findings

One healthcare professional commented that staff were very kind, caring and always provided support and spoke to people in an appropriate way. Another comment was that people were cared for as if they were part of a family and not in a formal way, that staff listened to people and helped them whenever needed. Although not everyone was able to respond to our questions fully, people smiled when we spoke to them and everyone responded positively to staff when they spoke to or assisted them.

We saw staff laughing with people and showing that they fully understood the needs of individuals living at the service. Staff communicated with people appropriately to explain why we were at the service and when asked, people told us they were happy for us to sit and talk with them. Staff explained to us how best to approach people and what individual reactions may indicate. We saw that staff supported the dignity and independence of people at all times. People told us the staff were always friendly and knew their job. They were very complimentary about the kind and caring support that staff provided.

People decided how they would spend their day and the staffing numbers supported chosen activities. Information that was for people who lived at Belgrave House was produced in an easy read format. This meant that people were able to understand guidance as it was supported with picture aids. Any individual symbols that certain people would recognise were also used where appropriate. Staff told us that during meals and break times, people discussed what they would like to do and also talked about anything that was on their minds. Staff felt this was a good, relaxed way to find out what people were thinking and looking forward to. When we asked people if they were able

to ask staff for anything they needed, they said that they could. Two people told us about when they had chosen to have a meal out. Staff also told us that evening outings and meals were enjoyed outside of Belgrave House.

During our inspection we listened to and observed staff as they were working. We noted that conversations with people were kind, respectful and appropriate explanations were provided when people needed. We heard people being offered choices and we saw how people were encouraged to express their decisions. People were included in all discussions with staff whenever they were present. People were allowed time to think and then reply in their own way. People clearly felt confident and comfortable with staff, this showed that they were able to make their own choices and conversation between staff and people confirmed this.

One professional commented that Belgrave House appeared to be a good residential care home and interactions were always caring and showed that staff were aware of the needs of the individual.

Staff spoke in a respectful way about the people they were caring for during our conversations. The knowledge they expressed about people living in the home, the choices they presented to people and our discussions, showed that staff knew the choices and preferences of people. They knew how people preferred to be supported and knew people well.

Staff were able to describe how to promote people's privacy and confidentiality by not sharing information outside the service or discussing people's needs in the hearing of others. Staff effectively promoted dignity by encouraging people to do as much as possible for themselves. Staff also supported people's privacy and dignity by leaving them to speak to us, and checking if they were comfortable with us speaking to them before any discussions were undertaken.

Is the service responsive?

Our findings

People living in the home told us about special events they had enjoyed celebrating and some things that were planned, for example, a visit to their family home. Other people told us what they had enjoyed the day before and showed some craft items they had enjoyed making. People discussed what they wanted to do and our observations showed us that staff encouraged them to do this. When we asked if they were able to talk about any things if they were worried, people living at the service confirmed that they were able and other people smiled and nodded to us.

We reviewed the care plans for three people and found they contained sections about people's health needs, personal care and preferences amongst other things. These were reviewed and updated monthly with full formal reviews being undertaken twice a year to ensure they gave an accurate picture about people's needs.

Individual care plans were regularly reviewed to ensure that any change in care and support was recorded for staff information. A record was held of people's preferences, interests and diverse needs. This meant that staff had up to date information to ensure the appropriate support was provided to people. Our observations also confirmed this was the case.

We read comprehensive information in people's individual care plans and these also contained risk assessments. Daily records written by staff provided information that showed how the person had spent their day as well as how they had felt in themselves. We saw that the care and support

provided was adjusted to meet the needs of each person as was necessary. Staff were aware of the specific requirements of people living at the service and exactly how the person preferred to be supported.

Staff were fully aware of the family members and friends who were important to people. Contact was supported and encouraged, for example, people were assisted with travel to ensure they were able to receive visitors and also go to visit family or friends. Our observations confirmed that people were encouraged to talk about how they were feeling and what they felt like doing during the day.

We were told by members of care staff that they ensured important information about people's needs was shared when necessary. Staff told us how they always made certain information was passed to other staff and how they could catch up on relevant information at the changeover of shifts. This supported staff to be up to date with information to work effectively when providing support. This also made certain that the wishes of people living at the service were known and used to develop future events planning.

We found appropriate procedures in place for dealing with any complaints. We saw that the service had not received a complaint. The provider explained that Belgrave House enjoyed close contact with family members and that staff and relatives worked together to deal with any difficulties that may arise. This meant that matters were dealt with quickly and appropriately before they became larger issues for concern.

Is the service well-led?

Our findings

Staff told us that the manager was approachable and always very supportive and helpful. One member of staff said, “He is always available and we can discuss anything.” External professionals were complimentary about staff and told us that the manager was always around and would deal with anything they needed.

People told us that the home was always relaxed and had a friendly, family atmosphere. Staff explained that at staff meetings if they had ideas they felt able to speak out and make suggestions at any time. Staff said that they would also speak out and ask for any training they may feel would be beneficial. This showed an open and inclusive management style that allowed all staff to voice their opinion and be listened to.

Staff said that morale was good and they demonstrated their understanding about their individual roles and responsibilities. They told us that the registered manager had an open door policy and was approachable and supportive to both them as well as to the people who used the service.

The staff members we spoke with were familiar with the process and action to take if they had any concerns about the delivery of care or how a member of staff worked. They told us they would not hesitate about whistle blowing. They also stated that all staff worked together and the fact there was a stable staff team meant they had good

communication systems. They explained that they all discussed matters between themselves and felt that every staff member worked to do their best for the people they supported. A new member of staff had also felt this and been made to feel confident to discuss any matters with the staff team. We were assured by staff in various roles within the service that people and staff would be listened to and appropriate action where necessary. They explained that they felt valued as the manager considered their personal welfare too, making staff feel fully supported.

There were systems in place to monitor the quality of service provided to people living at the home. We viewed audits undertaken in relation to the quality of the service, nutrition, care planning and health and safety. There was a regular audit of medicines management, although the service worked to reduce the need for medication. The manager maintained a training development plan that detailed the current training as well as that completed by all staff. This allowed them to monitor training and to make arrangements to provide refresher training as necessary. Staff listed their training to date and felt that all areas were relevant to the current needs of people living at Belgrave House.

Maintenance of the property in all areas was ongoing and maintenance records showed us this. The testing and servicing of equipment and systems within the home, such as fire safety and health and safety, had been carried out in a timely manner. This made sure that the service was safe for people to live in both externally and internally.