

Belong Limited

# Belong Warrington Care Village

## 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

### About the service

Belong Warrington Care Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates the premises and the care provided, both were looked at during this inspection. Belong Warrington Care Village is a purpose-built care home close to local amenities. It can accommodate up to 72 people across six unit called households. At the time of our inspection there were 71 people living there.

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

Feedback received about the support provided to people was very positive. People received good, personalised support from a passionate and committed staff team. People and relatives told us they loved the home-made food and felt it was a lovely environment to live in and enjoy.

The service was very good at helping people enjoy a range of activities and therapies that really enhanced their enjoyment of hobbies and events special to them. People told us how much the physical activities and the use of the gym really helped improve their mobility and confidence.

People said they really liked the staff and relatives felt they really did care about the people they supported. People loved the bistro and felt it really enhanced their relative's enjoyment in spending quality time together.

Staff were fully committed to providing a person-centred service. The staff team were very well trained and skilled in effective communication to ensure people felt supported and able to meet their requests.

The service provided a highly maintained environment that offered maximum comfort to people throughout the building. The service provided therapeutic support and additional resources with their in-house gym for people to gain improvements to their health and wellbeing.

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.

Relatives and people supported were fully involved in the assessment processes to provide detailed care plans. Information was always accessible via an electronic system that helped reassure families of their relative's wellbeing at any time of the day.

The management team provided good leadership and constantly considered how they could enhance the service. Staff were very proud to work for the service and said they received good support from the management team.

Risk were well managed. People told us they felt safe and comfortable. Risks to people's health and safety

were assessed and mitigated. The management of medicines was much improved. People were empowered to retain their independence, people who were able to, controlled their own medications and were given a key fob so they could come and go as they pleased. There were enough staff to make sure people received care and support whenever they needed it. Recruitment checks were in place and records had improved to ensure staff were suitable to work at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was 'requires improvement' (published January 2019.) The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### 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.

# Belong Warrington Care Village

## **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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Belong Care Village Warrington is a care home. People received accommodation and nursing or personal care as single package. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with eight people and eight relatives about their experience of the care provided. We spoke with members of staff including the service manager, registered manager, supporting manager, a training lead, a nurse, an activities lead, a chef, a domestic staff member and four support staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had did not have robust processes in place to safely manage medications. This was a breach of regulation 12 (1) (2) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.
- Medication processes had improved to show better security and management of medication keys. Some people were fully involved in their own assessments about whether they could manage their own medicines. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation They had personal access to their medications in a locked cabinet in their own room promoting their independence wherever possible.
- Auditing systems had strengthened since the last inspection to improve management of medication records. Audits showed continued medication errors each month which managers explained as some recording potential errors and encouragement of staff to report any eventuality.
- Staff were appropriately trained and competent to support people with their medicines.

### Staffing and recruitment

At our last inspection the provider had did not have robust processes in place to safely manage recruitment checks for new staff. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.
- There were enough staff with the right skills to support people. Although the service had several vacancies they had specific procedures to cover these shifts. They were actively recruiting staff and used the same regular agency staff to ensure they knew the people living there.
- People said staff had the time to support them individually and at their own pace. One relative told us, "There are enough staff, always someone around." People did not always know how many staff to expect or who was on coming on duty. Manager's told us they would look at sharing information with people.
- The provider had improved recruitment processes and records that showed safe recruitment practices to make sure staff were suitable to work with the people.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at the service and had no concerns. They had confidence in the staff and management to support them to stay safe and comfortable.
- Staff knew how to report any concerns and had regular training in safeguarding to enable them to keep people safe. The registered manager understood their responsibility to report any safeguarding issues.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were responded to appropriately. These were monitored, and the provider was able to demonstrate how they had considered lessons learnt and implemented changes when necessary.
- The accommodation and equipment were safe and well maintained. The service invested in equipment such as sensors to help reduce risks of falls for some people and to support them to stay safe.
- Staff understood when people required support to reduce the risk of avoidable harm and people were fully involved in those decisions.
- Emergency plans were in place to ensure people were supported in certain events, such as a fire. Each person had a Personal Emergency Evacuation Plan (PEEP) in place. These are plans that are used to guide staff and emergency services how best to assist someone out of the premises in the event of an emergency.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- People said the accommodation was always clean and smelt nice. We observed positive interactions from ancillary staff when cleaning people's bedrooms. They took the time to chat and catch up with each person whilst cleaning their bedroom and people really enjoyed this contact.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were fully involved in the assessment process and in developing a care plan that met their needs. The service used an electronic care planning system. Some relatives had access to the system to enable them to get updates and be included in their relative's care. Relatives felt reassured by this especially when they went on holiday as they could still be included and access regular updates about their family members wellbeing.
- People said the service had good facilities that attracted them to choose it. They liked the household designs as they felt they were homely and welcoming. These included a fully equipped gym with a qualified fitness instructor a hair dressing salon and a bistro where they can choose to have a meal. One person said the gym equipment helped them with their mobility recovery.
- Relatives told us the service was very good in supporting their family member's conditions. Their comments included, "If my (relative) needs to go to the dentist, staff will always take them and an optician and chiropodist make regular visits to the home" and "Staff were prompt in noticing that my (relative) was not well and in calling a doctor."
- Bedrooms were well maintained and specifically designed to promote people's comfort and independence. They included profiling beds, bespoke armchairs, sensors to help reduce falls and accessible en-suite shower rooms. All areas of the accommodation were adapted to support people's specific needs.

Staff support: induction, training, skills and experience

- Staff were very well trained and knew how to provide the support they needed.
- Relatives felt the staff had a good understanding of people's individual conditions. Their comments included, "Staff are always really friendly" and "The staff are well trained."
- Staff felt very supported by the management team and the organisation in their roles especially from their practice development facilitators (PDF). The PDF staff provided them with regular inhouse training and were always on hand to offer their support and guidance. Staff received regular supervisions and appraisals.
- A staff induction and training programme was in place to ensure staff kept up to date with best practice. Staff told us that the training was very good and helped them have the knowledge to fully support each person.
- The provider funds the support of an Admiral Nurse who has input to the care needs specifically for people with dementia. The registered manager told us they also provided a lot of support to people and their relatives. This support was really well received.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- Delivering care and support in line with best practice had positively impacted on people's health; such as ensuring regular health checks and dental checks. One person was supported to regularly visit a dentist who specialised in supported people with dementia.
- People were complimentary about the food provided and the meal time experience. They told us they always had plenty of food, that it was always home-made. They always had access to snacks whenever they wanted them.
- The bistro staff ensured people in the households knew the options for menus on offer. If anyone didn't like the meal being served, they ordered choices from the bistro menu whenever they wanted to.
- We saw that staff sat with people at mealtimes and had pleasant and meaningful conversations. We observed kind, friendly interactions.
- Care records had good details regarding how each person's fluids and dietary needs were being met. Staff had improved record keeping from the last inspection to show detailed charts showing peoples progress and support with their daily intake.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests. Applications to deprive people of their liberty had been made and systems were in place to monitor these.

# 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 good. 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

- People and their relatives said the staff and the organisation was very caring and considerate towards each of them. Their comments included, "Think it's great, very caring" and "Can't praise them enough."
- Throughout the inspection we saw many examples of staff being kind and caring and spending quality time with people.
- There were enough staff on each household to make sure staff could provide companionship as well as meet people's care needs.
- Staff demonstrated good knowledge of people's personalities, diverse needs, and what was important to them. Staff were passionate about providing a good quality service to everyone. People were encouraged to express their diverse needs and preferences. Care plans contained information around this and guided staff how to support people's needs.
- If people had followed a religion throughout their life, or expressed a desire to do so while living at the service they were supported to continue with do this.

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

- People and their families were fully involved in planning their and supported with all aspects of the service they received.
- Open and honest relationships had been created to enable people to truly express their views. People were supported and empowered to make their own decisions about their care. People could request male only or female only staff to provide their support.

Respecting and promoting people's privacy, dignity and independence

- There was a good person-centred culture, with staff going out of their way to ensure people were treated with equality.
- People said they were treated with respect and dignity at all times. All personal care needs were met in private rooms with the door closed. One relative told us, "They respect (our family members) dignity and privacy and will listen to them" and one person shared their views saying, "Staff know me extremely well and are extremely kind to me."
- Staff had time to build trusting relationships with people allowing them to show compassion and respect.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

# 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

- The service provided a personalised service for people that met their specific needs, preferences and wishes. People said they were placed at the heart of the service they received and were fully involved in deciding the support they wanted.
- The service provided a varied range of social activities for people that were tailored to their own preferences. Staff continually looked at developing and accessing different events for people to experience including activities with the local community such as the breakfast club and general use of the bistro. The local college worked in liaison with the staff to socially use the facilities and to develop voluntary work with students from the college.
- Relatives told us there were plenty of activities available, but their family members often didn't like to take part in them.
- One person loved the normality of being able to have a meal with their family and a bottle of wine which was a usual thing they used to enjoy when going out to restaurant. They felt this added to their family members wellbeing and enjoyment in spending time together.
- One person told us they used the gym twice a week and enjoyed the bingo. They liked using this inhouse facility and appreciated the benefits of having the gym onsite.

### 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.

- People's individual communication styles were fully respected and supported. This was part of the assessment process so staff could be fully prepared to support people in their preferred method of communicating.
- If people needed information in different formats or use of pictures this was provided.

### Improving care quality in response to complaints or concerns

- People told us they were pleased with the service. They told us, "Never had any reason to complain" and "No complaints about the staff they are smashing."
- People had clear information about how to make a complaint if they were not happy with the service.

### End of life care and support

- Staff were fully trained in supporting people at the end stages of life. At the time of inspection they had no one receiving this type of support.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection the provider had did not have robust processes in place to effectively assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.
- The service promoted a person-centred approach and good outcomes for the people who lived at the service. People were positive about the facilities and the lifestyle they were supported with. Relatives shared positive views telling us, "The management of the home I think is well run", "The home has a "friendly, homely atmosphere" and "Lovely, friendly, part of a big family."
- The registered manager had developed the service and staff and people at the service were positive about the developments made.
- There was good team work within the service with a range of managers and supporting staff all working to develop and achieve good outcomes for people living at Belong Care Village.
- Staff told us they were very well supported in their roles and noticed positive changes over the last 12 months regarding the management and developments of the service.
- A range of audits and checks were undertaken by the registered manager and provider. These were effective in maintaining safety and continuously developing and improving the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were positive about their roles and how they were involved in making suggestions to benefit the people living at Belong Care Village. Staff felt their views were listened to and valued.

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; continuous learning and improving care

- The registered manager and provider were committed to continuous improvements. For example, since the last inspection the service had developed improvements in the management of medications, developed recruitment processes and checks and developed activities and social opportunities.

#### Working in partnership with others

- The service worked with the local authority and commissioners to ensure people were suitably assessed before being offered a place at the service.