

Bellhouse Care Home Limited

# Bell House Care Home Limited

## Inspection report

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Date of inspection visit:  
31 May 2016  
02 June 2016

Date of publication:  
24 August 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 31 May 2016 and 2 June 2016. The service had been inspected on 11 May 2015 and met the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. The Care Quality Commission is notified when there has been a death at a service. We had been notified there had been two unexpected deaths at Bell House and as a result we undertook this inspection to ensure the people who lived at Bell House were safe and received a service that met their health and social care needs.

Bell House is registered to provide personal care and accommodation for up to 24 older people. The accommodation is single storey and all bedrooms are single rooms some with en-suite toilet facilities. There were 22 people living at the service at the time of our inspection.

There was a registered manager in post who had been in post since 2014. 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.

Staff had received training in how to keep people safe. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any safeguarding incidents.

The service was using risk assessments for nutrition and pressure care management and had put risk reduction plans in place for these risks, but we could not find evidence in the files we looked at that all risks had been identified and reduced. The assessment of risk in the home's risk index did not correlate with the associated care plan to ensure risks were well managed. The moving and handling risk assessment and care plans lacked detail and the falls risk assessment did not accurately identify a person's risks and measures were not put in place to reduce the likelihood of falls in line with national good practice.

We found the analysis of accidents and incidents was poor as the information collated lacked description and the management overview to determine the root cause of accidents and their analysis was minimal and inaccurate. The lack of detailed analysis of accidents and the lack of detailed risk assessment to manage all the risks for the people who lived there demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found medicines were stored and administered safely and we observed medicines being administered safely and professionally at the home.

We found the environment was in the process of refurbishment and to a high standard in most areas. However, the corridors leading to the bedrooms were narrow and not ideal for wheelchair users and the communal lounge lacked space to manoeuvre. The home was extremely clean with good infection control practices in place. They had recently been inspected by the Infection Control Team and had attained a high

score.

Staff had received training to ensure they had the knowledge and skills to perform in their role in some areas, and the service encouraged staff to enrol in national care qualifications. However, the service could not evidence staff had received practical moving and handling training or had their competencies checked. Staff supervision was not up to date and the service was not meeting its own policies in relation to the frequency of supervision. This breached Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a lack of evidence to demonstrate staff had the training, competency and supervision to provide safe care and treatment.

The service was meeting its legal requirements under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. Staff had received on line training in this area, but we found they lacked understanding on how to assess mental capacity, although this was not having an impact on the people living there who had mild cognitive impairment and could consent to their daily care.

People told us how much they enjoyed their meals. The home had recently been awarded the Kirklees Healthy Choice Gold Award for being committed to good standards of food hygiene and healthy options.

We found all the staff to be caring in their approach to the people who lived at the service and treated people with dignity and respect. Staff knew the people they supported very well and were keen for people to feel they were at home at Bell House. We observed staff to be kind and compassionate throughout our inspection. People living there told us staff were caring. Their relatives spoke highly of the care provided at Bell House.

People were offered choice in their lives including what time they got up, went to bed, what they ate and they were encouraged to share their views on how they wanted the service to be run in line with their own preferences. In relation to recording practices, we found the home utilised care plans which identified people's needs and how to support them. The service recorded each section had been reviewed every month, however, we noted these reviews did not highlight people's changing needs and entries in people's daily logs did not correlate with their care plans. We found handover records and night check information was not accurate or reflective of people's needs.

The service involved staff, people using the service and their relatives to inform developments at the service including improvements around developing activities to ensure meaningful activities for people at the service. Staff spoke highly of the management team who they described as supportive.

The home had robust auditing systems around cleaning and maintenance of the equipment and the environment. However, we found some of the governance audits had not been robust enough to identify issues with the assessment of risks, moving and handling assessment and recording, the analysis of accidents and incidents and the supervision and monitoring of staff performance. Care plan audits had not found the discrepancies between daily logs and the care plan records. The audits focussed on the paperwork being in place rather than the information being of good quality to inform progress and drive up quality at the service. These demonstrated a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe

Staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any safeguarding incidents.

Risk assessments were detailed to reduce some risks but not all risks had been identified with risk reduction plans in place to ensure risks were reduced to an acceptable level. The assessment of moving and handling risk and falls risk were not in line with good practice and national guidelines.

We found medicines were stored and administered safely and we observed medicines being administered safely and professionally at the home.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective

People told us how much they enjoyed their meals. The home had recently been awarded the Kirklees Healthy Choice Gold Award for being committed to good standards of food hygiene and healthy options.

Staff had received training to ensure they had the knowledge and skills to perform in their role, although the service could not evidence staff had received practical moving and handling training or had their competencies checked in this area.

The service was meeting its legal requirements under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards and there was one authorisation in place with a further one application in process.

### Is the service caring?

**Good** ●

The service was caring

We found staff to be caring and compassionate towards people

using the service and they knew how to ensure privacy, dignity and confidentiality were protected at all times.

People were encouraged to maintain their independence around activities of daily living and with their mobility.

### Is the service responsive?

The service was not always responsive.

People were involved in their care planning when appropriate and families consulted with to ensure preferences and views were considered when devising support plans.

People's care needs were regularly reviewed. However, the reviews of care plans did not always ensure changing needs were identified and responded to.

Handover records did not detail accurately the person's needs which meant there was a risk staff might not be aware that a person required more assistance than usual.

Night check records were prescriptive and detailed whether a person was asleep or awake at set times rather than any intervention that had taken place between checks.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

All audits in relation to the environment were accurate and up to date.

The service held regular meetings with staff, people using the service and their relatives to inform developments at the home. They regularly involved professionals to ensure people at the home were supported appropriately.

Audits in relation to aspects of peoples care were not robust enough to identify issues and tended to be an audit of paperwork in place rather than quality. For example, the assessment of risks, moving and handling assessment and recording, and analysis of accidents and incidents.

The service had not kept up to date with national best practice guidance.

**Requires Improvement** ●

# Bell House Care Home Limited

## **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 31 May 2016 and was unannounced. We also visited on 2 June 2016 and this visit was announced.

The membership of the inspection team consisted of two adult social care inspectors, a specialist advisor with expertise in dementia care 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.

Prior to the inspection we had received a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to assist with the planning of our inspection and to inform our judgements about the service.

Before the inspection we reviewed information we had received from the provider such as notifications. We also contacted Healthwatch to see if they had received any information about the provider or if they had conducted a recent 'enter and view' visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted the local authority commissioning and monitoring team and reviewed all the safeguarding information regarding the service.

We spoke with eleven people living at Bell House and five relatives and visitors. We spoke with the registered provider, the registered manager, the head of care, and four care assistants during our inspection.

We also spoke with two night care staff who were on duty the evening of our inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We observed the lunch time meal experience in the communal dining area and observed care interventions throughout the inspection process. We reviewed five care files and daily records for people living there and all the Deprivation of Liberty Safeguards authorisations. We also reviewed the maintenance and audit records for the home.

# Is the service safe?

## Our findings

People told us they felt safe at the service and staff responded to call bells promptly. One person said "I feel safe as there are always a number of staff around to keep me company, always somebody to watch out for me" and "If I need attention at night they are quick to answer my buzzer, and are very patient and polite with me." Another person said "I feel safe here it is a lovely place and staff are always close by." And "I have used my buzzer only a few times and it is always answered I am never left hanging."

We asked staff about their understanding of safeguarding. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. They could describe the signs of abuse which might be present in a care home and told us they would report any concerns immediately to the senior person in charge or the registered manager.

We asked staff whether there were enough staff to ensure people were cared for safely. All the staff we spoke with told us they thought staffing levels were appropriate to meet the needs of the people at the home. We asked the registered manager how they determined the staffing levels at the home. They showed us the dependency scale they used at the service. However, there was no correlation between this and how they worked out the number of staff required to support the people at the service and there was no guidance on how to complete the tool or evidence to suggest how it was used to effectively determine staffing levels. Our observations during our inspection and from our review of people's needs indicated on the day of our inspection the home did have the right number of staff to people using the service even though the service could not evidence how they had arrived at the level.

We asked the registered manager who undertook risk assessments and risk reduction plans at the service and they told us this was the role of the registered manager or the head of care. They said risk assessments were reviewed monthly or whenever the person's needs had changed although we found evidence in one of the care files we reviewed that this had not happened. We found the service used standardised tools for the assessment of risk around pressure care and infection control and had their own assessment for nutritional risk. They had recently undertaken training to use a standardised nutritional risk tool although this was not in practice at the time of this inspection.

We reviewed the risk assessment section in the six care files we looked and found the risks listed in this section did not correlate with the care plans. For example, in one person's assessment, it had been identified they had sensitive skin as a risk and the action to reduce the risk was that the GP had prescribed a soap substitute. However, this information had not been transferred into this person's care plan which did not mention the need to use the soap substitute. We found some risks listed hadn't been defined to enable risk reduction measures to be put in place and were recorded as a risk of "personal care" or a risk of "mobility". The service was also using a falls risk assessment without supporting guidance on how to complete this, and therefore it was being completed incorrectly and identifying everyone at very high risk of falls. The tool did not lead to any detailed risk reduction measures specifically associated with falls to ensure that risks were being managed in line with national guidance.



We found there was a lack of risk assessment around the use of assistive equipment such as bath hoist, wheelchairs and commodes in all the files we looked at. This meant risk reduction plans were not in place for staff to follow when supporting people with the use of this equipment.

The service moving and handling risk assessments and care plans did not conform to good practice guidance. There was only one person at the service who required mechanical assistance to move from bed to chair and their care was under review with external professionals. We found moving and handling care plans did not detail the method or equipment used in sufficient detail to ensure unfamiliar staff would be able to follow the plan. This included moving and handling plans where it stated one or two people were required to undertake the task but not what the person supporting was to do. Staff we spoke with told us they knew how to support this person but there was no documentation to guide them. We have recommended the registered manager contacts the local authority moving and handling team for guidance and support.

We asked staff how they would respond in an emergency, for example if they found a person on the floor. One member of staff said "I would hit the emergency buzzer. I wouldn't try and move the person. I would get the head of care or senior to give the person a full body check." The Head of Care told us "A lot of people can get onto their knees and get themselves up. Any sign of an injury or pain, straight away ring 999." In each care plan there was a section in the manual handling quick reference chart called "In the event of a fall from the floor" and an action "check for injury if safe to move following manual handling protocol." However, there was no information or protocol in the care plan for staff to follow if a person had fallen. We also observed that if they required a hoist to be assisted from the floor, there was only one large sling at the service and there had been no assessment to check on its suitability for people which meant there was a risk of an inappropriate sling being used at these times. Each person had a personal emergency evacuation plan (PEEP) and the service regularly undertook fire evacuation tests which ensured they would be prepared in the event of a fire at the service.

We looked at the services accident and incident file. Accidents were logged in a file with each person having their own section rather than the number of falls being logged in monthly sections.. This made it difficult to analyse how many falls there had been each month without going through each person's individual accident record section. There was limited information recorded to enable a thorough analysis of each accident and we found in the forms we reviewed there was very little description of the accident and not always where the accident had happened or how it had happened to prevent further accidents. We found evidence of three falls for one person in their care file. Two in December 2015 and one in April 2016. Only the two in December had triggered an accident form, and in the registered managers analysis of falls, they had recorded no falls had happened in December and none in April. So the reporting of falls and the analysis were inaccurate and meant the management had no accurate data on the number of falls in the home. The Head of Care told us what they would do if a person living there did have regular falls. They said, "We don't have people falling on a regular basis. If someone had numerous falls, I'd be calling the falls team and the physio."

These examples in relation to risk assessment, reduction and analysis of accidents demonstrated a breach in Regulation 12 of the Health and Social Care Act 2008 Regulations 2014 Safe Care and Treatment.

We looked at four staff files and found the necessary recruitment checks had been made to ensure staff suitability to work in the home. This included a Disclosure and Barring Services (DBS) checks, reviews of people's employment history and two references had been received for each person. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable

groups.

Medicines were administered to people by trained care staff. One person at the home had been found to have the capacity to self-medicate with regard to their 'as necessary' (PRN) spray. We observed the morning medicine round where the senior care worker wore a red tabard denoting they should not be disturbed. The tabard had no effect with the care worker experiencing frequent interactions with others which meant there was the potential for error in the administration of medicines from these distractions.

We looked at the provider's medicines policy. The policy demonstrated the provider had taken steps to ensure people had their medicines administered safely but the policy required updating to reflect current guidance. The manager accessed the National Institute for Health and Care Excellence (NICE) guidance on administering medicines in care homes during our inspection and assured us they would access the relevant sections to update their practice. Most medication was administered via a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medication which had not been dispensed in the monitored dosage system.

We inspected medication storage and administration procedures in the home. We found the storage cupboards were secure, clean and well organised. We saw the controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use. The areas in which the medicines were stored were being checked to ensure medicines were stored at the correct temperature.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw controlled drug records were accurately maintained. We witnessed the giving of a controlled medicine and saw the balance remaining was checked by two appropriately trained staff.

Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date.

We saw evidence people were referred to their doctor when issues in relation to their medication arose. Annotations of changes to medicines in care plans and on MAR sheets were signed by care staff. For example we saw staff had alerted a GP to one person with an acute condition. The prescribed medicines were recorded on the MAR sheet and the medicine had been administered as directed.

We saw whilst staff had a good understanding of the action of common medicines they did not have access to protocols with regard to the administration of PRN medicines. Furthermore staff did not record the reasons PRN (as required) medicines had been administered nor the effect they had to enable the effectiveness to be monitored. The manager assured us they would implement the NICE guidance with regard to the administration of PRN medicines without delay which would mean they were acting within national good practice guidelines

A senior care worker we spoke with showed us the medication administration records (MAR) sheet was complete and contained no gaps in signatures. We saw any known allergies were recorded. We asked the senior care worker about the safe handling of medicines to ensure people received the correct medication. Answers given demonstrated medicines were given in a competent manner by well trained staff.

We carried out a random sample of supplied medicines dispensed in individual boxes. We found medicines in stock concurred with amounts recorded on the MAR sheet. We examined records of medicines no longer required and found the procedures to be robust and well managed.

We inspected records of the hoists, gas safety, electrical installations, water quality, fire appliances and fire detection systems and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested and carried confirmation of the test and the date it was carried out. Hot water outlet temperatures were checked and recordings proved them to be within an acceptable range.

We observed the home was well maintained and all areas were spotlessly clean. Hand washing facilities, sanitisers and waste disposal bins were readily available throughout the home. The home had recently been inspected by infection control and had attained a score of 98%.

## Is the service effective?

### Our findings

We observed the lunchtime experience in the main dining area. The tables were nicely laid out with table cloths, napkins and glasses. Food was brought to the person on plates from the kitchen and the chef had spoken with people in the morning to offer them a choice of two main meals. People we spoke with told us the quality of the food was very good. One person said "There is a good choice and my favourite meal is breakfast. The cook is very nice." Another person told us "I look forward to my meals and they are good the cook is generous. Good home cooking." A further person said "The food is very good, reliable well-cooked always looks pleasing to the eye, always a good choice for me. Although I am not sure how much say the chefs have." The home had recently been awarded the Kirklees Healthy Choice Gold Award for being committed to good standards of food hygiene and healthy options.

Staff we spoke with told us they had received an induction when they started in their employment at Bell House. The home had its own induction process and staff received training in safeguarding, moving and handling, fire awareness, infection control, food safety and mental capacity as part of this induction. The service was not using the Care Certificate (the minimum standards that should be covered as part of induction training of new care workers) at the time of the inspection, although the registered manager told us they would be utilising this for all new recruits going forwards.

We asked people using the service whether staff had the skills and training to meet their needs. One person who used the service told us "I think the staff skills are very reasonable and good, very pleasant. But sometimes they can be bossy, but I am happy they do their best."

The registered manager told us all staff either had NVQ2 or 3 or were working towards this. They told us they utilised a mixture of on line distance learning and session based learning. They also had monthly training sessions and had planned training around maintaining oral hygiene, compassion in care, continence care, over the coming months. The registered manager evidenced they were keen to develop staff's skills in these areas. However, in other areas such as practical moving and handling training the service could not evidence staff had received this or that staff were assessed as competent. They had evidence to support all staff had on-line moving and handling awareness training. This meant that although the registered manager told us they were confident staff had the knowledge in this area, they could not prove this or what techniques staff were competent to perform.

The registered manager told us staff supervision happened every two months and the registered provider had agreed to undertake this. We found supervisions were not up to date and had not occurred in line with the home's policy and procedure in relation to frequency. The head of care told us they completed a reactive supervision session for some staff in between formal sessions such as if there had been an issue noted around the practice of the member of staff. We did find evidence of two reactive supervision sessions with staff but the recorded information did not clearly identify what the issues were and whether they had been resolved. There was no follow up to the identification of poor performance to evidence the issues had been resolved and the staff were performing in their roles. The registered manager told us they had

concerns about one member of staff's recording practices, and had a verbal discussion with the person, although this had not been documented on a reactive supervision form. Therefore there was no evidence to confirm this issue has been identified and actions put in place to resolve the concerns. Staff require supervision to be supported to develop in their roles and to identify any gaps in knowledge and skills to ensure safe care delivery. Bell House management could not evidence they were meeting this outcome.

The lack of evidence that staff were receiving supervision to appropriately develop their practice and the lack of evidence to support that all staff had received practical moving and handling training and competency checks is a breach of Regulation 18 of the Health and Social Care Act 2008 Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw one person had a DoLS in place with one further authorisation about to be submitted to the supervisory body. Whilst no conditions were attached to the DoLS the registered manager was aware of the need to incorporate these into care plans.

We saw the nominated relevant person's representative (RPR) had been included in care plan reviews. Whilst all people at the home had the support of families and friends, our discussion with the registered manager showed they had a good insight into the requirements to provide unsupported people with lay advocacy. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves.

We discussed the MCA and DoLS with the registered manager to gauge their understanding of the Act and their involvement in ensuring people had appropriate legal frameworks in place. The registered manager's understanding of the MCA beyond the deprivation of liberty safeguards was limited as they had not needed to consider this due to the nature of the needs of the people they were supporting. However the registered manager did know where to access guidance and assured us they would take steps to improve their understanding and application of the Act.

We spoke with the registered manager about the use of restraint which included the use of bed-rails. Only one person at the home used bed rails at the time of our inspection and our discussion demonstrated bed-rail assessments were used to ensure people who may roll out of bed or have an anxiety about doing so would be protected from harm. We reviewed this person's care plan and noted the plans incorporated safety checks to ensure minimal risk of entrapment for ill-fitting bed-rails.

We saw people using the service had access to other health care professionals for example, GP's, district nurses, dieticians, dentist and optician. The registered manager told us they utilised the services of the Care Home Support Team for guidance and advice. They told us the district nurses visited the service daily to administer insulin and assist a person with dressings.

The service was undergoing refurbishment at the time of our inspection and had a new level access shower, a bath with assisted bath lift and a separate accessible toilet. Consideration had been given to the toilet areas to ensure the toilet seat and grab rails were contrasting colours to improve recognition. Bedroom

doors were in the process of being replaced from glass doors to solid doors and the environment was being painted and carpets replaced.

## Is the service caring?

### Our findings

All the people we spoke with told us the staff were caring. One person told us "Staff are friendly they seem happy in their jobs, I don't know how to compare because I never been any place like this before." Another person said "I find both night and day staff friendly, but it takes time to get to know them fully. A visiting relative told us "The staff without exception appear to be very genuine and caring. It is a happy place, although new staff can disappear rather quickly." A relative told us "We are very happy [relative] is here and we can see [relative] is looked after well. The food and diet is excellent, the chefs are superb and will go out of their way."

We asked the registered manager how they assessed whether the service staff were providing was caring. They told us they did this by observation, from feedback from the people using the service, by working closely with staff, feedback from staff about their colleagues and how staff 'handled' people. One member of staff told us "I love it, it is homely here. I'd bring my grandma here."

Staff told us they maximised people's independence by encouraging them to continue to undertake personal care tasks such as washing and dressing and to remain mobile. We observed people being encouraged during the day to walk to maintain their mobility. This was confirmed by a relative who said "We have seen the staff encouraging [relative] to walk and not be wheeled about. The registered manager told us in general people were independent at the service and required prompting rather than hands on care. They told us for example, to maintain independence around using the toilet is often a case of showing the person where the toilet was.

The staff we spoke with told us they always ensured privacy and dignity was maintained. One member of staff told us they always ensured "Personal care is attended to behind closed doors" and they "Treated people how we want to be treated ourselves". We observed staff respecting people's dignity during the day by ensuring assistance was provided in privacy.

The registered manager shared information with us on a training session they had with a refresher planned in August, on promoting a compassionate culture within the care home. This required staff to reflect on how they would like to be supported in care and how they needed to behave to provide people with consistent dignity, kindness and compassion. We found the atmosphere in the home was warm and welcoming and we found the interactions between people and staff were positive on the whole. Although we witnessed staff put people's lunch and dinner in front of them without explaining what it was they had been offered.

The staff we spoke with told us they had a handover for all staff at each changeover of staff. We observed the morning handover at 7:45 am between night staff and day staff. This information included whether the person had a settled night, whether the person was up and whether there had been any incidents during the night.

The registered manager told us the service was working toward Gold Standard Framework accreditation and they were a clinical associate with the framework. The Gold Standard Framework provides a set of

standards to support people at the end of life. Under the Framework if someone expressed a wish to die at 'home' every effort was made to keep them in familiar surroundings in the home rather than going into hospital or a hospice.



## Is the service responsive?

### Our findings

Staff we spoke with demonstrated they were aware of the needs and preferences of the people they were supporting. They told us how they supported people to make choices in their everyday lives taking into account their views and preferences which demonstrated they were providing person centred care. The registered manager told us people were offered choice throughout the day from what time they wanted to get up to what time they wanted to go to bed. One person told us "I go to bed around 9pm by choice, and I get up early but not the same time every day."

People had a choice of whether they wanted a shower or a bath and how often they might want these options. We saw evidence of people's choices recorded in care plans, such as information on whether they liked the light on during the night, the door open, and the window closed. We found bedrooms were personalised and people were encouraged to bring in items from home. The registered manager told us that items brought into the home must conform to fire safety regulations to ensure the people at the service was not put at risk in the event of a fire.

We reviewed five people's care files. Care plans were devised for key areas such as personal hygiene, mobility, social activity, continence, dementia, nutrition and hydration. Each had a record of all the professional visits such as GP, speech and language therapy, and chiropodist. In each care file there was a section titled "Getting to know you". This contained information such as mobility needs, sight hearing difficulties, health issues, communication issues, favourite colour, food and drink, favourite place, favourite film and music, where you were born, family, hobbies, things you dislike, activities you may like to do, and additional information. Although this type of information is useful to enable staff to build positive relationships with people and for people to receive personalised care and support, the information was very sparse in the files we looked at and a more detailed history built up over time would achieve a better outcome. Each care file contained a separate book for staff to record the chronology of the person's day. This tended to be task focussed on where the person was at the time and whether they had eaten and drank well or mobilised. However it did give the essential information required to have an overview of the person's day.

The care files we looked at contained a sheet to evidence people's needs had been reviewed each month and the registered manager told us a review was triggered where there had been a change in the person's needs. The registered manager told us families were involved in people's care planning and reviews. During our review of records we found people's changing needs had not always triggered a review of the care plan and the information in one person's daily log about their needs did not correlate with the information in their care plans. For example, we found this person had been unwell and their needs had changed from requiring moving and handling equipment on one occasion and two carers to manually assist on another. This person's moving and handling risk assessment and care plan had not been updated nor had the care plan detailing how they were to be supported with personal care tasks. This meant that staff were dependent on verbal information rather than a care plan which could mean that appropriate care might not always be delivered.

We also reviewed night check records which were undertaken every two hours. They did not provide a record of interventions during the night, but recorded whether a person was asleep or awake. This meant they did not provide an accurate record of nightly checks or any interventions from staff during the night.

We also saw the written handover record which included a day report and a night report with information about where the person was at the point of handover, where they had been during the day and whether they eaten and drank well and if they had had a bath. However, we found the recorded information did not include information which might be crucial such as how to move and handle a person whose needs had changed that day which meant the person was potentially at risk of unsafe handling. For example, one person who had required assistance to mobilise on one day and moving and handling equipment for assistance did not have this recorded on the handover sheet. This meant the staff potentially did not have information at hand to refer to ensure the continuity of care.

We found a section in each care plan titled "getting to know you activities" where people had been asked which activities they might like to undertake. One of the care assistants had recently taken up the post as activities coordinator between 2pm and 4pm during the week and at other times all staff were involved in ensuring people had meaning in their daily lives. The new activities coordinator had been in discussion with people using the service to find out what sort of activities they would like to have at the service and was in the process of reviewing activities at the home. They also provided one to one sessions with people if they chose not to take part in group activities. The service had recently taken part in the Meltham scarecrow competition and they had their own scarecrow on display in the reception area. They encouraged the home to be part of the local community. There was a vicar who attended the home every second Tuesday in the month and they also attended the home's afternoon tea parties. Staff told us people had recently taken part in a fruit tasting session and also outdoor gardening which demonstrated some of the recent activities. .

One relative told us "We make sure [relative] has audio books to listen to. We are happy at the activities and last week they were planting, [relative] was involved a little." People using the service told us they would like more activities at the service although one person said "I don't get involved in activities. I like my own company and natter with the other ladies". People liked the hairdressing service on offer at the home and one person told us "I do look forward to having my hair done weekly; the lady is very nice, a new face to talk to."

The registered manager told us the service had a complaints policy and in each bedroom there was a leaflet advising people how to complain. The registered manager told us they had not received any recent complaints but they had received, "Lots of compliments," We asked people using the service how they would complain if they were not happy with an aspect of how their service was delivered and they told us they were happy to speak to the registered manager and the head of care.

## Is the service well-led?

### Our findings

There was a registered manager in post who had been at the service since October 2014 and registered since May 2015. They told us they had transformed the service during the time they had been at the Bell House from a failing service to a good service. The registered manager shared their vision for the service which was "To finish off all the refurbishments, remain full and ensure the health and welfare of all the residents. To continue to have full compliance in all areas." They were proud with their achievements around infection control and their healthy eating award.

The registered manager told us they led the team by example. They told us they kept up to date with best practice from the information from the Care Quality Commission (CQC) and also the Care Home Support team provided information on how to support people living in a care home. They told us time restraints had prevented them from attending the local registered managers meetings with the local authority which would have enabled the service to keep up with national guidance around best practice.

All the staff we spoke with told us how supportive the registered manager, the head of care and the registered provider were. Staff told much they enjoyed working at the service and it was like 'one big family'. The registered manager described the culture as "Very friendly, like a family and comfortable." They registered provider told us they were on site most days to support the registered manager and they were involved in the day to day running of the home particularly around the financial aspects.

The service completed regular audits in areas such as pressure care, infection control, dignity, laundry, health and safety, bedrooms, and the nurse call check audit. The registered manager also undertook a manager's audit for the registered provider each month. We found although the registered manager had implemented many positive changes since attaining the post, some areas were not improving, particularly in line with good practice and the service was not keeping up to date with national guidance. We found issues with the assessment of risks, moving and handling assessment and recording, and with the analysis of accidents and incidents. Audits in these areas had not picked up the issues we found and focussed on the paperwork being in place rather than the information being of good quality. For example, the care plan audit had not picked up care plans had not been rewritten when people's needs had changed. Therefore the service could not utilise the information from these audits to learn lessons and implement a safer service.

The registered manager was the key moving and handling trainer for the organisation but could not provide evidence they were up to date to be able to train and assess staff competency in this area. Ensuring a service has a competent person in place to ensure safe moving and handling on a daily basis is part of the registered provider's responsibility and there was insufficient recorded evidence to determine the service was meeting this requirement including whether staff had been sufficiently trained and were competent to carry out moving and handling tasks.

In addition staff supervision was not up to date and when it did happen did not focus on developing staff. Supporting staff to develop in their roles by ensuring constructive and reflective supervision sessions is an essential part of the registered provider's responsibility. The supervision records we viewed focussed on

negative aspects of people's work rather than what had gone well.

The examples illustrated a lack of quality governance and demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 Regulations

The home published a staff newsletter and we were shown the latest two dated February and May 2016. These welcomed new staff, encouraged staff to make suggestions to improve the service, identified supervision sessions were due, and highlighted to staff they must ensure they completed training to ensure the home was meeting its regulatory and legal requirements. We reviewed the minutes of relatives and resident meetings and staff meetings which demonstrated involvement from both staff and people using the service with the aim of improving the quality of the service in line with people's wishes and preferences. The registered manager told us they encouraged staff to come out with ideas at the staff meetings. Meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service and we saw evidence of this at Bell House.

The home worked in partnership with professionals in the area such as the Care Home Support Team, and the local authority and they engaged with the local community by taking part in activities such as coffee mornings and the Meltham Scarecrow competition.

The service notified the Care Quality Commission in line with their registration requirements.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not been supported to improve practice by effective supervision. There was no evidence to support staff had received adequate practical moving and handling training.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Inadequate risk assessment to identify and reduce risk. Poor analysis of accidents once these had occurred to learn lessons and reduce further risks.

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Audits had not been sufficiently robust to identify issues with assessment of risks, inaccurate care plans.

### The enforcement action we took:

Warning notice