Conquest Care Homes (Peterborough) Limited

Belmont Road

Inspection report

9-10 Belmont Road
March
Cambridgeshire
PE15 8RQ
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Belmont Road is registered to provide accommodation and non-nursing care for up to 13 people who live with a learning and physical disability. The home is located in a residential area of the Fenland market town of March. When we visited there were 13 people living at the home.

The inspection took place on 14 April 2015 and was unannounced. The last inspection was carried out on 06 August 2014 when the provider had met the regulations that we inspected against.

A registered manager was in post when we inspected the home. 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.

People were safe living at the home as staff were knowledgeable about reporting any abuse. There were a sufficient number of staff employed and recruitment

Summary of findings

procedures ensured that only suitable staff were employed. Arrangements were in place to ensure that people were protected with the safe management of their medicines.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS applications had been made to ensure that people's rights were protected. Staff were supported and trained to do their job.

People were supported to access a range of health care professionals. Health risk assessments were in place to ensure that people were supported to maintain their health. People were provided with adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected and their care was provided in a caring and compassionate way.

People's hobbies and interests had been identified and a range of activities supported people with these. A complaints procedure was in place and this was followed by staff. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance and levels of absence.

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 were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people were looked after by a sufficient number of suitable staff.

People were supported with their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

Staff were supported to do their job and a training programme for their identified development was in progress.

People's social, health and nutritional needs were met.

Good

Is the service caring?
The service was caring.

People received care and support that met their individual needs.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and their relatives were included in this process.

Good

Is the service responsive?
The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to take part in a range of activities that were important to them.

There was an effective procedure in place which was used to respond to people's concerns and complaints.

Good

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

Management procedures were in place to monitor and review the safety and quality of people's care and support.

There were strong links with the local community to create an open and inclusive culture within the agency.

People and staff were enabled to make suggestions to improve the quality of the service and these were acted on.

Good

Belmont Road

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 14 April 2015 and was unannounced. It was carried out by an inspector.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we received information from a local contracts and placement officer.

During the inspection we spoke with four people who used the service, two relatives, a GP, a district nurse and a nurse registered in learning disability. We also spoke with the registered manager, deputy manager and five members of care staff. We looked at four people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People we spoke with were unable to verbally tell us their views about how they were kept safe. This was because they had complex communication needs. However, we saw that people were smiling when they engaged with staff and were comfortable in doing so. People's relatives told us that their family member was kept safe and were very satisfied with how their family member was looked after. The local contracts and placement officer, learning disability nurse and GP all told us that people were kept safe as staff treated them well.

Staff had been trained and were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting and reporting such incidents. Staff were also aware of the whistle-blowing policy and said that they had no reservations in reporting any incidents of poor care practice, if needed. A member of staff said, "I would blow the whistle if I was concerned." Another staff member said, "I know where the whistle blowing number is (held) and I know that it (reporting whistle blowing concerns) would be confidential." They told us that they would feel protected from the risk of reprisal from raising their concerns. The provider's monthly visit reports demonstrated that checks had been carried out to ensure that people were kept safe.

A GP told us that people had been kept safe from physical harm because their health and safety risks had been managed. Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe. This included following people's risk assessments in relation to swimming, moving and handling and when using transport. Staff were also aware of people's risks of choking with eating and drinking and had followed the health care professional's guidance in minimising these risks. This included supporting people to eat foods of a consistency that reduced the risk of choking.

Records of accidents and incidents demonstrated that actions were taken to reduce the risks of people having similar experiences. This included accidents and incidents when people had scratched their own skin.

A GP told us that there was always enough staff when they visited and this had enabled staff to act as their chaperone.

People's relatives told us that their family member was kept safe because there was enough staff and there was a stable team of staff. One person said, "[Family member] is kept safe. The premises are kept secure but, also, there is always people (staff) around to help." Another relative told us, "When I visit, I see staff I know and they don't change." The deputy manager and members of staff advised us that there was a low turnover of staff with no staff vacancies.

We saw that there were enough staff to meet people's individual needs, which included one-to-one support and support from two members of staff to support people's individual moving and handling needs. We also saw that people were supported with their personal care and medicines in a non-hurried way. Members of staff told us that there was always enough staff and measures were in place to cover unplanned staff absences. This included the use of bank staff or staff working extra shifts. The registered manager told us that the numbers of staff were planned according to people's individual needs and a change of these needs when numbers of staff were increased. This included when staff stayed with people when they were in hospital or when they were unsettled and expressed their views in a way that posed a risk of harm to themselves.

Members of staff described their experiences of applying for their job and the required checks they were subjected to before they were employed to work for the agency. Staff recruitment files confirmed that these checks had been carried out before the prospective employee was deemed suitable to look after people who lived at Belmont Road.

A relative told us that their family member had their medicines when they needed them. They told us, "Yes, they're (the staff) are good at getting [family member's] medication." A GP told us that people had been kept safe from the risk of harm associated with unsafe management of people's medicines. People were supported to take their medicines as prescribed and we saw that this was carried out in a respectful way; staff talked with and involved people when supporting them with their medicines. Medication was stored securely and medication administration records demonstrated that people were supported to take their medicines as prescribed. Staff advised us that they had attended training and had been assessed to be competent in the management of medicines. Their training records confirmed this was the case.

Good

Is the service effective?

Our findings

People were unable to verbally tell us their views about how well they were being looked after. However, we saw that people were comfortable when in bed or when up. We also saw that they had received a good standard of personal care, which included that for dental hygiene. During our SOFI we saw that people's well-being was promoted when staff engaged with them. We saw people were happy and settled.

People's relatives said that staff were able to meet their family members' needs and had positive comments to make about how staff looked after them. A relative said, "I think [family member] is being looked after very well." Another relative said, "I can't recommend it (the care) highly enough. I don't think there is another (care) home in the country that could look after [family member] as well."

A GP told us that staff were knowledgeable in relation to people's individual health and communication needs. A member of staff said, "Working with people you get to know them. I read the updated care plans and risk assessments and it is (by) working with other staff and learning disability nurses (that) you get to know about people (and their needs)." We saw how people were able to make their needs known as staff were aware of and responded to people's complex communication needs. This included the use of hand signs, visual presentation of choice of foods, picture menus and staff talking in a way that people could understand what was being said to them. Care plans detailed how people were able to communicate their feelings and wishes and staff told us that the read people's care plans for guidance. A member of staff said, "You get to know people's care plans."

Members of staff said that they had the support and training to do their job, which they said they enjoyed. A member of staff said, "I really enjoy my job. It is like working in a family home. You get to really know the people living here and what they like and don't like." Another staff member said, "It's nice working here. The fact is the home is small, purpose built and it has a nice relaxed atmosphere. It has a calming effect on the clients. They can pick up on how we feel."

Staff were knowledgeable and trained in a range of subjects, which included safeguarding people from harm, application of the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and medication. The staff training records confirmed that staff had attended refresher training. Staff told us that they received one-to-one supervision support during which they discussed their training and development needs and work-related topics.

Assessments had been carried out, in line with the principles of the MCA. We found that people were supported with making their decisions and had no unlawful restrictions imposed on them. These decisions were in relation to management of their finances, undergoing dental treatment and being supported to have their food by means of a feeding tube. The registered and deputy managers advised us that DoLS applications had been made in line with the agreed arrangements with appropriate authorities and records confirmed that this was the case.

Records of what people ate and drank demonstrated that people were supported to take adequate amounts of food and drink. People's weights were monitored and the records demonstrated that people's weights were stable.

With the use of picture menus people were supported to choose what they wanted to eat. We saw people were supported and encouraged to eat their take away lunch of fish, chips and mushy peas and to have hot and cold drinks during and between meals. Some of the people required nutritional support by means of a feeding tube. Staff were trained, knowledgeable and had clear care plan guidance to support people with their artificial feeding methods.

People had access to a range of health care services to maintain their health and well-being. These included hospital psychiatric and community doctors, dentists and speech and language therapists. Health care professionals told us that people's health needs were well-met and that people were supported to access their health care services without delay. Where people were requiring an assessment of their nursing needs or assistance with gaining access to health care services, people were supported by district and learning disability nurses.

Good

Is the service caring?

Our findings

People were not verbally able to tell us, in detail, how they were being cared for although one person said to us that they were, "Alright." One of the relative's surveys read, "(This is an) excellent home. I never announce my visits but I always find [family member] well cared for." Another relative's survey read, "I'm happy with the overall quality of the support." Another relative's survey read, "I'm happy with the overall quality of the support."

When eating, people's dignity was protected. This was by protecting people's clothing from spillage of food and drink with the use of cloth tabards.

A GP and relatives told us that staff were kind and caring. A relative said that staff were, "Very, very kind." During our SOFI we saw that staff were attentive to people's individual needs and we saw people laughing, singing and talking. We also saw staff gave comfort to some of the people when they were feeling less than well. Members of staff also checked that people were warm enough when sitting outside. A monthly provider report read, "I am always struck by how caring the service is and the attention and input the service puts into the support of the people that live at the service."

We saw that staff knocked on people's doors and asked them for their permission before entering. We also saw that people's personal care was provided behind closed doors and when they were supported with their moving and handling needs by means of a hoist. People were enabled to be as independent as possible. This included independence with cleaning their teeth and with eating and drinking with the provision of specialised eating utensils.

The premises maximised people's privacy, dignity and respect; all bedrooms were for single use only and communal toilets and bathing facilities were provided with lockable doors. Bedrooms were decorated and furnished to meet people's individual tastes and interests. This included the provision of a long mirror for the person to look into and the hanging of a banner of the person's favourite football team on their bedroom wall. People had their own lockable drawers where they could keep their possessions safe and confidential.

People were supported to maintain contact with their friends and relatives, which included overnight stays at the family home. Relatives confirmed that they were kept informed of any changes in their family members' care plan. We saw that the deputy manager liaised with a person's relative to up-date them in relation to the family member's condition.

A member of staff said, "If a person doesn't like a shower, you don't put them in a shower. It's their choice." We saw that people were offered choices about what they wanted to drink and eat and if they wanted to sit outside or indoors.

Care records demonstrated that people and their relatives were actively involved and supported to make decisions about what they wanted to do. Staff were aware of people's individual needs and enabled people to realise their goals and aspirations. This included people's 'success stories' of going to visit holiday destinations that they had hoped and wanted to see. The record of the visit read, "This (holiday) was to meet one of his goals that we had discussed in his monthly key worker meeting."

The registered and deputy managers told us that no person was using advocacy services at the time of our visit. However, they told us that they knew who they would liaise with should a person need this independent representation by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People were supported to take part in a range of educational and recreational hobbies and interests that were meaningful to them. A relative said, "[Family member] does much more now than when he lived with me."

People's hobbies and interests included attending college courses, swimming, eating and drinking out and spending time with their relatives and friends. One person communicated to us that they were going out on a trip later in the day, by means of private transport. Members of staff told us that they supported people to access shops, cafes and parks. Records demonstrated that people also visited libraries to aid their literacy skills. Photographs showed that staff supported people when they visited parks and publicly held events and they were photographed enjoying taking part. We saw people taking part in in-house activities, which included drawing, colouring, listening to music and watching DVDs.

Care records detailed people's spiritual and religious beliefs. People were supported to follow their beliefs and attended religious services which were held in the home and in the community.

Relatives confirmed that they were involved in the reviews of their family members' care plans and these records were presented in easy-to-read format for people to understand. A relative told us, "It was only done about four weeks ago and, yes, [family member] was present." They told us that they were satisfied with the review and no changes were needed.

People's care plans were reviewed each month and changes were made if needed. This included changes in people's mental or physical health needs and the actions taken to meet people's changed needs. These actions included a review of staffing numbers and health care professionals' reviews of people's health conditions.

There was a complaints procedure in easy-to read format and was available on entry to the home. Relatives and staff were aware of the complaints procedure and how to use it, if needed. A relative said, "I would speak to [registered manager's name] if I was unhappy." The record of complaints demonstrated that people's concerns and complaints were responded to the satisfaction of the complainant. There were no recurring themes or trends to the nature of the complaints which told us that people's concerns were of an individual rather than a general nature.

Good

Is the service well-led?

Our findings

A registered manager was in post when we visited and they were supported by a deputy manager and team of care staff. Relatives and social care and health care professionals knew the name of the registered manager and that of her deputy. We saw both managers walking round the home and talking to people and staff. We heard a person call out the deputy manager's name and people showed they knew who the registered manager was when they interacted with her.

A member of staff said, "[Registered manager's name] is approachable and if I have any concerns I can go to her or [name of deputy manager]." Another member of staff said that they liked the registered manager's leadership style and described this to be, "Open democracy."

People attended meetings during which they were enabled to tell the staff what they wanted. This included an increased number of trips out and to go on holiday. These suggestions were acted on and reviewed during the following meeting. Staff also attended meetings and said that these were informative and enabled them to make suggestions in improving the quality of people's lives. This included changes in the structure and re-decoration of the on-site sensory room. A member of staff said, "If we have any ideas for the clients, we try and put these in straight away but if it's anything bigger then we take it to the [registered] manager. This was about changes to the sensory room. On a smaller scale, we've arranged clients to attend [name of ice skating show] in Nottingham."

People had been supported to fill in their surveys and completed surveys demonstrated that people were, overall, satisfied with how they were looked after. Surveys had also been carried out asking people's relatives for their views and there were positive comments entered on the completed surveys. A relative commented, "[Family member] is well settled and he is appreciative of the care he received. I agree with the care plan and have been included in the care plan decision."

There were links with the community with people attending educational courses, religious services and recreational activities. The deputy manager told us that the home was integrated with the neighbourhood and that neighbours had attended the home's summer fetes and had sent Christmas cards to the home.

Members of staff were aware of the values that supported people's care. A staff member said, "It's their choice. I would (also) say it's about giving the best care we can give to our clients. It's about putting things in place to make life safer for them. We do encourage people to be more independent as possible, such as brushing their teeth." Another member of staff told us, "Everyone is treated equally."

A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance and levels of absence. This was to make sure that people were safe and looked after by a sufficient number of trained and competent staff.

The management team had made contact and worked with a range of health and social care professionals who gave us positive feedback about the management of the home. We were told that people were safe and well-looked after.

The provider and registered manager had submitted notifications as required. This and our observations, and records viewed demonstrated that they were aware of their legal responsibilities as registered persons.

The provider had carried out monthly visits to the home and produced quality monitoring reports of these visits. The reports demonstrated that there was a continual review of the quality and standard of people's care, the management of staff and the safety of the premises. Where actions were required, these had been addressed during management and staff meetings and by the maintenance department. The provider had carried out follow up visits to check that outstanding actions had been completed and these completed actions had been recorded.

Audits were carried out in relation to management of medicines, infection control, management of staff and health and safety. There was a reporting procedure in place for the home's management team to inform the provider of the progress made in these areas. The deputy manager advised us that these audits had been completed and records in relation to these areas demonstrated that this was the case.