Newcare Homes Limited

Belle Vue Country House

Inspection report

Warninglid Lane
Warninglid
West Sussex
RH17 5TQ

Tel: 01444461207

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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

The inspection took place on the 30 August 2017 and was unannounced.

Belle Vue Country House provides nursing care and accommodation for up to 41 people. On the day of our inspection there were 31 people living at the home. The home specialises in the care of people living with dementia and mental health conditions. The home is a country house spread over two floors with three communal lounges with dining areas and is set in large surrounding gardens.

At the last inspection on 18 August 2015, the service was rated Good. At this inspection we found the service remained Good.

People and relatives told us they felt the service was safe. One person told us "I feel safe because everyone is nice to me". People remained protected from the risk of abuse because staff understood how to identify and report it.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One relative told us "Staff are well trained even the receptionist is involved. They really know how to communicate and handle residents".

People's individual needs continued to be assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Staff felt fully supported by the registered manager to undertake their roles. Staff were given training updates, supervision and development opportunities. Staff spoke positively about training and supervisions they received and commented on how they found they could ask questions freely. One member of staff told us "I have recently had updated training in end of life care and diabetes, which I found useful".

Staff continued to support people to eat and drink and they were given time to eat at their own pace.

People's nutritional needs were met and people reported that they had a good choice of food and drink. One person told us "The food is yummy. Look at this lovely lamb we have today with vegetables. It really is lovely".

People and relatives found staff to be kind and caring and the care they received was good. Comments included "Staff are good and caring" and "The staff care about me and are nice and kind".

People, staff and relatives found the registered manager approachable and professional. One person told us "The manager is a good leader, he comes in early and sometimes brings me my breakfast and eats with me". A member of staff told us "The manager is good, he spends a lot of time with staff and residents".

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Belle Vue Country House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 August 2017 and was unannounced. The inspection team consisted of two inspectors 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. The expert-by-experience for this inspection was an expert in care for older people.

Before the inspection the provider completed a Provider Information Return (PIR). 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. We looked at information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted health and social care professionals involved in the service for their feedback, two health and social care professional gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited into people's individual rooms. We spoke with five people, three relatives, four care staff, a chef, housekeeper, two nurses and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed five staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at five people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe at the service. One person told us "I feel safe because everyone is nice to me". A relative told us "I know my relative is safe because they have learned to manage their challenging behaviour, I could not do it at home". Another relative said "My relative can be aggressive, they are very proactive and know how to cope. They get things right which reassures me that they are in a safe place".

A health professional told us "I have never seen anything there that would indicate that it is not safe. Due to the nature of some of the residents I have seen them put in additional resources as needed in order to ensure that safety is maintained. They will access support as needed, and I have always been able to look at the paperwork in relation to our patients which has provided the information needed at the time. Risks are discussed regularly and they will work closely with services to ensure that these are reduced as much as possible".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would report any abuse to senior staff and were confident that the registered manager would act on their concerns. One member of staff told us "I know people's body language and if there is any change in their behaviour, I would report it". Another member of staff said "People could become upset, agitated or angry. I would let the manager know".

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show where necessary, staff belonged to the relevant professional body. Documentation confirmed that nurses employed had up to date registration with the nursing midwifery council (NMC).

People and relatives felt there was enough staff to meet their needs. One person told us ""There seems to be enough Staff who are well trained and skilful. I have been here for many years and I know they have meetings to discuss things like fire precautions". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff and if required agency staff. On the day of the inspection we saw there was enough skilled and experienced staff to ensure people were safe and cared for. The registered manager told us "We are constantly recruiting, which can be a challenge in the area where the home is. We use agency staff when required. For continuity of care we use the same agency staff which I interview before to ensure they are suitable. Staffing levels were devised by looking at people's assessed care and support needs and adjusting the number of staff on duty based on the needs of people living at the service.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

Risk assessments remained in place for people, which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. For people living with dementia, positive risk taking is integral in providing care that promotes people's independence and autonomy. Positive risk taking involves measuring the balance of the benefits gained from taking risk against the negative effects of attempting to avoid risk altogether. The service continued to support people to walk throughout the home, coming and going from their rooms, to the communal areas and into the garden. The registered manager recognised the importance of enabling people to do the things they wanted to do and allowing people to live their lives as they so choose despite living in a nursing home. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

The premises remained safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Records showed that regular checks and audits which had been completed in relation to fire, health and safety and infection control. The grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs.

Each person had an individual care plan. Care plans continued to follow the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication and mental health needs. The care plans were supported by risk assessments. For example a Waterlow risk assessment was carried out for people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care and the use of barrier creams.

Medicines continued to be stored securely in a locked clinical room and appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. One person told us "Medicines are regular and staff watch you swallow them and write it down". We observed medicines being administered at lunchtime by a registered nurse who demonstrated that staff took care to ensure that the correct medicine was administered to the correct person. The nurse explained that any refusal of medication would be documented and re administered following discussion with other staff on the most appropriate way forward. We also observed covert medicines being administered during this observation. The nurse followed specific guidance when administering these medicines to people and explained people had their mental capacity assessed, a best interest meeting and had a management plan within their care plan to ensure they received their medication in such a way. Records we saw confirmed this.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet their needs and continued to provide effective care. A relative told us "Staff are well trained even the receptionist is involved. They really know how to communicate and handle residents. Some residents have mood swings and challenging behaviour they take it all in their stride. They are very kind and I admire them all". Another relative said "I am amazed by the way the staff calm down the residents in difficult situations they allow things to happen as long as they are not causing harm".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty that these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager understood when an application should be made and the process of submitting one.

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff records remained to show they were up to date with their essential training in topics such as moving and handling and safeguarding and infection control. The training plan documented when training had been completed and when it would expire. Staff were knowledgeable and skilled in their role and meant people were cared for by skilled staff who met their care needs. One member of staff told us "We have lots of training updates. I found the dementia training interesting, seeing the whole person and their life. Talking to people quietly and calmly".

Registered nurses received on-going clinical training which also maintained their continuing professional development. Training included diabetes, end of life care and skin integrity. One nurse told us "I have recently had updated training in end of life care and diabetes, which I found useful".

Staff continued to have supervisions and the registered manager had planned an annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. The registered manager told us they were planning to increase supervision to every two months as it would be beneficial for staff. Staff met regularly with their manager to receive support and

guidance about their work and to discuss training and development needs. Staff we spoke with said they felt they always had support and guidance from the registered manager who worked closely with them and people. Staff spoke positively about supervisions and the support they received from the management.

People continued to receive consistent support from specialist healthcare professionals when required, such as GP's and social workers. A relative told us "The GP visits every Wednesday. The Nurses ensure they see everyone who needs to see them". Access was also provided to more specialist services, such as community psychiatric nurse's, dementia crisis team and falls prevention team if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One health professional told us "I have seen some really challenging patients settle in well without the use of additional medications, the staff in the home work hard to look at alternative ways of managing behaviour. They will contact the appropriate services in the community as needed to provide the best care that they can".

Food at the home continued to be both nutritious and appetising. We were told that if concerns were identified regarding weight, nutrition and diet then the person would be referred to a dietician. If someone had difficulty with eating solids the dietician could suggest a puree or liquid diet. The home had some people who were on a pureed diet. People could choose their meals from the menu and alternatives were available if they did not like the choices available. People could choose where they would like to eat, some ate in their rooms and others in the dining area/lounge. Staff laid the tables for lunch, some people liked to prepare these themselves and got their own cutlery from a trolley. We observed the lunchtime experience and found staff to have a very gentle manner, maintaining eye contact, giving explanations and constant reassurance. Staff worked hard to understand people's needs. Some people received assistance to eat, either straight away or after having a chance to start themselves. One person told us "We have an excellent chef". Another person said "The food is yummy. Look at this lovely lamb we have today with vegetables. It really is lovely". The chef showed great passion ensuring people had fresh and nutritious meals each day. They told us how they ensured varied colours of food where on people's plates to entice people to eat. They also had details of people's likes and dislikes and specialist diets, such as vegetarian, gluten free and pureed.

Good

Is the service caring?

Our findings

People and relatives felt staff were kind and caring. Comments from people included "Staff are good and caring", "The staff care about me and are nice and kind". A relative told us "They not only care for my relative, they support me and mum also which is excellent". Another relative said "They are really vigilant with their care".

A health professional told us "The residents at Belle Vue are cared for well, the staff work hard to build relationships with the residents so that they are encouraged to do as much as they can for themselves, but are able to anticipate when the resident may need additional help and support. I have seen them work with families that are struggling to cope with diagnosis, or the fact that their relative is now in a nursing home, or is coming to the end of their life and they ensure that the families as well as the residents are both supported and involved in the care and decisions about care as much as is possible".

Throughout the inspection we observed staff speaking to people in a warm and caring manner, and spending time to chat with people about their well being and what they may like to do. It was apparent all staff including maintenance, housekeeping and kitchen staff knew people well and came across caring and kind. On one occasion one person became confused of where they were, a member of staff reassured the person speaking with them softly and placing their hand into their hand. The person became calmer and walked with the member of staff to the lounge to get a drink, engaging in conversation.

Peoples' differences continued to be respected and staff adapted their approach to meet people's needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the home, showed that people were able to maintain their religion if they wanted to. On relative told us "A Church service takes place every Wednesday and a priest comes in". We were able to look at all areas of the home, including being invited into people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal momentoes and photographs on display.

Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. One person told us "Staff are well aware of dignity and respect, I can do things for myself but they are present when I shower. I have no concerns whether it is a male or female carer. They are discreet". Observations of staff within the home showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity. One member of staff told us "We always get people's permission to support them and ensure doors are closed or use screens when carrying out personal care tasks".

People were encouraged to be independent. Staff remained to have a good understanding of the importance of promoting independence. People told us that they were able to go for walks with staff when they wanted or into the garden. One person told us "In good weather I love to go into the garden". People

told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and records and observations confirmed this. One member of staff told us "It is about encouraging people, talk and listen to them. Encourage them to do things for themselves so they don't lose the ability, most important is to make them feel comfortable".

People continued to be provided with information about how they could obtain independent advice about their care. The registered manager ensured that if required, people were supported by an Independent Mental Capacity Act Advocate (IMCA) to make major decisions. IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person told us "The manager man and staff help me when I need it. They make sure I am ok and have what I need". A relative told us "Lots of homes would not take my relative, you can never get perfection when dementia residents are mobile. The chief nurse told us 'I won't take anything away from residents, if they still have any kind of remaining skills'. For example my relative is on the verge of incontinence but while they are still able to go to the toilet they support them, so they can still use the toilet".

A health professional told us "Belle Vue Country House is responsive to both the residents and families/key individual needs. They are able to and do, access support as needed in order to provide the best care possible for the residents. They are willing to make changes and try new ideas and will feed back both the successful and unsuccessful. Their knowledge of the residents in the home and the relationships that they have built means that they are able to respond to changes in a timely and effective manner".

Staff continued to undertake an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. In one care plan it detailed if a person became agitated and confused of their surroundings, staff were to support and reassure the person. This could include asking if they wanted to go for a walk in the grounds of the home. In the afternoon of the inspection we observed the person becoming restless and confused. A member of staff spent time with the person reassuring them and asked if they would like to go out for a walk, which they instantly agreed to and they were then supported by the member of staff.

Care plans continued to be reviewed regularly and updated as and when required. Care plans were personalised and reflected the individualised care and support staff provided to people. Personal profiles and histories were used effectively to create personalised care for example one person liked to listen to specific music and this helped them to relieve any anxiety they may have. Managing people's behaviours which may challenge were detailed in the care records. In one care plan it detailed a person required 1:1 time with staff if they showed behaviours that challenged. The registered manager told us "We ensure this person has 1:1 time when needed and also at night time if they require. So I ensure there is an extra member of staff on duty when needed". The plans also gave examples of ways of engaging with people which included holding hands, talking about family photos and showing affection. These activities can provide people with a sense of wellbeing. People and their relatives were supported and encouraged to personalise their own rooms with items of their choice in order to make it homely.

The home continued to provide activities for people. One person told us "There is usually something going

on but I don't like to go to all of it. I choose what I want to do and when I go". A relative told us "They have outings to Rottingdean and to garden centres, but my relative does not want to go". The registered manager told us they were currently looking to recruit a new activities coordinator and that an existing member of staff was taking on the role until a new one was sort. We observed some people in conversation, listening to music, reading and watching the TV. People sitting in the lounge in the morning were involved in a game of skittles and we observed a member of staff ensuring they involved people. People appeared happy and smiling enjoying this activity. People and relatives told us of the summer party that had taken part in the garden of the home recently. One person told us "I look after myself and don't go out of doors much but I did go to the barbecue, it was excellent with singers dancing and excellent food".

The registered manager showed us a newsletter that had recently been created to update people and relatives. These included details of upcoming events at the home which included trips out of the home, staffing updates and external entertainers. People's and relatives feedback was sought and used to improve people's care. Feedback came from regular meetings with people and their relatives and annual surveys for people and relatives.

People and relatives remained aware of how to make a complaint and all felt they would have no problem raising any issues. One relative told us "I have never had to make a complaint. It has never been necessary but if I did it would be to the person I was complaining about or to the Chief Nurse or Manager. "The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy. Most people and relatives we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response from the registered manager.

Good

Is the service well-led?

Our findings

People, relatives and staff all told us that they were happy with the service provided at the home and the way it was managed. One person told us "The manager is a good leader, he comes in early and sometimes brings me my breakfast and eats with me". A relative told us "Care plans are discussed on a regular basis and appropriate changes made. Everything is well managed and I have every confidence in the manager, nurses and carers". A health professional told us "The home has a good senior team in place and have always been very open to ideas and suggestions that we, as a service may make. They will filter the information down to staff members at all levels to ensure that the best care possible is provided".

The home had a registered manager. 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.

An open culture at the home remained. The registered manager was approachable and supportive and took an active role in the day to day running of the service. While we were walking around the home we observed positive interactions and conversations were being held with people and staff. The registered manager showed a good knowledge on the people who lived at the home. On one occasion a person had become agitated, the registered manager took time to talk with the person, reassure them and offered to get a drink for them. They took time to listen to people and provided support where needed. There was a clear management structure and staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff felt able to raise concerns and they were confident concerns would be acted on. Staff comments included "Any concern I have I will go to the manager. He has an open door policy and will always listen", "Yes I feel supported by the manager they do a lot of meetings and training" and "The manager is good, he spends a lot of time with staff and residents".

People and relatives were involved in the running of the home through meetings. The minutes of recent meetings showed a range of issues had been discussed, such as activities, staffing and improvements planned. Staff meetings continued to be held regularly, this gave an opportunity for staff to raise any concerns and share ideas as a team. Recent minutes of staff meetings demonstrated that staff were involved with discussing training and key working with people. One relative told us they attended the relatives meeting and said "This is an open understanding culture. It is friendly, relative meetings are held when staffing information is available and there is event planning. At the last meeting it was suggested that there should be a hood over the front entrance. This has already been done. A new garden seat was ordered and that is in place as well. Changes are also discussed".

Regular audits of the quality and safety of the home continued and were carried out by the registered manager and staff. These included the environment, care plans, infection control and health and safety. Action plans were developed where needed and followed to address any issues identified during the audits. Feedback was sought by the provider via surveys which were sent to people at the home, relatives. Surveys results were mainly positive and any issues identified were acted upon by the registered manager.

Staff continued to work closely with health care professionals such as GP's and health specialists when required. The registered manager told us "We have a good working relationship with health professionals and good communication too. We work closely together with the same aim of providing the best care we can for our residents".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.