

Conquest Care Homes (Peterborough) Limited

Belmont Road

Inspection report

9-10 Belmont Road
March
Cambridgeshire
PE15 8RQ

Tel: 01354660623
Website: www.craegmoor.co.uk

Date of inspection visit:
19 October 2017

Date of publication:
27 November 2017

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

Belmont Road provides accommodation and personal care for up to 13 people, who have a learning and or physical disability. At the time of this inspection there were 13 people living at the service.

This comprehensive inspection took place on 19 October 2017 and was unannounced. At the last inspection on 16 January 2015 the service was rated as 'Good'. At this inspection we found overall the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people living at the home and to keep them safe. There was sufficient numbers of staff on duty to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people living at the home

Medicines continued to be managed safely and people received their medicines as prescribed.

People were supported to make choices and have control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs continued to be met and people were supported to have enough to eat and drink. A range of healthcare professionals visited the service and people went to visit healthcare professionals to support people to maintain good health.

People were cared for by staff who treated them with warmth, kindness and compassion. Staff showed they genuinely cared about the people they were looking after. They respected people's privacy and dignity and encouraged people to be as independent as they could be. Visitors were welcomed and also had warm, friendly relationships with the staff.

Care plans did not provide full details and guidance staff on how the care each person needed. However staff were knowledgeable about the care and support people needed. People were encouraged to participate in activities and interests of their choice.

Complaints information was available in the home. The complaints log showed that they had been addressed in line with the provider's policy.

People, staff and visitors to the service were encouraged to put forward their views about the service being provided. The quality of the care was monitored by a range of audits that were carried out regularly.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 checked 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 19 October 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to the visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about.

In March 2017 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 used this information to assist with planning the inspection.

We spoke with four people to gain their views of the service. As a number of people in the service had special communication needs. They expressed themselves using a combination of sounds, signs and gestures. We used staff, people's care plans and other information to help us communicate with these people. We also observed how people were cared for to help us understand their experience of the support they received.

We looked at records in relation to two people's care. We spoke with the registered manager, a nurse, a care practitioner and two care staff. We looked at records relating to the management of risk, medicine administration, staff recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

We found that people felt safe living at Belmont Road. They told us they liked the staff and felt well supported and cared for. One person said, They [staff] look after me and keep me safe."

Staff confirmed they had received training and demonstrated an awareness of the safeguarding procedures. They knew who to inform if they ever saw or had an allegation of abuse reported to them. Notifications received by CQC confirmed that staff had responded appropriately to safeguarding concerns, which ensured the safety and welfare of people using the service. One member of staff said, "I would always report to the [registered] manager if I was worried about any of the residents [people who use the service]."

Risks to people continued to be assessed and staff were following the risk assessment guidance that was in place. This ensured that the risks identified were minimised. We saw a number of risk assessments, all of which had been completed thoroughly. Risk assessments seen were in relation to moving and handling, eating and drinking, assistance with medicines and being safe when out in the community. Personal evacuation plans were in place for each person in the event of an emergency occurring. We saw that risk assessments were reviewed regularly to ensure that they remained up to date.

There were enough staff to meet people's needs in a timely way and to keep people safe. One person told us, "There's always somebody around." Staff were able to spend time talking to people and to assist them with activities. We were informed that when there were staff absences, staff employed in the home worked additional hours. This meant that agency staff were rarely used, and that people received support from staff who knew them.

We found that a robust recruitment and selection process continued to be in place. Staff had been subject to a criminal record check before starting work at the service and full pre-employment checks had been undertaken.

Systems continued to be in place to make sure that staff managed medicines consistently and safely. Staff had a good knowledge of the medicines people were prescribed and had received training in the safe handling of medicines. Medicines audits were completed on a regular basis.

Regular health and safety checks were completed and accidents and incidents were recorded. The registered manager told us that the records were analysed to identify any trends to avoid any further occurrences. There were no current on-going issues identified

Is the service effective?

Our findings

New staff completed an induction, which included training and guidance to make sure that they had the skills to provide care and support to people living in the service. New staff confirmed they shadowed experienced staff, until they felt competent and confident enough to carry out their role on their own. Staff told us that they undertook training in a range of topics relevant to their role. These included moving and handling; emergency aid; food hygiene; safeguarding and person-centred care.

Staff told us that the management team and their "co-workers" gave them a great deal of support. They said that the deputy manager worked alongside them. Staff continued to receive supervision from their line manager so they had opportunities to discuss what was going well and what could be better.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). We checked that the service was working within the principles of the MCA. We found that assessments of people's capacity to make decisions had been carried out and recorded in their care records.

Staff told us, and records confirmed, that they had received training in the MCA and DoLS. Staff we spoke with showed an understanding of promoting people's rights, choices and independence. We saw that the registered manager had made applications for DoLS authorisations to the local authority and were awaiting the outcome of these.

People's nutritional needs were assessed and people were supported to have enough to eat and drink. Two people told us that the food was good. We saw that people enjoyed their lunch. People were given choices for their meals, offered second helpings and their cultural needs were respected and met. We saw staff encouraging people to eat and drink. Some people received their nutrition via a Percutaneous endoscopic gastrostomy (PEG). This was by means of a tube that is passed into a person's stomach through the abdominal wall. The records for when people received their nutrition were completed in the person's notes. Records confirmed that people were referred to the dietician when there were concerns about their weight.

People continued to be supported to maintain good health by the involvement of a range of external healthcare professionals, such as the GP, community nurses, chiropodist, dietician and optician.

Is the service caring?

Our findings

The interaction we saw between staff and people using the service continued to be kind, caring and attentive.

Staff were seen to knock on the doors to people's rooms and waited for a response before entering. Staff then checked and asked for the person's permission to enter. Staff gave people choices and listened for their response before carrying out individual requests and wishes. For example when asking people what they would like to drink. We observed that staff checked and asked people for their consent before providing them with personal care or assistance. Staff explained the support they were going to provide before giving it and people were reassured through knowing what was happening. Staff ensured the doors to rooms and areas where personal care was being provided were closed to ensure people's privacy

Throughout the day and at lunchtime those people who were able to be as independent as possible were given encouragement. People had access to aids such as straws to help them to drink. During lunch staff regularly checked that people were enjoying their meals. Where people required additional support to cut their food this was offered. If people had chosen not to be assisted their wishes were fully respected. People were not hurried with their meals and people were offered their desserts once they had finished their main meal. People could choose where to eat their meals. People generally chose either the kitchen or the lounge. People had access to utensils and condiments to help them eat and drink independently.

Staff knew how people communicated and the methods they used to express themselves. We saw that staff communicated effectively with people to assist them in making choices and decisions about their care. We saw that there were pictorial aids in place to assist people who were non-verbal with making choices. This showed that people's choices and preferences were respected and proactively acted upon by staff.

Staff were knowledgeable and enthusiastic regarding the people they supported. We observed that people were at their ease and comfortable with staff. Staff demonstrated an affectionate and caring approach. One member of staff said, "I love working here – it's like a big family and we get to know people and their needs very well." Another member of staff said "It's good to help people be as independent as possible and I enjoy assisting people to go out and to go on holidays."

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Is the service responsive?

Our findings

The registered manager told us that they continued to undertake an assessment of the person's needs before the person was offered a place at the service. This was to ensure that the service had the facilities and staff to fully meet the person's needs.

Care plans were in the process of being reviewed. Whilst we acknowledged that they did not contain detailed information on all of the people's care and support needs, staff were very knowledgeable about the people they supported and were able to meet their needs.

The service had its own transport which meant that people could access the local community. People enjoyed various activities inside and outside of the service. Examples of these included; visits to a day service, shopping trips to local towns, helping to bake cakes, watching favourite DVDs, walks out in the local village and going on holidays. One member of staff said, "It's really good and I like to spend quality time with people and be able to support them to get out to activities such as going for walks, visiting cafes and going shopping."

People were supported to maintain relationships that were important to them. Records showed contact with family had been maintained even if it was only a telephone call to update them on their relative's health and wellbeing where appropriate.

There was a complaints procedure in easy-to-read format. Relatives and staff were aware of the complaints procedure and how to use it. The record of complaints demonstrated that people's concerns and complaints were responded to. There had been one complaint received in the last year and this had been dealt with in line with the policy.

Is the service well-led?

Our findings

Staff told us they enjoyed working at Belmont Road and they felt well supported by the registered manager, the deputy manager and by each other. One member of staff told us, "I love working here. We all work well together. We are able to ask anyone for assistance. The registered manager is approachable. Things have got better here over the last year. We are much better supported."

There was a registered manager in post at this inspection. 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.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

Staff knew about the provider's whistle-blowing policy and felt they could safely raise any issues about poor practice if they needed to. The registered manager was confident that staff would report any concerns.

The management team carried out a regular programme of audits to assess and monitor the quality of the service. Examples of audits included; medicines, staff training, care planning and finances. Where any shortfalls were identified records demonstrated that these were acted upon promptly. We saw that surveys were being sent out to obtain feedback from people using the service; their relatives, care professionals and staff.

People, their relatives, professionals visiting the service and the staff were given opportunities to put forward their suggestions for improvements to the service. This was both formally via meetings or written questionnaires and informally through conversations with the manager.

Staff felt valued and well supported. The manager held regular staff meetings, supervision sessions and an annual appraisal where staff could voice their opinion about the service. One staff member said, "I feel well supported by the [registered] manager. I wouldn't want to work anywhere else. People are safe and well looked after, living a fulfilled life."

People were supported to have links with the local community and accessed local services regularly. For example, they visit a local parks and local pubs. People were also supported to access facilities in the nearby town such as the cinema and restaurants.