

Mr David Arthur Salter

Belton House Retirement Home

Inspection report

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Oakham
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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

We inspected this service on 18 August 2016. The inspection was unannounced.

The service was last inspected on 23 February 2015. At that inspection we found that all areas required some improvements and there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to implement changes to ensure that they met the regulations. At this inspection we found that the necessary action had been completed and improvements had been made to improve the quality of the service that was provided.

Belton House Retirement Home provides accommodation for up to 22 older people, some of whom were living with dementia. On the day of our inspection there were eight people who lived at the service and nine people were staying for a short break.

The service 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.

People were protected from harm. People had told us at the last inspection visit that they felt safe and there were sufficient numbers of staff who were appropriately deployed. Risks associated with people's care were assessed and managed to eliminate or reduce any harm presented to people using the service.

All staff had received appropriate training that enabled them to meet the needs of people who used the service. People received their medicines as required and medicines were managed, stored and administered safely.

People were supported and encouraged to make decisions about the care and support they received. They had their mental capacity assessed where necessary to support people's dignity and independence. The provider was aware of their responsibility to meet the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were offered and encouraged to participate in meaningful activities and to also follow their interests. People's chosen bath and shower preferences were supported and personal choices were fully detailed in care plans.

At our last inspection we found that while some systems were in place to monitor the service, these were not always effective. We found at this inspection that regular audits had been completed relating to all areas of the service and any actions needed had been taken promptly and these were then dated and signed on the records. The monitoring systems and follow up actions therefore meant that the service was no longer in breach of Regulation 10.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of staff deployed to meet the needs of people who used the service.

People who lived at the service had risk assessments completed and reviewed to support their safety.

Medicines were stored, handled and administered in a safe way and in line with current guidance.

Is the service effective?

Good ●

The service was effective.

All staff had undertaken training that enabled them to provide appropriate care and support.

Staff routinely assessed people's ability to make decisions about their care and support.

The service was working within the principals of the Mental Capacity Act 2005 (MCA) .

People who required assistance with their meals, received support in a way that met their needs as assessed in their care plan.

Is the service caring?

Good ●

The service was caring.

People were routinely involved in making decisions about their care and support.

People's dignity was protected as arrangements for bathing and showering met individual needs and choices.

Is the service responsive?

Good ●

The service was responsive.

People were offered and encouraged to undertake activities and to follow interests of their choice.

Is the service well-led?

Good ●

The service was well led.

There were effective systems in place to monitor the quality of the service provided.

Belton House Retirement Home

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.

We previously undertook an inspection on 23 February 2015. We found that all of the five outcomes required improvements and that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection, the provider wrote to us to say what they would do to meet requirements in relation to safe, effective, caring, responsive and well led areas of the service.

We undertook an inspection on 18 August 2016 to check that they had followed their plan and to confirm that they now met legal requirements and regulations relating to the standards under the Health and Social Care Act 2008. This report covers our findings in relation to those previous requirements only. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Belton House Residential Home on our website at www.cqc.org.uk.

This inspection was unannounced and carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included any statutory notifications we had received. Statutory notifications tell us about important events which the service is required to tell us by law. We had received a completed 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.

During our visit we spoke with three people who lived at the service, two care staff, two catering staff, the training manager and the registered manager. We also used the Short Observational Framework for

Inspection (SOFI) to observe the care and support provided to people in the dining room at lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us.

We reviewed a range of records about people's care and how the service was managed. These records included two sets of care records relating to the care and support for two people who lived at the service, medicine administration records, staff rotas, internal audits and staff training records.

Is the service safe?

Our findings

People who used the service had previously told us that they felt safe. This was also shown in returned questionnaires that the provider had issued asking people about their feelings around safety. The overall comments were positive and people felt that their safety was supported by staff.

During our last inspection we found that there were not always enough staff working on each shift to provide safe care and support to people who used the service. We found that while medicines were administered at the appropriate time and as prescribed, we saw that safety audits and medication records were not always fully and accurately completed. We found that the provider had made necessary changes to address these areas of safety.

On the day of our inspection we found that staffing levels were sufficient to meet the needs of people who used the service. Staff did not appear to be rushed and had enough time to be able to chat and laugh with people.

We reviewed the staffing rota and found that it accurately reflected the staffing levels on the day of this inspection. We reviewed people's care plans and saw that specific needs of individuals were taken into consideration when staffing numbers were decided. We saw how each shift was looked at and staffing numbers decided on, as people's ability may change from day to day. Risk assessments were completed to support the deployment of staff on duty. The registered manager showed us documentation of how they had made certain that staffing numbers were increased as the needs of people had changed. When people's needs were reassessed at a later date, staffing numbers were again adjusted if the person had improved in their abilities.

There was a recruitment drive taking place at the time of our inspection. The registered manager told us that they were trying to develop a bank of additional staff who would be able to step in when any permanent staff went on holiday or were on sick leave. This would strengthen the staffing numbers and ensure continuity of care.

We saw that people were being supported to take their medicines when prescribed. Staff asked people if they were ready for their medicines before any administration took place. Medicines were stored securely and people received their medicines as prescribed by their doctor. We saw that medication administration record (MAR) charts had been completed and up to date. We saw that if medicines were refused, then staff used the appropriate record to show this. Staff understood how people liked to receive their medicines and offered them choice and information. The registered manager showed us records of regular audits, the medicine handover at each shift and the returned medicines records that were signed by two members of staff. This ensured that there was an audit trail for any investigation or review of medicines and these actions also minimised the risk of any errors.

We observed medicines being administered and we saw that this was undertaken in a safe way. Staff took their time when asking people if they wanted to take their medicines. Staff spoke quietly and with respect,

they came down to the person's level to support privacy and prevent others from hearing their conversation. When people needed pain relief medicines this was recorded along with the time and the amount of medicine that was given. This enabled staff and health professionals to be fully aware of the exact details to support an audit at any time. An audit of the amount of remaining medicines was also able to be completed as records reflected exact details for each person to allow any errors or over prescribing to be identified and addressed by a where necessary.

All incidents and falls were fully recorded with the area in which it occurred, the time and what had taken place prior to the occurrence. These were then monitored for any repetition and new risk assessments were completed. We saw that a monthly review took place to check if there were any patterns of incidents, such as regular times or routines that may have impacted on the incident. This information was then analysed to make certain that all areas had been considered and any actions necessary were implemented to prevent any reoccurrence where possible.

Is the service effective?

Our findings

At the last inspection we found that not all staff had completed appropriate training to provide them with the skills to meet the needs of people who used the service. People did not always receive the support they needed during meal times. The service was not previously working fully within the principles of the Mental Capacity Act 2005 (MCA) during our last inspection.

We found at this inspection that all staff had completed training that equipped them with the skills to support people appropriately. We saw that refresher training and updates were routinely identified. The provider had systems in place to highlight any area of staff training that needed to be booked. Additional colour coding of dates and names clearly showed where any area of training required further attention and monitoring. This meant that all staff consistently worked with appropriate and up to date guidance and knowledge.

We also found at this inspection that the service was working within the required principals of the MCA where necessary people had their capacity to make decisions assessed. The 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 Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the legislation and had considered these requirements during the planning of people's care.

Staff had received training about the MCA and understood how it impacted on the people they were supporting. We saw that mental capacity assessments and associated records had been completed. We saw that records showed the level of ability regarding people's capacity to make decisions. The registered manager described their responsibilities where people did not have the capacity to make their own decisions, showing that people were appropriately supported by the service.

A review of people's care plans showed that they had their needs fully described following an assessment. This was then followed by the appropriate numbers of staff to provide the required support. The individual's choices regarding food and mealtimes were recorded in their care plans and we saw that staff were aware of these choices as we observed a mealtime. Staff knew people and they regularly asked if people had everything they needed during their meal.

We used a short observational tool (SOFI) that helps us gather additional information about the experiences of people who lived at the service and how they were supported. We observed a meal time and saw that additional staff were in the dining room and staff asked people if they needed assistance or if they wanted their food cut smaller for their comfort. Staff respected people's choices and encouraged people to eat a little more if they had not eaten very much. They were also offered an alternative meal or asked if they were

feeling alright. Staff spoke kindly and with consideration for people's dignity, telling people what they were doing and taking their time to support people.

Is the service caring?

Our findings

At our last inspection we found that the provider was not consistent with consulting people about their preferences for their care and support. Not every person who used the service was supported to have a bath or shower as they wanted.

We observed staff interacting in a caring and considerate way with people during this inspection. Some members of staff were interacting regularly and people living at the service were laughing and one person said, "The staff are always having a laugh with me, always." Other people were smiling and talking with staff.

We found that the provider had put systems into place to regularly check that people were consulted about their choices and preferences regarding a bath or shower. These details were clearly set out in people's care plan. The registered manager explained that they audited care plans monthly and that there was a check on the preferred time and day that people wanted to have a shower or bath as preferences may change at any time. We saw that people were cleanly dressed, had clean nails, hair brushed and men were clean shaven. This showed us that regular personal care had been completed.

We saw that care plans had been signed by the person concerned or their chosen representative. This showed that people had been included in discussions about their choices, their likes and dislikes and their preferred routines. This included the person's decision about a bath or shower or alternating between the two. Our observations confirmed that staff asked people for their permission when offering any assistance. Staff spoke quietly, unless the person wanted other people to be included. We saw that people were relaxed and smiling when staff spoke with them, showing that people were comfortable and confident when discussing things with a member of staff.

A member of staff said that they ask people before undertaking any actions, to make certain that the person wanted this to be completed. They said that even when staff know the daily routines of people, a person may change their mind or feel strong enough at the time to do things for themselves. We saw that this was the current practice as we observed staff providing support in various areas of the service and that they asked the person and waited for a reply. This meant that people did have a choice, that preferences and choices were recorded and regularly checked for any changes.

Is the service responsive?

Our findings

At our previous inspection we found that activities were not always offered or available to people living at the service.

The registered manager told us that the activities person had recently left and they were actively trying to recruit for this position. A member of the staff team was undertaking the activities for the time being. The registered manager explained that this was to continue to develop an activities programme and to get to know more about what people wanted. The registered manager also explained that they were trying to recruit a part time driver as the service had access to a minibus that could be used for people to have a day out or just have a short ride if they wished.

On the day of this inspection there was a coffee morning being prepared that had been arranged for people who used the service and their families to enjoy. We spoke with people as they enjoyed cake and a drink in areas throughout the service, including the garden. Families were attending and people were made welcome. Although people using the service were not always able to respond directly to our discussions, they were clearly happy and enjoying the event. One person said, "This cake is lovely. I like it." People were being encouraged to participate, however their choices were respected if they declined. Staff were offering people alternative drinks and we saw that this was the case throughout the inspection, which ensured people did not become dehydrated.

We saw that during the previous day a person had visited the service to play music for people. Staff said that people enjoyed singing along to the tunes that they knew. We saw that interests and hobbies were recorded in people's care plans and this information was being used to develop more personalised and individual activities. Staff also undertook one to one time with people to read newspapers or assist with their correspondence. This was being recorded to get an idea of what people enjoyed if they were unable to respond directly to members of staff.

People were supported if they wanted to attend any religious services and some services were routinely available at Belton House. The date and times of these services was clearly displayed in the main entrance area for people to note.

Our review of care plans showed that regular reviews were carried out to ensure people's preferences were up to date. Changes in details were then recorded and directions set out for staff to adjust routines accordingly.

A history of the person was included in care plans where this was available. Detailed information was also gathered about any aspects of a person's life that they wanted to maintain or what they had enjoyed or disliked. This provided a clear picture of the person, what activities they may enjoy and what they had liked to do in the past. This information helped staff members with the appropriate development of the activities programme.

Is the service well-led?

Our findings

At our last inspection we found that while some systems were in place to monitor the service, these were not always effective. There were problems relating to inappropriate support, staffing levels, management of medicines and hygiene. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following legislative changes of 1st April 2015 corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found at this inspection that regular audits had been completed relating to all areas of the service and any actions needed had been taken promptly and these were then dated and signed on the records. The monitoring systems and follow up actions therefore meant that the required improvements had been made.

The provider's records showed that regular audits had been carried out to monitor the quality of the service being provided. There were also spot checks regularly completed for safety and improvement. There were regular audits completed for the premises and also of the records that were held. These audits included safety and quality audits, observations of staff practices and areas such as cleanliness around the building and the dispensing of medicines. Audits relating to aspects of the storage and administration of medicines was undertaken every two weeks. This showed us that the management team and senior staff regularly monitored the service that was provided. This then supported the regular maintenance and development of the service.

We were shown the results of recent questionnaires and feedback forms that the provider had issued to people who lived at the service and also to those people who stayed for a short break. These showed that people agreed that they were consulted about their care and support and felt included in the development of their care plan and two people we spoke with also confirmed this. Two people we spoke with who lived at the service also confirmed this.

Staff were observed throughout the working day by the registered manager for their approach and attitude towards people who used the service. The registered manager told us that part of monitoring and supervision included discussions about the needs of people, how they received support and if staff had any difficulties meeting individual needs. This assisted with the support that was provided and ensured that any areas that may need additional attention or adjustment were addressed promptly. Our review of records showed us that assessments and actions had been consistently completed.

We saw from the returned questionnaires that people felt the service was well run and they received the support they required at the appropriate time. We also noted that there were cards and letters of gratitude and thanks on display from family members and from people who had stayed at the service. This demonstrated that people felt the service delivery had been appropriate and appreciated by the recipients and their families.

The management structure of the service was clearly known to staff and visitors. This was confirmed during

our discussions at this visit. This meant that people who lived at the service, as well all their visitors, knew who staff members were and who dealt with different areas of support. There were clear lines of communication and regular meetings with staff, visitors and people who lived at the service to make people fully aware of events and any planned developments.

Questionnaires were regularly issued to gather the views of visitors, family members, people who lived at Belton House Retirement Home plus any short stay visitors. These replies were reviewed, collated and then any follow up actions or matters that needed attention were then dealt with and discussed with the respondents. Records showed what action was taken and the timescales involved, providing an audit trail for any further attention that may be needed.

The registered manager and the training manager monitored all areas of audits and assessments to ensure the quality of the service continued to meet current standards. They were also aware of their responsibility to notify the Care Quality Commission of any deaths, incidents and injuries that occurred or affected people who used the service. This was part of their registration requirements.