Belmont Grange Ltd

Belmont Grange Limited

Inspection report

5 - 6 Belmont Road ,
Ilfracombe,
EX34 8DR
Tel: 01271863816

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Ratings

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

Overall summary

This inspection was unannounced and took place on 17 and 22 July 2015.

Belmont Grange is registered to provide nursing and personal care for up to 25 people. The service does not provide nursing care. Most people living at the service are living with a dementia type illness.

At the time of the inspection the registered manager was taking some time off. The interim manager intends to work with the provider and deputy manager to provide leadership and guidance. 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.

Care was well planned and being delivered by a staff group who understood people's needs. Risks were being managed and reviewed in line with people's changing needs. People living at the home felt safe and well cared for. There was a variety of planned activities for people to participate in. These included accessing the local community where possible.

Summary of findings

Where people were being deprived of their liberty or decisions had been made in people's best interests due to them lacking capacity, records about this needed to improve.

The provider had begun a programme of refurbishment and it is recommended they ensure they look at best guidance in adapting environments for people with dementia.

Staff were available in sufficient numbers and had the experience and competencies to work with people with complex needs. Most staff had worked at the service for a number of years and had detailed knowledge of people's needs and wishes. Newer staff were being supported to develop their skills with training and support.

Staff understood people's needs and could describe their preferred routines. They worked as a team to provide personalised care and support for people. Health care needs were closely monitored and advice sought from GPs, community psychiatric nurses and other allied health care professionals as needed. People's dignity and respect was upheld and staff provided support in a kind and compassionate way.

The home was clean and free from odour. Staff understood the processes for ensuring good infection control procedures and there was a ready supply of personal protection equipment such as gloves, aprons and hand sanitizers to help reduce the risk of cross infection. There had been a recent outbreak of scabies and staff had taken the necessary precautions to ensure this outbreak was contained and the right procedures were being followed to reduce the risk of infection to other people.

There was a planned training programme covering all aspects of health and safety and some more specialised areas such as working with people with dementia care needs and care of the dying. Staff had regular opportunities to discuss their work and receive support and supervision.

Systems were in place to ensure people and their families had opportunities to have their views heard both formally and informally. Relatives reported they were made to feel welcome and had opportunities to talk to staff and management about any concerns or ideas they had in relation to any aspect of the running of the service.

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?

Good

The service was safe. There was sufficient staff who had the right skills, training and experience to meet the needs of people.

Medicines were well managed and audited to ensure people got their medicines safely and on time.

The recruitment process ensured only people suitable to work with vulnerable people were employed. Staff understood the need to protect people from abuse and knew the processes to ensure this happened.

There were arrangements in place for keeping the service clean and hygienic and to ensure that people were protected from acquired infections

Is the service effective?

Requires Improvement

The service was effective most of the time, although Mental Capacity assessments and best interest decisions needed to be more specific to ensure people's rights were upheld.

Staff demonstrated skills in understanding people's needs and wishes in order to ensure choice was given where possible.

People were supported to eat and drink sufficient to meet their needs in an unrushed and relaxed way.

Is the service caring?

Good

The service was caring. Staff worked with people in a way which showed respect and dignity was upheld.

People and their relatives described ways in which staff were caring in their approach.

Is the service responsive?

Good

The service was responsive. Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

People's concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability in how the service was being managed.

People and their relatives said their views were listened to and acted upon. Some changes were planned to ensure staff views were clearly listened to.

Summary of findings

Systems were in place to ensure the records, training, environment and equipment were all monitored on a regular basis. This ensured the service was safe and quality monitoring was an on-going process.

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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.

Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. We reviewed previous inspection reports and other information held by CQC, such as notifications. A notification is information about important events which the service is required to tell us about by law. This inspection took place on 17 and 22 July 2015 and was unannounced. The inspection was completed by one inspector. During the first day we spent time observing how care and support was being delivered and talking with people, their relatives and staff. This included eight people using the service, four relatives and friends or other visitors, and six staff. This included care staff, cook, domestic staff, registered provider and the interim manager overseeing the service whilst the current registered manager was off.

On the second day we spent time looking in more detail at records relating to people's care as well as audits and records in relation to staff training and recruitment. We looked at four people's care plans and daily records relating to the care and support they received. Care plans are a tool used to inform and direct staff about people's health and social care needs.

We also used pathway tracking, which meant we met with people and then looked at their care records. We looked at four recruitment files, medication administration electronic records, staff rotas and menu plans. We also looked at audit records relating to how the service maintained equipment and building.

We 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

Not everyone was able to verbally share with us whether they felt safe. This was because of their dementia/ complex needs. People who were able to comment said they did feel safe. One person commented, ‘‘I only have to ring my bell and staff are here for me.’’

Relatives were positive about the service and said they believed their relative was safe and well cared for. One family visiting said ‘‘My relative wasn’t safe at home on their own, here they have people and staff around all the time.’’

Staff had a good understanding of the various forms of abuse and they knew who to report any concerns or suspicions of abuse to. They were confident senior staff would take action. Senior staff were aware of their responsibilities to report safeguarding issues to the local authority and CQC. Staff had received training about safeguarding vulnerable adults. There had been one alert in the last 12 months where the deputy manager had been proactive in ensuring the right agencies have been informed and keeping CQC updated.

There were sufficient staff with the right skills and competencies to meet people’s needs. Relatives reported call bells were answered quickly and staff appeared to be available when needed. One person said she thought the staff were ‘‘Sometimes rushed, when only three staff on duty.’’ This occurred in the afternoons. Staff said that when there were four staff on duty per shift, they could meet people’s needs in a timely way. However when this went down to three staff they sometimes struggled to meet everyone’s needs at a time they wished or preferred. There was no dependency tool being used to determine the staffing levels in line with people’s assessed needs. The provider said this is something they were currently looking at. We did not find there was any inpact for people. They said staffing was reviewed on a regular basis as people’s needs changed. Care staff were supported by two cleaners, a cook and an activities coordinator who worked part time but covered most weekdays for some of the time.

Most of the staff team had worked at the home for a number of years and understood people’s needs and preferred routines. They did not use agency staff when there were gaps due to sickness or leave, instead this was usually covered form existing staff. The staffs’ view was this normally worked well, but did place additional stress on them to cover hours at times. The provider said they were in the process of recruiting more care staff.

Risks were being managed appropriately, assessments were in place and these identified how to reduce risks. Risk of falls, pressure damage, poor nutritional intake and moving and handling were risk assessed and kept under review on a regular basis and as people’s needs changed. Where a risk had been identified, measures had been put in place to reduce risks. For example where someone had been assessed as being at risk of falls, the assessment identified what measures needed to be in place to reduce the risk, such as use of mobility aids. The provider had recently installed more grab rails in corridors to assist people in minimising the risk of falling.

Medicines were stored safely in a locked medicines trolley within a locked office. They were stored in an orderly and uncluttered fashion. The trolley was clean and free from any excess stock. Systems were in place to ensure people had their medicines at the time they needed them and in a safe way. We observed a member of staff administering medicines and they used the correct procedures as detailed within the service policy. We also observed one member of staff not following the correct procedures and highlighted this to them. The staff member explained they had taken out additional pain control for two people as they had requested it. They acknowledged that they should only dispense one person’s medication at a time. Staff confirmed they had received training and updates on administration of medication. Audits showed the medicine management was completed safely and ensured people received their medicines on time. People were able to confirm they received their medicines when they needed them. We observed people being asked if they required extra pain control and staff explaining what medicines they were administering.

There was appropriate recruitment procedures that ensured staff were safe and suitable to work in the service. Recruitment files showed all staff had completed an application detailing their employment history. Each staff member had two references obtained, and had a Disclosure and Barring Service (DBS) check completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service safe?

The home was clean and fresh throughout and free from any malodour. There were two cleaners who shared responsibility for keeping the home clean and one was the lead for infection control. There had been an outbreak of scabies and staff had taken actions to ensure people had the right treatment to stop the spread of this infection. This included informing the health protection unit for advice and support. Staff understood the processes for ensuring good infection control procedures and there was a ready supply of personal protection equipment such as gloves, aprons and hand sanitizers to help reduce the risk of cross infection.

Requires Improvement

Is the service effective?

Our findings

Where people lacked the mental capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. However, Mental Capacity assessments were not always detailed to show the specific decision the capacity assessment had been completed for. For example the use of bedrails or pressure mats. Staff described how they worked to gain consent before any support and care was given. We observed staff talking with people to gain their consent by explaining what they were doing for example, when giving on medicines, explaining what the tablets were for. When assisting people to ensure their personal care needs were being met, staff talked calmly and at eye level to aid understanding. Staff then waited for people's response to enable them time to think about what was being asked and to give a response. This ensured people were given the opportunity to consent to their care. This was not always documented as part of the daily notes, but everyday practice observed, showed staff understood and acted to gain people's consent.

Staff had received some training in Deprivation of Liberty Safeguards (DoLS) and understood they should not deprive people of their liberty. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered provider explained they were in the process of making applications to the DoLS assessors for specific people to ensure they were providing the right care and support in the least restrictive way. Applications were being made in respect of the supreme court judgement made in April 2014. This ruling made it clear that if a person lacked capacity to consent to arrangements for their care, was subject to continuous supervision and control and was not free to leave the service, they were likely to be deprived of their liberty. No applications had been approved at the time of the inspection and it was agreed that for one person an urgent application should be considered.

The provider was investing in a refurbishment of the building and this had included creating new communal lounges and dining areas. The flooring and walls were a similar colour as was the grab rails and doors. Whilst staff were pleased the home was getting a ''much needed facelift'', staff described the new décor as ''bland and clinical.'' One staff member said ''We used to have lots of pictures and nicnaks around for people, but now it just looks cold and not at all homely.'' We discussed this with the provider and it is recommended they look at best practice in the design and layout of buildings for people with dementia, which is available on the Alzheimer's website.

People were positive about the care and support they received. One person said 'The staff here are brilliant, they really look after you. I haven't been eating well before I came here so they have been encouraging me to eat more'' One relative said ''Our relative is doing really well here, the staff are giving the right care and we can see the improvement in her health''

People were supported to have their needs met by a staff team who understood their needs and had received training and support to work effectively. Staff confirmed they had been offered training in all aspects of their work and were given opportunities to discuss their role in a one to one supervision session with their manager. New members of staff received an induction process which included covering national guidance on best practice and areas care workers needed to understand such as dignity, respect and safeguarding. Staff confirmed the induction process was comprehensive and included covering aspects of health and safety. They worked alongside another staff member with experience for several shifts to ensure they understood their role. The registered provider said the company were looking at introducing the new Care Certificate which had recently been introduced as national training in best practice. We had received some information of concern which suggested newer staff had not been given the opportunity to have training in moving and handling. We heard how this training had been booked for newer staff and in the interim; they were not assisting people who needed support with safe moving and handling using equipment.

Care records showed that health care needs were closely monitored and where needed healthcare professionals were called in. Two healthcare professionals were contacted following the inspection and said the service did refer people appropriately, were receptive to training and welcomed advice and guidance for ensuring people got the right healthcare.

Requires Improvement

Is the service effective?

People were supported to eat and drink and maintain a balanced diet. Systems ensured those who were at risk of poor nutritional intake, were monitored and supported to eat and drink at regular intervals. Records were kept of the amounts people ate and drank to ensure their intake was sufficient to keep them healthy if required. There was no one with significant weight loss or needing to have close food and fluid monitoring. People were complimentary about the meals being offered. One person said ”The food is excellent, we always get a choice’’ Menu’s showed there was a choice of two midday meals and a variety of afternoon tea options. The cook knew who needed to have their food at a consistency to meet their needs. For example, for swallowing issues and special diets which were catered for such as celiac and diabetes.

Is the service caring?

Our findings

People said staff showed a caring attitude and treated them with respect and dignity. One person said ‘‘Staff are all lovely, they really are very kind and I couldn’t ask for better.’’ One relative said ‘‘It’s the staff which makes this home so good, they go above and beyond to care for my relative.’’

Staff provided care and support in a kind and compassionate way. For example one person was showing signs of distress and staff talked to them in a calming way and spent time walking with them to ensure they stayed safe and calm. One staff member said ‘‘We treat people like they were our own mum or granny.” Because we are a small team, we know everyone well and we give them really good care.’’

Staff were able to describe ways in which they ensured people had choice and dignity and respect were being upheld at all times. Staff gave examples of how they would ensure people’s privacy, always knocking on bedroom doors before entering, asking people what they would like to wear and if they were ready to be supported at that particular time.

We observed people’s preferred routines were being honoured. For example people who preferred to get up later were enabled to stay in bed longer. A few staff mentioned they had been directed not to allow people to eat in the lounge area and felt this was taking people’s choice away. The manager on duty on the second day, said people were encouraged to use the dining room but if they wanted to eat in their own rooms or the lounge area staff would support them in their choice.

Care plan information was being reviewed and updated in a more personalised way. This ensured staff had a pen picture of people’s past history, their likes and dislikes as well as their preferred routines being used to help inform how care and support should be delivered. Staff knew people’s history and how they wished to be supported. Where a person was unable to make these choices due to their lack of capacity, staff described how they looked for other cues such as facial expressions and noises.

Visiting relatives said they were made welcome and could visit at any time. One relative explained that if they were unable to make a visit they could phone and staff would keep them updated on what their relative had been doing and how their health and well-being was. One person described how the activities person took them into the local town and she was able to catch up with people she had known for years. People were able to have their own telephones installed and the provider was looking into broadband being available so people could stay in touch via the internet.

Is the service responsive?

Our findings

Most people were unable to make a contribution to the review of their care plan. However it was clear from daily records that people and their relatives were consulted on a daily basis about how they wished to be supported. One relative commented on how responsive staff were to people's changing healthcare needs and said the GP was always called when needed.

Care records which covered people's personal and healthcare needs, were updated and reviewed regularly. Where there had been a change in people's health or well-being the relevant healthcare professionals had been consulted for advice and support. When healthcare professionals had visited the service the outcomes were clearly recorded so all staff were aware if there was a change in the way they supported people. For example, if they needed bed rest or a change in medicines.

There were pre admission assessments for each person which showed that care was being planned around people's assessed needs. One staff member said that they had been taking people as emergency respite placements, as the local hospital no longer had in-patient beds. This had caused some issues as some people had arrived with very little information and there had been one incident where they service had quickly realised they were unable to support one person with complex needs. The deputy manager said they now ensured they only took emergency people where there was a comprehensive assessment in place and where possible they had visited the person to make their own assessment of their needs and wishes. This was to ensure they could offer the right care and support to people.

Staff were observed to respond promptly to call bells with response times of less than a few minutes on the day of the inspection. People were not left waiting and staff responded to people and their needs quickly. People said staff were responsive to their needs. One person commented ''Staff always come in and check I have everything I need, they have a chat with me and I like that.''

There was a range of activities offered each weekday, both group activities and individual sessions. Some people said they had enjoyed trips out into the local community to visit the local shops. One person said that when the weather was good they had enjoyed a trip to the seafront and having an ice-cream.

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives when they were first admitted. Relatives who visited the home at the time of the inspection said they were confident their concerns or complaints would be dealt with. The complaints log showed issues raised had been addressed

Good

Is the service well-led?

Our findings

At the time of the inspection, the registered manager was not available and we heard from the provider what interim management arrangements were being put in place to ensure the service continued to have leadership and support. This included support from one of the other registered managers from the same provider, who would be visiting for two days per week and the provider said they were at the service at least weekly. The deputy manager, who had been at the service for a long time, was providing management input for the day to day running of the service. The interim visiting manager said they had developed systems for quality audits which they would be implementing with immediate effect. This included ensuring quality checks were completed on all key records relating to people's care as well as quality checks on the environment.

There were weekly checks to ensure the water temperatures were not a risk to scalding people, this was currently a tick, but was about to change to ensure the temperature for each check was recorded. They service had a legionella check in January 2015. There was work in progress to ensure the electrical systems were being updated in line with legislation. Audits were completed on medicines management.

People said their views were listened to and we saw evidence of people being asked their views about keeping a small shop with items people might need. This had been via a survey. People also described how they were consulted about menus. One person said ''Staff always ask us about what menu choices we want and the cook also checks with us.'' The interim manager said she would be introducing some additional surveys for people, staff and relatives. They had also tried some resident and relative meetings with varying degrees of success. The provider said she wanted to ensure people were aware of what the providers vision for the future was and to develop an open and inclusive culture.

Staff said their views were listened to but did not always feel their opinions were valued, for example their views on the new décor. We fed this back to the provider who said she would ensure staff and people were fully consulted about any changes to the service or environment. The provider said she felt the staff were the most essential part of the service being successful and wanted to make sure their views, skills and loyalty to the service was used to the best effect. The provider said she would ensure staff meetings were more inclusive and that via one to one meetings with the manager, staff would have an opportunity to make suggestions and be listened to.