Almondsbury Care Limited

Belmont House Nursing Home

Inspection report

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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

This inspection took place on 20 and 24 April 2017 and was unannounced.

Belmont House Nursing Home is registered to provide nursing care for a maximum of 40 people most of whom have a form of dementia. At the time of the inspection, there were 33 people living at the service.

There was a registered manager in post. 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 and their relatives told us the service was safe. People were supported by staff who understood how to recognise and report any signs of suspected abuse or mistreatment. Staff had been safely recruited, and had undergone checks to help ensure they were suitable to work with people who were vulnerable.

During the inspection, we observed suitable staffing levels. This meant staff were available to meet people's needs in an unhurried way. People had their medicines as prescribed and on time. People were supported by staff who had undergone training to help ensure they could meet their needs effectively.

Staff were supported by a thorough induction process which including shadowing more experienced staff. During their induction, staff familiarised themselves with people's care records so they had a good understanding of the needs of those they were supporting. All staff were supported by an on-going programme of supervision as well as an annual appraisal.

People's rights were protected through the correct use of legal frameworks. For example, when required, people had been assessed under the Mental Capacity Act (MCA) by staff. When people were assessed as lacking capacity to make certain decisions for themselves, staff ensured that best interest processes were followed, reflecting the principles of the MCA. The registered manager had sought authorisations under the Deprivation of Liberty Safeguards (DoLS) when needed.

People and their relatives told us the staff were kind. One relative said; "I can't fault this place". We witnessed positive, caring interactions between people and staff. Staff knew the needs of the people they supported well and were able to describe their likes, dislikes, history and routine. Staff spoke about the people they supported with fondness and affection. People's dignity was protected by staff who were respectful and compassionate. The atmosphere at the service was pleasant and relaxed and people appeared comfortable and at ease. People had access to advocacy services as required. People's confidential information was securely stored.

People's health care needs were effectively managed and monitored at the service. There were suitable numbers of nursing staff on duty to provide nursing care. If people became unwell, the service made prompt

referrals to doctors or specialists. People had access to a range of health and social care professionals including social workers, chiropodists and speech and language therapists.

People's care records were comprehensive, detailed and regularly reviewed and updated. Care plans contained personalised information to help staff understand how to provide care which was reflective of their preferences. People were provided with opportunities to engage in a variety of activities as well as personalised, one to one time. There was a broad range of visitors to the service, including a massage therapist, entertainers and petting animals. People were able to enjoy the secure garden which had recently been updated and to access activities in the community.

People told us they enjoyed the food. Meals appeared plentiful and people were offered a range of alternatives. Special dietary requirements were catered for. Relatives were made welcome at the service and could stay and have a meal with their family member if they chose to. People were encouraged to maintain relationships with those who mattered to them and there were no restrictions on visiting times.

The registered manager promoted an ethos of openness and transparency. The service had notified us of all notifiable incidents as required. Quality assurance surveys were sent to relatives and professionals regularly. Feedback was sought through a range of forums including relatives' meetings and a suggestion box. There were a range of audits which took place to monitor the quality of the service.

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.

People's medicines were stored, administered and disposed of safely.

People were supported by staff who understood how to recognise and report any signs of abuse or mistreatment.

People's risks were effectively managed and documented.

People were supported by suitable staffing levels.

Is the service effective?

Good

The service was effective.

People's rights were protected as staff followed the principles of the Mental Capacity Act (MCA)

People were supported by staff who had undergone training in order to carry out their role effectively.

People were supported to maintain a healthy and balanced diet.

People could access appropriate health, social and medical support as needed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate. Staff spoke about the people they were looking after positively and with fondness.

People were cared for by staff who knew them well and understood how to provide care in the way they preferred.

People's confidential information was securely stored.

Is the service responsive?

Good

People had the opportunity to participate in a wide range of activities inside the home and in the community.

People's care records were comprehensive and personalised.

There was a system in place for receiving and investigating complaints.

People were supported to maintain relationships with people who mattered to them.

Is the service well-led?

Good

The service was well led.

There were systems in place to monitor the quality of the service and to drive improvement.

Morale was good. Staff were happy in their role and knew what was expected of them.

Staff had the opportunity to discuss and reflect on practice.

The registered manager led by example and promoted an ethos of honesty and transparency.

Belmont House Nursing 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 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 20 and 24 April 2017 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before visiting the service we reviewed information we kept about the service such as previous inspection reports and notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. 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.

During the inspection we spoke with seven people who used the service and observed others who could not communicate verbally. We spoke with four relatives and obtained their feedback. We spoke with the registered manager and 14 members of staff. After the inspection we contacted four external health and social care professionals who visited the service regularly in order to obtain their feedback. We inspected the premises and observed care practices during our visit. This included the lunchtime experience. We looked at four records which related to people's individual care. We also looked at five staff files, a range of audits, policies and procedures and other records relating to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us; "I feel so safe and so content. They are all truly wonderful here". Another person said; "I have everything I need. I could not ask for more. I just love it".

People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of abuse would be taken seriously and investigated thoroughly. Staff had completed training in safeguarding adults and this was regularly updated. The training helped ensure staff were up to date with any changes in legislation and good practice guidelines. Detailed policies and procedures were in place in relation to abuse and whistleblowing. Staff knew who to contact externally if they thought concerns had not been dealt with appropriately within the service. One staff member said; "If I ever suspected anything I would report it straight away".

Throughout the inspection, we observed suitable staffing levels. Staff were available to respond to people's needs in an unhurried way and had time to sit and chat with people. One relative we spoke with told us; "I have never seen them short of staff and I am here a lot". A staff member said; "There are enough staff on duty to keep people safe and we have enough time to fulfil our duties, including the paperwork side of things".

People had their medicines as prescribed and on time. People's medicines were stored and disposed of using the correct procedures. Medicines administration records (MAR) were accurately completed. Where medicines required refrigeration, fridge temperatures were logged daily and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual medicines needs.

Care records contained appropriate risk assessments which were regularly reviewed. People had risk assessments in place including if they were at risk of developing pressure ulcers, falling, malnutrition and how staff could support people to move safely. Other records held guidance for staff on how to reduce any risk or information to highlight when people might be at increased risk. For example, where people were at risk of becoming unsettled or agitated, there was clear guidance for staff on what action they would need to take to help the person to settle. One external health care professional we spoke with said; "It is a very robust nursing home. Particularly good at working with people with challenging behaviour and doing so in a sympathetic and skilled manner". If people had health concerns, there were risk assessments in place informing staff on how to manage the risk in the event of an emergency. For example, one person had epilepsy and there was clear guidance for staff on what to do if they experienced a seizure.

Accidents and incidents which had occurred at the service were recorded in detail. These were reviewed by the registered manager to look for any patterns or themes. This helped to reduce the likelihood of a re-occurrence. For example, falls were logged and were audited every month to look for patterns. One staff member said; "We do this to try and reduce falls. The outcomes are communicated with staff".

People were protected by safe and thorough recruitment practices. Records confirmed all employees underwent the necessary checks prior to commencing employment to confirm they were suitable to work with vulnerable people. This included DBS (disclosure barring service) checks.

Health and safety standards within the building were satisfactory. Environmental audits and maintenance plans helped ensure the environment was safe and fit for purpose. People had PEEPS (Personal emergency evacuation plans) in place, which provided information on the level of support people would need in the event of an emergency evacuation.

The service was visibly clean throughout and there were suitable levels of PPE (Personal Protective Equipment). Staff had received training in infection control and we observed good hand hygiene practices. We observed some adverse odours at times during the inspection; however, domestic staff were actively addressing these.

Good

Is the service effective?

Our findings

At the last comprehensive inspection in, we made a recommendation that the service consider current guidance on environment, including colour and contrast, in care homes for people living with dementia. At this inspection, improvements had been made. For example, we noted that in one of the lounges, new vibrantly coloured armchairs had been purchased. One staff member told us; "These are great for people who have dementia as they are so bright". We also noticed that people's bedrooms had been personalised and that there were signs around the service to help people to orientate themselves.

People were supported by staff who had received a thorough induction. Comments from staff included; "My induction was really good. It prepared me for the job"; "I spent time shadowing others and "During my induction I was supernumery and could observe". One staff member told us they had, had a bad experience whilst working for a different employer and had been anxious about returning to work. They told us; [Registered manager's name] gave me lots of support to help me get back into it". Staff who were new to care undertook the Care Certificate. The Care Certificate is a nationally recognised set of standards for care staff.

Staff were supported with an ongoing programme of supervision. A senior staff member told us; "We are working towards providing six supervision sessions per year". Staff also received an appraisal. One relatively new staff member said; "I've had an appraisal already. It helped me to focus on my strengths and areas for improvement". Nursing staff undertook a supervisory role for care staff. Each nurse was allocated approximately three care staff for whom they provided support and face to face supervision. One staff member confirmed; "The nurses have carers they are responsible for".

People were supported by staff who had received training in order to carry out their role effectively. Staff had received training in areas identified by the provider as mandatory, such as safeguarding, moving and handling, fire safety and infection control and there was a system in place to remind them when it was due to be renewed or refreshed. Staff had also received training which was specific to the needs of the people they supported. This included training on dementia and managing challenging behaviour. Nursing staff were scheduled to complete Percutaneous endoscopic gastrostomy (PEG) training to support those living at the service in the coming weeks.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance. 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People had detailed, decision specific mental capacity assessments within their care files. These assessments detailed in which areas individuals had (or lacked) capacity. There was also evidence that best interest processes had been followed by staff. For example, best interest meetings had been held and recorded to evidence that the least restrictive option was taken in relation to the person's care.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where appropriate Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the local authority. Some of the applications had been authorised and some were pending approval from the supervisory body. Where authorisations had been granted, any conditions were adhered to. Staff had received training on the MCA and were knowledgable about how it applied to their role.

Staff routinely sought the consent of the people they supported prior to assisting them with tasks. For example, we saw staff knocking on people's bedroom doors and waiting to be invited to enter, before going in. One staff member was helping someone with their meal and asked; "Is it alright if I move this plate for you now?"

We saw from people's care records that they had access to a range of health care professionals including GPs, speech and language therapists (SALT), district nurses, and chiropodists. Throughout the inspection, we observed health and social care professionals attending the service to review people including a social worker and a doctor. One relative told us; "They respond to health changes to prevent an escalation". Staff were responsive to changes in people's needs or behaviours. One external professional said; "They know the people so well. They are almost intuitive. They are good at reading body language so they know if something is about to happen and what action to take".

We observed the lunch time experience. People were supported by suitable staffing levels to assist them promptly when necessary. People were given plate guards and specialist cutlery if required to help maintain their independence whilst eating. Staff worked hard to help ensure that lunchtime was a sociable and pleasant experience. Music played in the background and staff chatted with people and provided encouragement.

People told us they enjoyed the meals. One person said; "The food is lovely. Very nice!". We observed that the food appeared varied, plentiful and appetising. There were a range of alternatives on offer. People were able to contribute to the menu plans. The cook told us; "If someone wants something in particular, we always get it for them". People's dietary needs were known by the cook and recorded in the kitchen. Any changes to people's dietary needs were communicated with the kitchen staff.

Good

Is the service caring?

Our findings

People and their relatives told us the service was caring. Comments from relatives included; "From the people who clean the floors, to the managers, every one of them is so kind" and "The staff are always cheerful and always seem to have smiles on their faces". One person told us; "They are so kind and caring. I am so spoiled!". Staff comments included; "The staff here genuinely care" and "These residents are good company". The registered manager told us; "I don't think you can teach compassion. Either you have it or you don't. But you can spot it at an interview and I genuinely feel all the staff here have it".

We observed positive, caring interactions between people and staff. Staff spoke to people with kindness and respect. One person told a staff member their hands were aching. The staff member said; "How about we give them a nice massage this afternoon?" The person said; "That would be lovely, thank you". Staff were heard to pay people compliments. One staff member said; "Looking smart today [Person's name]". Staff were patient with people. One person who was new to the service was asking the same question very frequently. The staff members responded each time with kindness and warmth and the person appeared reassured.

Staff spoke about the people they cared for with fondness and affection. One staff member said to us; "Come and meet [Person's name]. She is absolutely amazing". Staff were attentive and noticed if people required support. One staff member was heard to say to a person, "Isn't it cold. Shall I go and get you a cardigan?" Another staff member noticed that a person's clothing had become a little dirty and said; "Let me go and get you something to change into". Another staff member telephoned the doctor, requesting they review a person, and was heard to say, "I don't know, they just seem under the weather and not themselves. I am worried they could be in pain".

The atmosphere at the service was pleasant and calm. People appeared content, comfortable and at ease with staff. One relative said of their family member; "He loves it here. He is happy". Staff shared appropriate humour with people and we observed people laughing and smiling with staff. One staff member said; "It's important to be able to laugh with people". Staff knew the people they cared for well. They were able to tell us about their likes and dislikes, background and histories. We heard one person ask a staff member for a cup of coffee. The staff member responded; "Of course! And I know how you like it. Hot with two sugars". Another staff member was heard to say to a person; "It's chocolate gateaux for pudding today. I think you'll enjoy that".

People were made to feel special, valued and important. Special occasions were celebrated and relatives were involved. People had a cake on their birthday and were given presents. During the inspection, staff were discussing what to buy one particular person who had a birthday coming up. One staff member told us; "We make people feel special by building a rapport with them and getting to know them. For a long time, one person would only say one word, which was "no". We worked hard to build a relationship. Now whenever I go in, they smile and say; "Love you!", it's so rewarding".

People's privacy and dignity was promoted. People's confidential information was securely stored in a

locked office. We saw staff knocking on people's doors before entering. Staff were respectful and addressed people in the way in which they preferred. One staff member said; "If a person is unable to tell us what they prefer to be called, we always ask family members". People's care needs were responded to by staff in a discreet manner. For example, when people required assistance with their personal care needs, staff assisted them without drawing attention to people.

Some people living at the service did not have relatives or visitors. Staff told us they ensured these people were not disadvantaged because of this. There was a charity fund at the service, which anybody could donate to. The proceeds were used to buy extra items for these people, such as clothing, toiletries and treats. We saw that where people did not have anybody to advocate on their behalf, referrals were made to advocacy services wherever it was required. During the inspection, one person was being visited by their advocate.

Good

Is the service responsive?

Our findings

People's care records provided personalised information about their background, history, likes and dislikes. This helped staff to understand the person and to provide care and support to them in the way they preferred. Care plans were detailed and gave staff the correct level of detail required in order to meet people's needs. One staff member said; "If I was an agency worker, I could pick up a care plan and know that person". The care plans contained details on how to communicate with people, many of whom had advanced dementia and could not always articulate themselves. One care record stated; "Please don't mumble, or change the subject quickly". Care plans were regularly reviewed and where possible, people and their relatives were involved. Each person had a small laminated booklet called; "This is me". This provided useful insights into the person's preferred routine. One person's booklet stated; "I like getting up at eight in the morning. That's the time [Husband's name] would get back from doing the cows". A staff member told us they spent time reading these on their induction. They said; "They are so useful for new staff or agency".

People were given the opportunity to participate in a range of activities at the setting. The service employed a "Wellbeing champion". This was similar to the role of an activities coordinator. The registered manager told us, they wanted the title to be more than activities coordinator, to reflect the unique nature of this role in this particular setting. We were told, as many of the people living at the service were in the advanced stages of dementia, programmed activities were not always successful. The wellbeing champion was committed to providing bespoke, personalised opportunities for engagement for each person, a lot of which were provided on a one-to-one basis and family involvement. One relative said; "Most of these people have advanced dementia. So it's about compassion and entertainment. The activities here are appropriate to the client group". The wellbeing champion also worked closely with family members to encourage their participation and input. The wellbeing champion told us; "My role is about individually finding things to occupy people, if they wish to be occupied. It has to be led by them. People are as stimulated as they want to be and as comfortable as they can be". One external care professional said; "They are very person centred and think outside of the box in relation to activities".

People also engaged in activities outside of the service. Some people were supported to attend dementia friendly walks which were arranged by an external organisation and took place around the local area. Another person had a lifelong interest in horses and had been taken to a local stables. The garden had been recently updated to included painted murals on the walls, bird tables, a fish pond and artificial grass on the decking to prevent falls. People enjoyed the gardens. One person loved to sunbathe and wanted a swimsuit to wear in the garden in the warmer weather. Staff had supported the person to go and purchase one.

For people who were more advanced in their dementia, there were sensory items at the service, These included rummage boxes and tool kits. One staff member said; "These items are useful conversation starters". There were regular visitors to the service, including petting animals, musicians and entertainers. One staff member told us what a powerful and positive effect music and animals had on the people living at the service. There were visits from a dance company which were particularly popular. A staff member told us, "People get up and dance if they want to, but they don't have to participate". There were also visits from a manicurist, a sports massage therapist and a hairdresser. Staff would sometimes bring their children to

visit the service. We were told his was carefully planned and risk assessed and had a hugely positive impact. A staff member said; "The residents love it. We want them to have as much of a family life as possible".

There was a thorough pre-admission process, which helped to ensure the service was the right place for people. The process involved visiting the person and undertaking a thorough assessment of their needs. During the inspection, there was a new admission to the service. This had been carefully planned and we saw staff on hand making sure the person felt welcome and the transition was smooth. The person's relative was visiting and staff were speaking to them to gather as much information as possible about the person.

Management and staff recognised the importance of family and friends in people lives and there were no restrictions on visiting times. Throughout the inspection, we saw relatives visiting people and being made to feel welcome. They clearly had a positive rapport with staff members. As one relative was leaving, we heard a staff member ask if they would like to have lunch during their next visit. The relative confirmed to us; "I often stay for lunch. I had Christmas lunch here too". One external professional said; "The staff encourage people to maintain contact with relatives. One relative I worked with didn't like visiting to begin with, but staff worked hard to involve them and now they feel they have a role. It's lovely".

People were able to summon staff for assistance at all times to respond to their needs. People had access to call bells, either in their bedrooms or in the living areas. We saw people who chose to stay in their bedrooms had their call bells next to them. We noted that staff responded to people promptly.

There was a system in place for receiving and investigating complaints. Relatives confirmed they knew how to make a complaint and felt any concerns raised would be dealt with to their satisfaction. We saw that any concerns raised had been investigated promptly and used to raise standards and drive improvements.

Good

Is the service well-led?

Our findings

Belmont House Nursing Home is owned by Almondsbury Care Limited. The Company has five Nursing Homes providing 180 beds for older people. The company's philosophy of care is to "foster an atmosphere of care and support, which both enables and encourages our residents
to live as full, interesting and independent lifestyle as possible." Staff spoken with understood these values. Belmont House Nursing Home was well led and managed effectively.

There was a stable management team, most of whom had been in post for many years. People, relatives and staff spoke very highly about the registered manager. One relative told us; "The manager is really friendly. You could approach him with anything, good or bad". Comments from staff included; "[Registered manager's name] is supportive and approachable. You can say anything to him"; "If I ever had a concern, I know that [Registered manager's name] would deal with it". Staff told us they felt able to knock on the office door at any time and raise concerns, comments or suggestions. During our visit, the registered manager made themselves available and spoke kindly and compassionately with people, visitors and staff. The registered manager confirmed they received regular contact and support from the company's senior managers.

The registered manager and senior nurses led by example and took an active role within the running of the service. Comments from staff included; "This is the only place I have ever worked, where you can go to the office if you are busy and tell the managers and they say, we will be right there to help. They help with everything and anything"; "The manager and nursing staff will chip in and help us with care. They are really friendly and it's great" and "What is nice, is that there is no separation between the managers and staff. If you need a hand, they are straight out". One health care professional told us; "They are very approachable, always put the needs of the client first and are quick to action things. It's a pleasure to work with them".

There were clear lines of accountability at the service. The nursing staff each had a supervisory role for a small group of care staff. One nurse told us; "It works well. I supervise three of the care staff. I provide a written supervision report and we discuss their caring role". Morale at the service was good. Staff told us they were happy in their role, knew what was expected of them and felt respected and valued by the registered manager. Comments included; "I am very happy here"; "It's a good place to work"; "I love it here. My [family member] was here for years before I worked here, and the care was excellent" and "You feel good at the end of the day".

There was an effective quality assurance system in place to make continued improvements in the service. For example quality assurance questionnaires were sent out to relatives, staff and external health and social care professionals seeking feedback on the service. The registered manager also sought feedback on the service through a variety of other forums such as staff meetings, informal discussions, relatives' meeting s and a suggestions box. This information was used to drive improvements. There was a programme of in-house audits including audits on medicines, infection control and people's care records. We saw action plans were put in place for any issues identified and these were followed up by the registered manager. People were allocated a key worker who was responsible for undertaking a series of checks for that person,

such as ensuring they had the clothing and toiletries they needed. Any action that was required was reported to the registered manager who responded accordingly.

Staff were encouraged and supported to reflect on their practice and be clear about their role and responsibilities. Daily handover meetings took place to help ensure people were up to date with issues concerning people's care and daily support arrangements.

The service had an up to date whistleblowing policy, which supported staff to question practice. It clearly defined how staff raising concerns would be protected. Staff confirmed they felt able to raise concerns and felt confident the management would act on them appropriately.

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The Duty of Candour is a legal obligation to act in an open and honest way in relation to care and treatment. One external professional said; "The staff are always very open, if anything happens". The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

Some policies and procedures required updating. The registered manager was aware of this and was in the process of reviewing them.