

Expect Limited

Expect Limited - 6 Belvidere Park

Inspection report

6 Belvidere Park, Crosby, Merseyside L23 0SP
Tel: 0151 284 0023

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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



Overall summary

This inspection was announced and took place on 27 and 28 October 2014.

Belvidere Park is a large detached property, situated in the residential area of Crosby in Merseyside. It is located close to public transport links, leisure and shopping facilities. The service is operated by Expect Limited. The home provides care for adults with a learning disability and/or experiencing mental health problems and is registered to take up to three people. At the time of our inspection there were two people living in the home.

A registered manager was 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 told us they were happy at the home, and our observations supported this. Staff knew people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people.

Summary of findings

Throughout the inspection we observed staff supported people in a caring manner and treated people with dignity and respect. Staff demonstrated they had good knowledge of people's needs and supported them as they preferred.

People had access to the local community and had individual activities provided. There were enough qualified and skilled staff at the home to meet people's needs.

People were kept safe because there were arrangements in place to protect them from the risk of abuse.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location to be meeting the requirements of DoLS.

Staff received an induction and regular training in many topics such as the Mental Capacity Act (2005), safeguarding adults, medication administration, food safety, infection control, challenging behaviour, Control of Substances Hazardous to Health (COSHH) and fire safety. This helped to ensure that they had the skills and knowledge to meet people's needs. Staff we spoke with told us the manager was approachable and supportive.

The care files we looked at contained relevant and detailed information to ensure staff had the information they needed to support people in the correct way and respect their wishes, likes and dislikes.

The home was well run by the manager and the building well maintained. We found checks were made regularly to ensure it was safe.

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?

The service was safe.

Risk assessments and support plans had been completed to protect people from the risk of harm.

Staff understood how to recognise abuse and how to report concerns or allegations.

We saw that medication was administered safely and discreetly by trained staff.

There were enough staff on duty at all times to ensure people were supported safely.

Good



Is the service effective?

The service was effective.

People had their needs assessed and staff understood what people's care needs were. Referrals to other services such as the dietician or occupational therapist or GP visits were made in order to ensure people received the most appropriate care.

People received enough to eat and drink and chose their meals each day. They were encouraged to eat foods which met their dietary requirements. People's physical and mental health needs were monitored and recorded. Staff recognised when additional support was required and people were supported to access a range of health care services.

Staff used the Mental Capacity Act 2005 to work creatively and in conjunction with health care professionals when making decisions about people's care so that their human rights were sustained.

Good



Is the service caring?

The service was caring.

The service operated a person centred culture, which enabled people to live a fulfilled life doing what they wanted to do.

People told us they had choices with regard to daily living activities and they could choose what to do each day. They told us staff treated them with respect.

Comments included: "Staff look after me well" and "Staff know how to support me when I'm not feeling very well."

Staff we spoke with showed they had a very good understanding of the people they were supporting and were able to meet their needs. We saw that they interacted well with people in order to ensure they received the support and care they required.

Good



Summary of findings

We saw that staff demonstrated kind and compassionate support. They encouraged and supported people to be independent both in the home and the community.

Is the service responsive?

The service was responsive.

We saw that people's person centred plans of care and risk assessments were regularly reviewed.

People living at Belvidere Park told us they were involved in the decisions about their care and support and in choosing what they wanted to do each day. They told us they were happy with the support they received from staff and that staff understood their health needs.

The home had a complaints policy and processes were in place to record and complaints received to ensure issues were addressed within the timescales given in the policy.

Good



Is the service well-led?

The service was well led.

Staff told us the registered manager was very supportive.

Throughout the inspection we observed staff interacting with each other and people who lived in the home in a professional manner. Comments from staff included, "I love working here" and "I get good support from the manager."

The service had a comprehensive quality assurance system in place with various checks completed to demonstrate good practice within the home.

Good



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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 27 & 28 October 2014 and was announced. 48 hours' notice of the inspection was given because the service is small and we needed to be sure the registered manager and people who lived in the home were available for the inspection. The inspection was carried out by a Care Quality Commission Inspector of adult social care services.

Before our inspection the provider completed a provider information return (PIR) which helped us prepare for the inspection. This is a form which asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We

contacted the local authority commissioning team and they provided us with information about their recent contact with the home. They told us they had no current concerns about the home.

During our inspection we spoke with the registered manager of the service and three support workers on shift on the day of the inspection. We spoke with one of the people who lived in the home. We undertook general observations around the home, including people's bedrooms, bathrooms, the kitchen and lounge area. We looked at two people's care records; staff supervision and training information, the home's policies and procedures and audit documents.

After the inspection we contacted community nurse professionals who regularly worked with people who lived in the home. They told us they were very happy with the support people received from the staff at the home. "X has come on in 'leap and bounds' since they moved into Belvidere Park. They have an excellent quality of life and great support. The staff can't do enough for them."

Is the service safe?

Our findings

The people we spoke with told us it was good living at Belvidere Park. A person said, "I love living here. Staff look after me well."

Throughout the inspection we observed staff supporting people in a discreet way that ensured their safety whilst maintaining their dignity. For example, we observed staff supporting people to move between rooms safely. We also noted that staff stayed with each person to ensure they took their medication safely.

The care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These included identifying and assessing risks relating to taking medication, physical and mental health needs, and accessing the community. The staff we spoke with described how they would keep people safe from harm and the action they would take to report any actual or potential abuse. Training records confirmed staff had undertaken safeguarding training. The staff we spoke with confirmed they had received training in safeguarding adults from abuse. We observed the safeguarding policy was accessible to staff as it was displayed on the notice board in the 'sleep-in room'.

People living at the home told us there were enough staff working in the home to enable them to go out to access the community and activities. The manager advised us the staffing levels reflected the support that was individually commissioned for the people who lived in the home. There were staff available on the first day of our inspection to enable both people to go out with staff support if they wished. There was 24 hours of additional staffing for one to one support provided throughout each week. The registered manager worked 30 hours on the staffing rota, with an additional 7.5 hours for their manager responsibilities. We saw staffing was provided as shown on the rota.

The staff team was complete and there was no need for the use of agency staff at Belvidere Park. Staff from the current staff team covered shifts for sickness and annual leave of colleagues. This helped the manager to ensure people who lived at the home received support from familiar staff. The manager told us that in exceptional circumstances staff who worked in other homes in the company worked occasional shifts in Belvidere Park. These staff had worked

with the people who lived in Belvidere Park before and therefore they knew them. People who lived in the home we spoke with told us it was important to them that the staff knew how to support them as they had complex health needs. One person told us, "They [the staff] know how to support me when I'm not feeling very well."

Medication was managed appropriately and safely. Medication was only administered by trained staff. Staff confirmed that medication training was provided for the staff who administered medication. We were also informed that staff received a competency assessment/ observation by the manager prior to them administering medication on their own for the first time.

Medicines were stored safely and securely in a locked wall cupboard. The majority of medicines were supplied in a pre-packed monitored dosage system. We checked a sample of medicines in stock against the medication administration records. Our findings indicated that people had been administered their medicines as prescribed. The registered manager told us that medication practices were audited on a monthly basis and we saw confirmation of this.

We observed a member of staff administering medication to one person in the lounge in a safe way. The staff member waited with the person to ensure they swallowed their tablets safely.

We looked around the entire home, including people's bedrooms and bathrooms. We found the home was clean and tidy. Cleaning rotas were in place to ensure staff knew the tasks which required to be completed each day to maintain a clean and safe environment.

Arrangements were in place for checking the environment to ensure it was safe. We saw paperwork which showed that a weekly health and safety audit was undertaken, which included checks of windows, condition of furniture, dangerous wires, light bulbs, security and doors, as well as the general hygiene and cleanliness of the home. Specific weekly checks took place which included checks of the water temperatures, emergency lights, smoke detectors and the fire alarm; the fire exits were checked every week and fire drills were undertaken regularly. The last one took place in July 2014.

We noted that personal emergency evacuation plans (PEEP) had been completed for each person to enable safe evacuation in the case of a fire.

Is the service safe?

We looked through recently submitted accident and incident forms and noted these had been completed in full. All incident forms were reviewed by the registered manager within 48 hours of the incident occurring.

Is the service effective?

Our findings

A person who lived at the home told us that many of their family members visited them. Staff we spoke with confirmed relatives visited regularly and that members of the staff team phoned family members regularly if their relative was unwell.

The staff we spoke with told us they had worked with the people who lived in the home for many years; some had worked with them at previous homes and had moved to continue to support them. We saw that this enabled the support to be provided from staff who had the knowledge and skills required. For example, when a person was unwell, staff were able to recognise the signs more quickly to provide the support required.

We asked staff about their training and they all confirmed that they received regular training and that it was up to date. The training records we looked at showed that staff had undertaken training relevant to their role. For example, this included training in the administration of medication, infection control, safeguarding adults from abuse, mental capacity, fire safety and food hygiene. The provider used both face-to-face training and computer 'e-learning'. The registered manager explained that a manager at head office was responsible for monitoring the staff training, to ensure they were kept up to date.

Staff we spoke with told us they received induction, supervision and support. The registered manager informed us they held supervision every eight weeks with staff. Records we saw confirmed this. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs. Staff we spoke with told us the registered manager was very supportive and always contactable should they have a problem.

The provider operated a robust recruitment, which included a second interview. This was a period of observation with people who lived at the home to assess people's ability to engage with and their attitudes towards working with people with learning disabilities. The registered manager told us this gave people the opportunity to meet the people who lived in the home and gave the manager the opportunity to assess if they would fit in to working in the home; they said this was a valuable

part of the recruitment process. All staff had received an induction at the beginning of their employment and had also completed the provider's new format induction recently as a refresher.

As the service was small the staff took a personalised approach to meal provision. A four week menu was in place as a guide. Care records contained people's likes and dislikes and indicated any dietary needs. Staff knowledge of people's preferences led them to offer a choice of favourite meals and snacks. On the day of our inspection we saw people had their choice for a lunchtime meal. The meal for dinner was one liked by everyone and was homemade by staff. One person had specific dietary needs which staff had good knowledge of and provided food accordingly. We saw staff giving them correct advice about a particular food they wanted to eat, in relation to their dietary needs. The particular staff member demonstrated their knowledge and understanding of the particular dietary needs to ensure the person remained healthy.

One person we spoke with about the food provided at the home told us, "I enjoyed my lunch; it was exactly what I wanted."

We saw staff offer people drinks regularly throughout the day of our inspection. They were aware of people's individual preferences. Staff made sure people were drinking enough fluids throughout the day by regularly encouragement. We saw that a record was kept of food and fluid intake and was used when a risk of dehydration and poor diet was identified. Staff we spoke with were able to identify times when this might occur and had developed ways to encourage an increase in fluid and food intake with some people who lived in the home. We saw in the care records that people's weight was monitored on a monthly basis to check for any change. Staff said this was carried out to check for weight loss during times when people were unwell or reluctant to eat.

Each person also had a 'hospital passport' which contained current information about their health needs, support needs and their communication needs. This ensured people received the required support during a period of hospitalisation to stay safe.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005). This is legislation to protect and empower people who may not be

Is the service effective?

able to make their own decisions, particularly about their health care, welfare or finances. The provider has properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general.

We saw a good example of how a person's mental capacity had been assessed in relation to eating and drinking when they were unwell and how a decision had been made in their best interest that involved the CPN and their family members. The registered manager showed a good understanding of the Mental Capacity Act (2005) and the best interests' process.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards [DoLS]. The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. They told us they had been provided with training on the Mental Capacity Act 2005. They advised us that there was nobody living at the home who was subject to a DoLS. The Deprivation of Liberty Safeguards [DoLS] is a part of the Mental Capacity Act (2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Is the service caring?

Our findings

We spoke with people who lived at the home and they told us the staff treated them with respect. Comments included, “Staff know how to support me when I’m not feeling very well. They know me from working with me at other places I have lived.”

The staff we spoke with had a good understanding of people’s needs and how they communicated. They told us they had worked with the people who lived in the home for several years, even when they lived in other homes. This consistency of staff ensured people’s complex health needs were understood and support was provided as required.

We observed staff taking their time when supporting people to ensure they understood what people needed. We saw their relationships with people who lived in the home were positive, warm, and respectful and there was plenty of interaction and laughter.

We noted that the people living at Belvidere Park looked clean and well cared for.

We observed the care provided by staff in order to try to understand people’s experiences of care and to help us make judgements about this aspect of the service. We saw that staff were warm and respectful in their interactions with people. Staff spoke about the people they supported in a caring way and they told us they cared about people’s wellbeing.

Staff told us they were clear about their roles and responsibilities to promote people’s independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people’s privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people’s permission and by explaining the care they were providing.

People who lived in the home were supported according to their wishes and preferences. The care records (person centred plans) we looked at recorded their likes, dislikes and how they wanted to be supported. One person told me they enjoyed staying up late and staff were available to support them to get up when they wanted to. They said, “I go out sometimes on my own with staff and other times I go with the other person who lives here. We go on holiday to a lovely hotel every year. I don’t like going anywhere else.”

Staff knew the needs of the people who lived at the home well. During discussions with staff they were able to describe people’s individual needs, wishes and choices and how they accommodated these in how they supported people.

We saw that people who lived at the home were involved in meetings when decisions were made about what to do and what to eat. We saw minutes of meetings held in January, March, June and October 2014 which confirmed this. They had family members who visited them and were contacted by staff to keep them informed about their welfare. Family members were involved in decision making when this was necessary or requested by the person. An independent advocate was involved with people who had no family to represent them in decision that needed to be made about their welfare.

A health care professional we spoke with after the inspection told us that they were very happy with the support people received from the staff at the home. They said, “X has come on in ‘leap and bounds’ since they moved into Belvidere Park. They have an excellent quality of life and great support. The staff can’t do enough for them.”

The personal information about people who lived at Belvidere Park was stored securely which meant that they could be sure that information about them was kept confidential.

Is the service responsive?

Our findings

We asked people who lived at the home if they were involved in planning their lives. One person told us they chose what to do each day and could have a lie in and go to bed when they wanted to. They told us, "We go to Blackpool twice a year for the weekend and stay in a hotel. We have a great time." The registered manager told that this was the choice of the people who lived in the home. "We have tried to go to other places but they love Blackpool and the entertainment the hotel provides."

The registered manager told us there were 24 hours available each week to provide one to one staffing for the two people who lived in the home. Staffing rotas we looked at confirmed this. This enabled them to take part in community activities, go shopping and go out for lunch. Staff told us they used the community bus service or taxis to get out and about. A person who lived in the home confirmed this was correct and told us the particular taxi company they used. A person told us, "I love going to Birkenhead market, Southport or Bootle Strand for my shopping. I have a favourite place I love going to for lunch."

The people who lived in the home also were involved in going shopping to buy the food and other household items required for the house. Other activities were arranged in the home such as baking and watching TV and films. One person was doing flower arranging on the day of our inspection. Each person had an activities plan in their care record which showed their activities for each week. We saw daily records which had been completed by the staff which confirmed that people had carried out activities or been to certain places of their choice.

We were shown the bedrooms of the people living in the home. We found they were clean and tidy and decorated to the person's personal choice. They were homely, personalised and comfortable. A person who lived in the home told us that their room was decorated in their favourite colour and that they had chosen the wallpaper themselves.

We looked at the care record files for both people who lived at the home. We found the provider completed 'person centred plans' with the people who lived in the home. The records contained relevant information such as people's preferred routines, like and dislikes and their wishes. They also showed the food and activities people enjoyed. Support plans had been completed which showed how people wanted to and needed to be supported. We observed support being provided and people received their preferences of food and choice of activities, in line with their individual plans of care. We found the plans were regularly reviewed and updated when necessary to reflect changes in people's support or health needs.

The home had a complaints policy in place and a process to record and investigate any complaints received. This ensured any complaints were addressed within the timescales given in the policy. The registered manager explained there were no on-going complaints. They told us they had good relationships with family members who visited regularly so any issues would be discussed informally with staff and sorted out straightaway. They said however they could not recall there being any issues. We spoke with one person who lived in the home who told us they had no complaints but would tell staff or the manager if they did.

Is the service well-led?

Our findings

The service had a registered manager in post. They were based in the home and had managerial responsibility for other services within the organisation. The manager worked shifts on the rota, which ensured they were available to staff and people who lived in the home. Staff we spoke with told us the manager was very approachable and supportive. One staff member told us, "Our manager gives us good support, especially 'out of hours'. They [the registered manager] are always contactable." The registered manager told us she was in contact with staff most evenings to check everything was alright.

Staff told us an open and transparent culture was promoted within the home. People who lived in the home were included in 'house' meetings where decisions were made regarding the planning of the service. Meetings for staff were held separately when confidential matters needed to be discussed. We saw minutes from these meetings which showed they were held at every two months.

We saw from documents made available to us that the provider had a process in place to seek the views of people who lived in the home, staff and relatives, which involved an annual feedback survey. The survey was also sent to people who used other services the provider had and therefore the results did not specifically show results for Belvidere Park. We could see that a survey took place in

2013. The overall satisfaction for all services from everyone who took part was 85%. The 2013 survey showed that the response rate had been low. This had been highlighted in previous years' surveys and inspections of the services.

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. We saw evidence that the registered manager carried out monthly health and safety audits. They completed monthly checks of medication stock, medication administration records, care records and the weekly fire audits. We observed quality audits had been completed during 2013/2014 related to gas and electrical appliance testing and the heating and water system. Service contracts included fire prevention equipment, stair lifts and legionella.

The registered manager described how the home was visited once a year by a company director to carry out a comprehensive internal audit, which included looking at health and safety issues, care records, medication and the environment. We looked at the most recent audit which had been completed in September 2014. We could see that the audit covered a variety of areas including care, staffing, the environment, and health and safety. We saw from the action plan that any issues that were raised in the visit in September 2014 had since been rectified.

The registered manager told us they attended senior managers meetings regularly to report on the progress of the home to make directors, head of operations and the chief executive aware of the current situation at Belvidere Park.