

Mrs Jayne Page

Bella Care 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

The inspection took place on 2 September 2017 and was unannounced. Bella Care Home is a residential care home for up to three people. It specialises in the care of people who have a learning disability.

People were not all able to fully verbalise their views and used other methods of communication, for example pictures and sign language. We therefore spent some time observing people.

The service had a registered manager, who is also the registered provider. 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.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good;

One staff said; "Lovely lovely place. I couldn't work anywhere else." A relative recorded onto a survey; "We are happy (with Bella Care Home). It's brilliant!"

People remained safe at the service. There were sufficient staff to support people and meet their needs including with any activities undertaken. Completed risk assessments had enable people to retain as much independence as possible and to receive care with minimum risk to themselves or others. This is particularly important for people who may at times challenge others. People received their medicines safely.

People continued to receive care from staff who had the knowledge and skills needed to effectively support them. Staff were well trained and competent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to healthcare professionals according to their assessed needs.

The staff were very kind and caring and people had built strong long term relationships with the staff. We observed staff being patient and kind. There was a happy and relaxed atmosphere in the service. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People were able to make choices about their day to day lives. Complaints were fully investigated and responded to. People were assisted to take part in a wide range of activities and trips out according to their

individual interests.

The service continued to be well led. Staff told us the registered manager was approachable. The registered manager had sought people's views to make sure people were at the heart of any changes within the home. The registered manager monitored systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Bella Care 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 was a comprehensive inspection, it took place on the 2 September 2017 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law. Before the inspection we reviewed the 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.

At our last inspection of the service in August 2015 we did not identify any concerns with the care provided to people.

People who lived at Bella Care Home had some communication difficulties due to their learning disability. People were not able to tell us verbally about all their experience of living at the service. We looked around the premises and spent time with people seeing how they spent their day and observing the interactions between people and the staff supporting them. These observations helped us understand if people were happy with the care being provided. We also spoke to two members of staff.

We looked at a number of records relating to individual's care and the running of the home. These included three care and support plans, three staff personnel files and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continues to provide safe care. People who lived in Bella Care Home were unable to fully express themselves but observed interaction showed people to be very relaxed and comfortable with the staff who supported them. One staff member said; "People are safe because we all know them so well and there are enough staff to keep them safe when they go out." The PIR said; "We ask, do you feel safe and who would you talk to if you were worried?"

To minimise the risk of abuse to people, all staff completed training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager and were confident that action would be taken to protect people.

People's risks of abuse was reduced because there were suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. Competency observations were carried on the staff to help ensure they were up to date with their training and they were competent to provide safe and effective care.

People had at times one to one staffing to support them. There were sufficient numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff meet people's needs, support them and spend time socialising with them. Staff said additional staff were made available if they were needed to help people with specific activities or appointments.

Risk assessments were completed to make sure people were able to receive care and support with minimum risk to themselves and others. For example, where people may place themselves and others at risk, there was clear guidance in place for staff on managing these risks. People identified at being of risk when going out in the community had up to date risk assessments in place regarding their behaviour and one to one staffing support when out in the community. People who went out during our visit had the one to one staffing needed. This showed staff followed risk assessments to provide consistency for people and to keep them safe.

People's finances were kept safe. Money was kept secure and staff confirmed they signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited regularly.

People received their medicines safely from staff who had completed training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed medicines on an 'as required' basis. There were instructions to show when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place.

People were provided with a safe and secure environment. Smoke alarms were tested and evacuation drills

were carried out to help ensure staff and people knew what to do in the event of a fire. Each person had an up to date personal evacuation plan in place.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had an excellent knowledge of the individuals they supported, which meant they could effectively meet their needs. No new staff had been employed since the last inspection and all staff had worked at the service for a number of years.

People were supported by well trained staff. Staff told us they were provided with plenty of training and regular updates in subjects relevant to the people who lived at the home, for example autism and epilepsy training. New staff completed the Care Certificate (A nationally recognised training course for staff new to care) as part of their induction and training.

People had their health monitored to make sure they were seen by appropriate healthcare professionals to meet their specific needs. For example people had support from a speech and language therapist. Each person had a Health Action plan and Hospital Passport in place. This showed what people's health needs were and how to meet these needs should they be admitted to hospital.

People were able to make choices about the food they ate. People discussed and planned weekly menus. People also participated in shopping and cooking the food where possible. People said they liked the food provided. One person said; "I like the food." If there were any concerns about people's weight, the staff sought advice from relevant professionals.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. The PIR stated; "Applications for Deprivations of Liberty safeguarding have been applied for the right authorisations. Best interest meetings are held, e.g. when a person needed a medical examination, between myself, GP's and psychiatrist."

People lived in a service that was well maintained.

Is the service caring?

Our findings

The home continued to provide a caring service to people. People had all lived at the service for a number of years and had built strong relationships with the staff who worked with them. There was a busy and happy atmosphere, and people appeared very comfortable with the staff working with them.

People had their own bedrooms which they had been able to personalise to reflect their tastes and personalities. One person confirmed when asked that they had been involved in choosing the items in their room. People had unrestricted access to these rooms and were able to spend time alone if they chose to. Families were welcomed at any time.

Staff knew people well and were able to communicate effectively with everyone. Staff used appropriate communication tools to ask people questions, and people had photos/symbols to help them communicate decisions. This ensured they were involved in any discussions and decisions. Staff supporting people were observed to be interacting well and appropriately.

Staff respected people's need for privacy for example carrying out personal care behind closed doors. A relative recorded onto a survey returned to the service; "When we visit staff always respects our privacy."

People or their representatives were involved in decisions about their care. People had their care needs reviewed on an annual basis and attended review meetings with staff from the service who knew them well. Personal representatives, for example family members, or advocates and health care professionals, were also invited to attend. Everything that happened in the home was discussed with them on an on-going basis. This ranged from their own care needs to redecoration of the living areas.

Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

People's care files held information on people's wishes for end of life care. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interests. This helped ensure people's wishes were made known and documented should their health deteriorate.

Is the service responsive?

Our findings

The service continued to be responsive. People were well known by the staff, who provided care and support which was person centred, and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. Staff said some people were shown pictures while others had sign language used. This helped ensure everyone's voice was heard.

The PIR recorded; "Staff levels are very flexible and are adjusted to make sure everyone has the support they need. There is always enough staff to support community activities and appointments to meet people's needs. Staff are very responsive at changing their working hours at short notice to meet the needs of the people we support."

People's care plans were personalised to each individual, contained clear information to assist staff to provide care and gave information on people's likes and dislikes. People were not all fully able to be involved with planning and reviewing their own care, and making decisions about how they liked their needs met. Guidelines were in place to help staff ensure any behavioural needs were responded to. When one person started to become a little agitated staff responded quickly and intervened and distracted them, and they soon calmed. Staff had a good knowledge about each person and were able to tell us how they responded to people and supported them in different situations.

People took part in a variety of activities inside and outside of the service. People were provided with the one to one staffing required when they undertook any outside activities. On the day of the inspection one person had gone out for a walk and another two had been shopping and visited a local coffee shop. People, with staff support, had family visits at the service. People confirmed the activities they went on including shopping and visit to the park. Pictures showed a recent holiday trip.

People had a complaints policy in picture format which gave them easy instructions about how to complain. The provider also had a complaints procedure displayed in the service in picture format, to make it easy for people to understand. Although no complaints had been received since the last inspection, we saw previous complaints had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. A relative recorded onto a survey; "I know I can speak to the registered manager."

Is the service well-led?

Our findings

The service continues to be well led. There is a registered manager in post, who is also the registered provider. 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.

The registered manager/provider had clear values and a vision for the service which was to make sure the service was person centred and provided a stimulating and enabling environment for people. The vision was communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about the work they did. One said; "I have worked here since it opened and I wouldn't want to work anywhere else" and another said; "We are like a family here."

The registered manager was well respected by the staff, many who had worked at the service for a number of years. They were open and approachable and keen to make improvements where necessary. From observations of people and the registered manager it was clear people were extremely comfortable talking and working with them. Comments received on a recently completed survey returned to the service recorded from staff; "Very supportive manager" and "I feel my manager gives me 100% backing." A professional survey stated; "I'm always made to feel welcome." The registered manager kept their practice up to date with regular training. They had completed a management and leadership course.

When the registered manager was not available there was an on call system available between the senior staff. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager.

The registered manager was visible in the service and the time was divided between office time and time spent delivering care. This enabled them to work alongside other staff to monitor practice and address any shortfalls. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements. The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment. The PIR stated; "Our quality assurance processes ensure the effectiveness, safety and high quality of care and support that we provide."