

Peabody Trust

18 Bellmaine Avenue

Inspection report

18 Bellmaine Avenue
Corringham
Stanford-le-hope
SS17 7TB

Tel: 01375360788

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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

About the service: 18 Bellmaine Avenue is a residential care home for up to three people who have a learning disability and may have a physical disability in the Grays area of Essex.

People's experience of using this service:

18 Bellmaine Avenue is a small care home that supports the principles of 'Registering the Right Support' and other best practice guidance by enabling people to live as full a life as possible. People were supported to achieve best possible outcomes that included choice and independence.

The service provided a homely and friendly environment. Staff had kind, respectful and caring relationships with people they were supporting. They showed a good understanding of people's needs and knew how to communicate with each individual and reassure them.

Care planned and delivered was personalised and tailored to individual needs. Staff looked after people's healthcare needs in a pro-active way. People were provided with choices of food and drink that met their individual needs. Medicines were managed safely.

Systems and processes were in place to promote people's safety in the home and when out in the Community. Staff had a good working knowledge of how to protect people from potential abuse and promote people's rights.

The provider had a thorough recruitment and selection process in place to check that staff were suitable to work with people who used the service. There were enough staff to meet people's needs effectively. Staffing levels were flexible to support people to follow their interests, take part in social activities or attend hospital /GP appointments and follow ups with healthcare professionals.

The provider had effective systems in place to monitor the quality and safety of the service that people received. Arrangements were in place to routinely listen and learn from people's experiences, concerns and complaints. There was a strong emphasis on promoting good practice in the service and there was a well-developed understanding of equality, diversity and human rights and management and staff put these into practice. The registered manager inspired confidence in the staff team and led by example.

Rating at last inspection: A rating of 'Good' was awarded to this service under the previous provider, Family Mosaic. Following the last inspection Family Mosaic merged with Peabody Trust under the 'Peabody' name. The registered manager and many staff remain the same.

Why we inspected: This was the first inspection of the service under the new registered provider, following the merger.

Follow up: We will re-inspect this service within the published period for services rated good or sooner if needed. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

18 Bellmaine Avenue

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector completed the inspection.

Service and service type:

18 Bellmaine Avenue is a residential care home. It provides care and support to older people living with a range of learning disabilities and physical disabilities. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We did not give any notice and the inspection was unannounced.

What we did:

Before our inspection, we reviewed the information given by the provider in their completed Provider Information Return (PIR). This form asks the provider to give some key information about the service; what the service does well and improvements they plan to make.

We reviewed information we had received about the service including Notifications. Notifications inform us about notable events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders such as the local authority and members of the public.

The people who used the service were unable to verbally converse with us due to their complex communication needs. We, therefore used informal observation to evaluate their experiences and to help us assess how their needs were being met. We also observed how staff interacted with people. We looked at records in relation to three people's care.

We spoke with the registered manager and two care staff. We looked at records relating to the management of the service, staff recruitment and training, medicines management, complaints and systems for checking the quality and safety of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had respectful caring relationships with people they supported. It was clear from interactions observed and verbal cues expressed that people felt safe and comfortable with staff and within their environment.
- Staff knew people well and said they would recognise by their behaviour when individuals were concerned or unhappy.
- The registered manager and staff had a good understanding of keeping people safe; the processes to follow if they had any concerns and how to report them.
- People either had an external appointed person or relative to manage their financial affairs. Staff supported them to manage their day to day expenses and records showed this was managed appropriately and safely.

Assessing risk, safety monitoring and management

- Risks to individuals were assessed and managed well so people were protected, and their freedom was supported and respected.
- Risk assessments had detailed plans in place to guide staff on what to do to minimise each identified risk and keep the person safe. For example, where a person had difficulty swallowing and was at risk of choking, their care plan was incredibly detailed about the right texture and correct consistency of their food and drink.
- Documents 'Being Safe' incorporated all elements of safety relevant to the person such as wheelchair safety, fire safety, coping in an emergency, exploitation, use of bed rails, hoist, sling, social isolation and gender preference.
- The registered manager ensured equipment was regularly serviced and well kept.
- Staff checked and recorded the water temperatures each time a person was given a bath or a shower to ensure the temperature was safe before giving.

Staffing and recruitment

- There were enough suitable staff to keep people safe and meet their individual needs.
- Staffing levels fluctuated on a day to day basis. They were adapted according to the type and level of support each person required each day in relation to going out, planned activities and appointments.
- Pre-employment checks were undertaken before new staff began work to ensure new staff recruited were suitable and safe to carry out their role.

Using medicines safely

- People received their medicines as prescribed.

- There were robust systems in place to help ensure medicines were managed safely, to detect errors and take prompt action if any errors were found.
- Staff received training and their competence was assessed to administer medicines safely.
- Staff completed medicine administration records (MARs) correctly.
- Each person had a medicine support and management plan which provided guidance for staff on the purpose of each medicine prescribed, any side effects to be aware of and the level of support required to take them such as positioning and help with swallowing.

Preventing and controlling infection

- The home was clean and hygienic.
- Staff had received relevant training in food hygiene and followed required standards and practice when preparing and handling food.

Learning lessons when things go wrong

- The registered manager was very pro-active and used opportunities to learn from external safety events. For example, CQC 'Learning from safety incidents' resource folder.
- The provider had systems in place to ensure lessons were learned and communicated across all of their services to support improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance

- The Registered Manager had a good working knowledge of the Deprivation of Liberty safeguards and the key requirements of the Mental Capacity Act. They put this into practice effectively and ensured that people's human and legal rights were respected.
- Staff supported people to make choices and decisions throughout the day, and they were respected.
- Where people lacked mental capacity and where decisions needed to be taken in their best interest legal process was followed and appropriate people involved.
- Significant best interest decisions had been authorised in relation to management of finances, use of a wheelchair lap strap for safety in the community and the use of bed rails.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Detailed and comprehensive assessments fully considered each person's diverse needs, choices and expected outcomes. Staff regularly reviewed and updated the care and support each person needed.
- The registered manager kept up to date with guidance and best practice to ensure staff delivered the right care and support. For example, for people requiring specific textured diets the service was changing over to the new International Dysphagia Diet Standardisation Initiative (IDDSI), a new global standardised terminology and definition to describe texture modified foods and thickened liquids for individuals with swallowing difficulties (dysphagia). The initiative provides a diet framework to guide people with dysphagia, caregivers, clinicians and food industry for safety.
- The service ensured people growing older with learning disabilities had the same access to care and support as everyone else for their health needs, in line with the Equality Act 2010.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access routine health screening and check ups such as breast screening, dentist and eye tests, as well as an annual review of medication and any long-term conditions such as diabetes.
- Management and staff worked well with organisations such as district nursing team and community learning disability mental health teams and social workers to deliver joined up care.
- Hospital passports were in place to provide paramedics and hospital staff with important and relevant information about the person and their health should they need to go to hospital at any time. They can also be used to aid assessment and planning of care and support.
- The service worked together, when necessary, with the hospital learning disability nurse to ensure smooth co-ordinated hospital admissions discharges.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink.
- Staff promoted healthy eating and supported people to balance choice with healthy options.
- A staff member prepared and made a homemade soup for lunch which people thoroughly enjoyed.

Staff support: induction, training, skills and experience

- Staff understood the needs of the people they were supporting. They received a range of training to ensure they were able to meet people's needs effectively.
- The registered manager had systems in place to ensure they were aware of staff skill and competencies and when each staff member was due for refresher training.
- They used supervision and appraisal systems, and staff meetings to develop and motivate staff, review practice and address any concerns. Staff told us they were very well supported by the registered manager.

Adapting service, design, decoration to meet people's needs

- The premises were adapted according to individual support needs and preferences.
- The service provided a homely and comfortable environment but was in need of redecoration.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The atmosphere within the service was welcoming, relaxed and calm.
- Staff had developed positive and caring relationships with the people they supported. We saw people were at ease with staff and they smiled and laughed with them. We saw staff singing and dancing with one individual to their favourite musical film, which, upon request, staff repeated throughout the day.
- We saw staff had a good rapport and interacted well with people; they showed warmth, understanding and kindness.
- Management and staff explained the purpose of our visit and gave reassurance to reduce any anxieties.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people and helped choice as much as possible throughout the day in relation to what they wanted to do, where they wanted to go and what they wanted to eat and drink.
- The service had links with advocacy services and staff enabled people to have independent advocacy support and advice, when they needed.
- Management and staff supported people to keep and develop relationships with those important to them such as friends and family.

Respecting and promoting people's privacy, dignity and independence

- Our observations of interactions between staff and people showed they consistently respected and promoted people's dignity, privacy, independence and diversity at all times.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Management and staff delivered care and support to people that was responsive and personalised to their assessed and individual needs.
- Care plans were sufficiently detailed to guide staff on the level and nature of care and support each person needed, and the way they preferred. For example, one person preferred to have two showers a day for personal care and relaxation.
- 'This is me' documentation contained important and relevant information to enable staff to understand the person, including their likes, dislikes, preferences, what is important to them, their background, methods of communication, favourite activities, sexuality and relationships
- Staff knew people's individual communication skills, abilities and preferred methods and they were able to communicate effectively by interpreting gestures, signs and body language.
- Arrangements for social activities met people's individual needs. On the day of our visit people using the service went to the cinema to watch a film. Photo records showed they had regular access to the community and took part in a variety of meaningful activities.
- Bedrooms were personalised; staff encouraged and supported people to individualise their rooms with items, photos and posters they favoured and meant something to them.

Improving care quality in response to complaints or concerns

- The service had not received any complaints in the last twelve months.
- There was a clear complaints procedure and process in place and available in alternative formats such as pictorial and easy read.
- The registered manager and staff regularly checked to see if people were happy with the care and support they received and reinforced the procedure if they wished to raise any concerns or were unhappy about anything.

End of life care and support

- The service had good working relationships with healthcare professionals and specialists to ensure joined up care that promoted dignity and comfort when a person reached the last stages of their life.
- The service made sure that facilities and support were available for people's family and friends at this time and helped them feel involved.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service is consistently well-managed with effective organisation and leadership. The registered manager also managed a larger service provided by the organisation which was near to 18 Bellmaine Avenue; they provided 24 hours on call cover for guidance, advice and emergency cover to both services. People from both services regularly came together for social gatherings and activities.
- The registered manager and staff team showed a commitment to provide high-quality person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager encouraged staff to learn and develop new skills and ideas. A staff member told us this was their first job working in care; the registered manager was extremely supportive, and the training received was highly informative. They said they loved the job and working with the people they supported and being part of a particularly competent staff team.
- Management and senior staff regularly carried out a range of audits to check and assess the quality and safety of the service. Information and any trends were analysed by the registered manager with actions taken to ensure people were protected and safe. We saw that action plans to address issues raised were in place and completed to drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management welcomed feedback. A satisfaction survey provided people, relatives and others with an opportunity to comment on how the service was run. We saw that action plans to address issues raised were in place and completed to drive improvement.
- Feedback about the service was actively sought through surveys, individual reviews, day to day conversations with people and staff, meetings and advocacy.
- Equality and diversity were actively promoted throughout the service.

Working in partnership with others

- Management and staff worked well with various other health and social care professionals for the benefit of people using the service.

