

# Active Care Homes Ltd

## Belfry Gardens

### Inspection report

2 Belfry Gardens  
Doncaster DN4 6TS  
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Website:

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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?

Requires Improvement 

#### Overall summary

The inspection of Belfry Gardens took place on 4 November 2014 and was unannounced. This meant that the provider did not know when we were inspecting the service. At the last inspection in August 2013 we found that there were no breaches of the legal requirements in the areas we looked at.

Belfry Gardens provides accommodation and personal care for up to two people with learning disabilities and autistic spectrum disorders.

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

During our inspection we spoke with four staff and both of the people who used the service. We also looked at people's care plans to help us understand their care and support needs.

Staff we spoke with were clear about how to recognise and report any suspicions of abuse and the training records we looked at confirmed that all staff had received safeguarding adults training.

# Summary of findings

Care records contained risk assessments which were specific to the care needs of the individuals who lived at Belfry Gardens.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw information that best interest meetings had taken place where people lacked capacity to make decisions for themselves.

From the two care plans we looked at we saw that people had their health needs met. Staff we spoke with and our observations throughout the day, showed that staff were knowledgeable of how to meet people's needs and how people who used the service preferred to be supported.

Staff were seen to treat people with respect and preserve their dignity at all times. We saw staff knocking on people's doors and waiting for an answer before they entered, or saying who they were as they entered the room.

There was a complaints procedure in place, although no formal complaints had been received since our last inspection in August 2013.

Records showed that appropriate pre-employment checks had been carried out to ensure that only suitable staff were employed to work with vulnerable adults.

We saw that some quality monitoring was taking place however this was predominantly informal by way of visual checks and did not cover all aspects of the service. We spoke with the registered manager about this on the day of our inspection. They told us that a quarterly audit, covering all aspects of the service, was due to be introduced within the next few weeks. Quality was also measured by involving people who used the service, their relatives, and health care professionals.

# 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. We saw there were appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse.

Staff were recruited following a robust process which included an application, interview, references and a Disclosure and Barring Service check.

We found the service managed risk well whilst ensuring people led a full life.

Good



### Is the service effective?

The service was effective. In addition to training essential to the service, staff received additional training in areas specific to the people they supported. Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

People had access to a wide range of healthcare services which meant their day to day health needs were met.

We found the location to be meeting the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected.

Good



### Is the service caring?

The service was caring. We saw there was a calm and friendly atmosphere within the home and that staff helped people maintain their privacy. This showed people's dignity was protected and respected.

People were encouraged to maintain and develop their independence. We saw relationships between staff and people were strong and supportive.

Staff knew the people they were caring for well and communicated with them effectively. This showed staff were able to respond to people's needs.

Good



### Is the service responsive?

The service was responsive. Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported and this was respected.

People had access to a wide range of meaningful activities and were supported to be involved in their local community.

Staff were aware of what mattered to people and ensured those social needs were met.

Good



# Summary of findings

## Is the service well-led?

We requested a Provider Information Record (PIR) from the provider prior to the inspection. The provider did not return the PIR prior to the inspection.

Quality assurance systems at the home were not comprehensive and required improvement to ensure risks were identified and quickly rectified.

We found there was an open and positive culture within the home. Staff verbal and relatives written comments told us the manager was approachable if they had any concerns or suggestions.

The views of people connected with the service were actively sought out and people told us they felt listened to.

The service had links with other health care professionals. This showed us they were able to identify best practice.

## Requires Improvement



# Belfry Gardens

## 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 4 November 2014 and was unannounced. The team consisted of one adult social care inspector.

On the day of the visit we spoke with the two people who were living at Belfry Gardens, three care staff and the

registered manager. We observed people being supported in the home and saw a range of records including two care plans, policies and procedures, staff records and records of the homes quality assurance systems.

Before our inspection we reviewed the information we held about the home and reviewed the previous inspection reports. We requested a Provider Information Record (PIR) from the provider prior to the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider did not return the PIR prior to the inspection.

Following the inspection visit we spoke with a member of the community learning disabilities nursing team, outside of the organisation.

# Is the service safe?

## Our findings

During our visit we spent time in the communal areas with people and staff. One person who used the service told us; “Staff are kind and look after me.” Another person said; “I love where I live.”

We were not able to speak with any relatives during our inspection however we reviewed the relatives annual questionnaire responses that had been sent out by the provider during 2014. The responses were positive and comments included; “Better than I could have hoped for.” “Excellent, I cannot fault anything.” “The management team listen and are approachable, all the staff are friendly.”

An external professional we spoke with told us that they felt people were kept safe. We spoke with the manager, deputy manager and two care staff who were all able to describe how they would respond to allegations or incidents of abuse. They were knowledgeable about the procedures regarding reporting any allegations or incidents of abuse in the home.

The service had safeguarding adults policies and procedures in place, and information was on display on the notice board in the main corridor providing guidance and practice. Staff we spoke with were clear about how to recognise and report any suspicions of abuse and the training records we looked at confirmed that all staff had received safeguarding adults training. They were also aware of the whistleblowing policy which meant they could take any concerns to appropriate agencies outside of the service and organisation. This showed that staff were aware of the systems in place to protect people.

Staff recruitment records we looked at showed that all the required information had been received prior to staff commencing their employment including a Disclosure and Barring Service (DBS) criminal records check, previous employment references and a health check. This information helps employers make safer recruitment decisions.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet peoples needs. We reviewed the staffing rotas and spoke with the registered manager. We saw that the staffing numbers were in line

with the calculated staffing levels. The registered manager confirmed that additional staff would be provided when necessary. For example, we saw that for one person who used the service staffing had increased in response to a recent change in their needs. This decision was reached following multi disciplinary meetings with staff from the service and external healthcare professionals.

From our observations and conversations with staff, we saw that staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge others. Information regarding early signs of anxiety people may display was recorded in their individual care plans. This meant staff were guided as to what signs might indicate when someone was becoming agitated or upset. All the staff we spoke with gave a consistent account of the support to be provided to individuals at times of challenging behaviour to minimise the risk of harm to themselves and others.

A Healthcare professional from outside the organisation spoke positively about the service. They told us; “I believe people are safe at Belfry Gardens.”

We looked at the care records for all of the people who lived at Belfry Gardens. We saw they contained risk assessments which were specific to the care needs of the individuals who lived there. For example risk assessments regarding the environment in which they lived or visited. The assessment identified who might be at risk, described the risk and gave clear guidance on how to minimise it.

We looked at the arrangements in place for the administration of medicines and found these to be safe. Medicines were stored securely in a locked cabinet. On the day of our inspection only one person was prescribed medication. We checked the medicines and found the number of medicines stored tallied with the number recorded on the Medication Administration Records (MARS). We looked at the policy and historical documentation for taking medicines off site, for example to a day centre or visiting relatives. We found that the policy was followed by all staff. At the time of the inspection no-one at Belfry Gardens was taking controlled drugs. However arrangements were in place for their storage if required. We saw, from the homes training records, all staff had received medicines training.

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff we spoke with demonstrated an understanding and knowledge of the requirements of the MCA and DoLS legislation. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. The manager had recently met with the Local Authority to discuss the requirements of the Deprivation of Liberty Safeguards. At the time of our inspection there was not a need for applications under DoLS to be made.

We looked at training records for the staff team and saw all staff had received training in the MCA and DoLS. Staff told us they had a basic understanding of the principles underpinning the legislation. This helped ensure staff would know what the legal requirements were if someone's freedom was restricted.

Training records confirmed that staff had completed a wide range of relevant training. Courses included subjects such as understanding autism, mental health and learning disability and diversity and equality awareness. A support worker said, "I am due to update some of my training. We have to re-do our training each year on subjects such as fire safety, safeguarding, first aid and food safety to make sure we know what to do." Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. We looked at the training records for the home and saw staff had received training in areas essential to the service such as fire safety, infection control, safeguarding, moving and handling and medication. The manager told us that further updated training was planned in the near future. We saw confirmation of training courses to be held for staff.

People were supported by staff who had appropriate skills and experience. A support worker we spoke with said, "I have worked here for six years. Over that time I have had a lot of relevant training in people's medical conditions and learning disabilities, communication skills and how to keep people safe." They told us the induction and training was, "Comprehensive" and covered a wide range of topics. There was a period of shadowing more experienced staff prior to working alone. They told us they had felt confident and competent to start supporting people when the induction period was completed.

Staff told us they received regular supervision (one to one meetings with their line manager) every six to eight weeks and annual appraisals. We confirmed this from staff records. We saw supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people's needs.

Staff told us they were supported by management to develop their skills and were able to request additional training if they felt they would benefit from it. The deputy manager told us they had been encouraged by the provider to apply for the role. They had subsequently done so and achieved a promotion. This demonstrated the provider supported staff in their personal career development which could help them become more effective when carrying out their roles and responsibilities.

We spent time in the kitchen and observed people talking to staff about food preferences. We saw the food was appetising and nourishing and the person was involved in choosing their food. Staff said people had access to good quality food and there was plenty of choice. One staff member told us that for both people who used the service individual choice was important. They told us, "We work to achieve a good balance of individual choice and healthy food options."

We saw the fridge and cupboards were well stocked with a range of foods. We were told by the registered manager and staff that people chose their own meals each day and on

## Is the service effective?

Sundays there was usually a roast dinner. If people did not like what was offered or did not want it they were offered an alternative. Fresh fruit was also available and people could access snacks and drinks throughout the day.

We saw people had access to healthcare services. Care plans contained contact details for other professionals

such as optician, chiropodist and GP. Care plans also contained details of other professionals to be contacted without delay when required for example a learning disability nurse.



# Is the service caring?

## Our findings

People received support from staff who respected them as individuals and treated them kindly. During the inspection we observed that staff looked at people, used humour and smiled as they explained to them how they were going to be supported. People told us "The staff are great, I can trust them" and "Everyone here is kind and nice to me".

Staff explained that during the staff recruitment process, the registered manager observed the way applicants portrayed themselves and responded to people. This was to ensure they had the necessary personal skills to be able to care for people in a kind way, were respectful and courteous.

It was evident there were good relationships between the staff and people who used the service and we saw they were treated with respect. During the inspection staff came on and went off duty. When they came into the service they greeted each person by name and said "goodbye" when they left. The interactions between people and staff were friendly and respectful. People were called by their first names, as was their preference, and recorded in their care records.

Staff knew the likes and dislikes of each individual person and their preferences in relation to their care and support. It was evident that people were looked after as individuals and their specific and diverse needs were respected. Support plans set out how the person wanted to be looked after and detailed what was important to them. We looked at support plans that had been developed with the person and also other health and social care staff who were

involved with their care. There was sufficient information in the plans to ensure the staff team knew how to look after them, what support they needed and their personal preferences. People were supported with those tasks that they may not be able to achieve on their own, for example personal care tasks or daily living activities.

People were supported and encouraged to develop positive relationships with people who lived outside of the home and to maintain family contact. One person had regular home visits. A community learning disability nurse told us, "My client is very happy there. The staff group is experienced and stable. They know [my client] well." A person's relative responded to a questionnaire, saying, "Better than I could have hoped for."

People's care records included a lot of information about people's background and their preferences. For example, there was information about their social networks and how they were maintained. Staff explained to us that at events such as birthdays staff encouraged people's friends to come.

People's dignity was upheld. Staff explained to us how they ensured each person's privacy when undertaking their personal care in the person's bedroom or in a bathroom. People received one to one or two to one attention from staff who demonstrated their concern and interest in them. A staff member told us they had worked with people in the service for several years and had got to know them well. They said, "All the staff that work here love supporting people and seeing them happy and maintaining as much independence as possible."

# Is the service responsive?

## Our findings

People confirmed they were encouraged to be as independent as possible and told us how they were involved in everyday activities like meal preparation and making drinks and going shopping. People told us that they were not stopped from doing things they wanted and if they requested, staff would help them. During the inspection, one person who used the service returned from work. They told us, "I like going to work, it shows my independence and that I am part of the local community."

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported enabling them to respond to their care needs. From the assessment, care plans had been developed detailing how the staff should support

people. Staff told us that care plans were always evolving as they got to know people better or as people's needs changed.

People's support plans were well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in. The plans were person centred and had been written with the involvement of the person. Two people had signed to say

they agreed to their plans. Care plans clearly described how people should be supported describing people's routine, likes and dislikes. Staff confirmed how people were being supported in accordance with the care records. These had been kept under regular review or as needs changed involving the person, relatives and other healthcare professionals.

The atmosphere was calm and relaxed. People told us they were supported to lead active lifestyles both in the home

and the community. People told us they completed a variety of activities including going to work, exercise activities and shopping trips. People told us, "Some activities are planned but others are decided there and then, like going for a walk."

One member of staff said they liked working in the home as each person was treated as an individual and this was respected by all staff. They described a team that was flexible in meeting the needs of the people they supported. They said, "Additional hours or flexibility is important to go the extra mile for the people we support."

Care documentation included information about the people that were important to them and the arrangements that were in place to maintain contact. Staff confirmed people were supported to maintain friendships and described how this was promoted.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaints procedure was available and displayed in the home. There had not been any complaints raised by people or by their relatives in the last twelve months. Staff knew how to respond to complaints if they arose. People told us if they were not happy they would speak with the registered manager or a member of staff. When we asked two people if they had any concerns or if there were any improvements that could be made, both told us they were happy and no changes could be made to improve the home.

There were opportunities for people who lived at Belfry Gardens to have a say about the day to day running of the home. 'Service User' meetings were held regularly and menus, activities, birthdays and household chores were examples of items discussed. We saw in the minutes that people were always asked to tell the staff about anything they were unhappy with or any complaints they had.

# Is the service well-led?

## Our findings

Staff told us the service was well led by a positive and engaged registered manager. A member of staff said, "The registered manager is positive and encourages me to develop my skills. They keep me and others motivated." Another staff member said, "The manager and directors are extremely client focussed."

We observed that the registered manager was well known to people who use the service and staff and interacted warmly with them. Members of staff told us that both the registered manager and the deputy manager were "hands on" and were easily accessible for advice.

The registered manager told us that the service's core values included dignity, respect, and kindness. Staff we spoke with had a good understanding of these values and told us that their supervision arrangements included reference to these. A community learning disability nurse we spoke to told us, "The manager is good and the service is well led."

Some arrangements for checking the quality of the service were in place. Records confirmed that regular checks were made in relation to the condition of the building and equipment and any issues were addressed.

Overall there was a lack of formal quality assurance and audit processes. For example, whilst medication tallied with the MAR sheets, brought forward values of medication were not recorded and there was no formal medication audit taking place to ensure that any errors or omissions would be identified and addressed.

We spoke to the registered manager about this on the day of our inspection. They accepted that the current quality

monitoring arrangements were predominantly visual and not sufficiently recorded. However the registered manager had identified that improvements in the auditing process was required and explained that a quarterly audit tool was being developed and would be in use within weeks. They described the areas the audit would cover and the process of addressing the audits findings. This would guide practice, plan improvements and implement changes.

Staff told us that the registered manager asked them for their views in team meetings and supervision. They told us that they felt their views were taken into consideration. Staff also told us that they were easily able to raise any concerns at team meetings. Minutes of previous meetings showed that these meetings included discussion of how to best meet people's needs and improve team work.

If the registered manager was not in the home there was always a senior member of staff on duty to make sure there were clear lines of accountability and responsibility. Either the provider or a nominated senior member of staff provided on-call back up to the home overnight. This meant staff always had someone to consult with, or ask advice from, in an emergency or difficult situation.

Before our inspection we reviewed the information we held about the home and reviewed the previous inspection reports. We requested a Provider Information Record (PIR) from the provider prior to the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider did not return the PIR prior to the inspection. The registered manager told us that the provider had not made them aware of the PIR or the requirement to return it.