Country Court Care Homes Limited

Belmont House

Inspection report

Belmont Drive
Stocksbridge
Sheffield
South Yorkshire
S36 1AH

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11 May 2016

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22 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 May 2016 and was unannounced. This means prior to the inspection people were not aware we were inspecting the service on that day.

Belmont House is a care home which is registered to provide accommodation and personal care for up to 52 people, who may have nursing needs or be living with dementia. On the day of our inspection there were 46 people living in the home.

There was a manager at the service who was registered with CQC. 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.

Following our last inspection the service was found to not be meeting the legal requirements for three regulations. These regulations related to staffing levels, obtaining consent for decisions and nutrition and hydration. We asked the provider to send us a report that said what actions they were going to take. At this inspection we found the provider had made the necessary improvements to these areas to meet the relevant regulations.

People we spoke with told us they felt "safe" living in the home and the staff were "kind" and "caring."

On the day of the inspection the home was vibrant and active. We found staff were very busy attending to people's needs though people did receive care and support when this was requested or required.

Information from staff files evidenced that appropriate checks were completed for all staff before they were allowed to work in the home, which helped to make sure staff were of good character.

We found where decisions had to be made for people on their behalf these were in their best interests under the Mental Capacity Act 2005 and had involved a multidisciplinary group of professionals.

People told us they enjoyed the meals provided and there was plenty of choice available. We saw staff taking time to ensure people were provided with a healthy and nutritious diet. Where concerns about people's nutrition and hydration were identified accurate and up to date records were completed.

Each person had a care plan which gave details about what their day to day care and support needs were. Staff were familiar with people's specific preferences in how they received care and support.

Staff we spoke with were confident the training they were provided with gave them the skills necessary to carry out their role well. They told us they had benefitted from the courses they attended.

The provider had carried out work to improve the aesthetics of the home and people we spoke with were pleased with this. There remained areas of the home that needed refurbishment work, particularly on the garden areas and on the nursing unit. The registered manager showed us the plan in place to make the outside areas more pleasant to sit in and told us about proposed work to make the nursing unit more dementia friendly.

The service had a full and varied activities programme available for everyone. A local community group were very active participants in organising and providing social activities both inside and outside the home. People who used the service were also offered one to one time with the activity worker where they could be read to or simply enjoy a private conversation.

There was an open and transparent relationship between people who used the service, their relatives and the registered manager. People said they were able to raise any issues or concerns they had and knew these would be dealt with in a responsible way by the registered manager.

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.

Staffing numbers were adequate to meet people's needs.

Recruitment procedures helped to make sure staff employed were of good character.

Is the service effective?

Good

The service was effective.

Staff received regular training, supervisions and appraisals.

Arrangements were in place to make sure decisions made were in line with the principles of the Mental Capacity Act 2005.

People's nutrition and hydration needs were assessed and monitored to maintain their well being.

Is the service caring?

Good

The service was caring.

Staff were caring in their approach and maintained people's dignity and privacy.

People's support and care needs were recorded in care plans to assist staff in providing person centred care.

Relatives and visitors were able to visit freely and were made welcome at the home.

Is the service responsive?

Good

The service was responsive.

There was a popular and varied activities programme available.

A range of healthcare professionals were involved in promoting the care of people.

People and relatives were confident in raising any issues or concerns with the staff.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place who was approachable and visible around the home.

People, relatives and staff were regularly asked their opinions of the service and their comments were considered and actioned where appropriate.

There were quality assurance systems in place which monitored and identified areas for improvement and highlighted good practice.

Belmont House

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 11 May 2016 and was unannounced. The inspection team consisted of three adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information sent to us, for example, notifications from the service and the local authority contract monitoring report.

In order to understand what peoples experience was of living in the home we carried out two SOFI's in different areas of the home. SOFI is a way of observing care to help us determine the experience of people who could not talk with us. During the visit we spoke with seven people who used the service, three relatives, the registered manager, two nurses, two care workers, the activity worker and a domestic assistant. We also looked at four care plans, three staff files and records associated with the monitoring of the service.

Prior to the inspection we contacted people who had an interest in the service. We received feedback from a community project leader, a community development officer, a chiropodist/podiatrist and Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

This inspection included checking improvements had been made in relation to Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing. At our last inspection we found that sufficient numbers of suitably qualified, competent, skilled and experienced persons were not employed. The provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

People we spoke with told us they felt safe. Comments included, "Staff make you feel safe," "There are always staff around" and "I have a buzzer on my bed to ring." One relative said, "I am happy and think [person] is well looked after."

On the day of the inspection there were 46 people living in the home. The home is based over two floors, one floor is for people requiring residential care and the other for people with nursing needs. In total there were two qualified nurses, one senior care worker and seven care workers on duty. There was also an activities worker, an administrator and ancillary staff working in the laundry, kitchen and throughout the home. The registered manager told us she used the Laing & Buisson staffing model to determine the number of staff required to meet the needs of people, taking into consideration their varying levels of dependency. We saw this and it confirmed staffing hours were being provided above minimum levels.

Staff we spoke with told us they were "kept very busy" and our observations supported this. We saw staff working hard to provide care and support to people. This meant there was less time for staff to socialise with people as the majority of time was spent delivering care. We spoke with the registered manager about this. She said that due to the fluctuations in people's health it was difficult to accurately review peoples' dependency levels which did have an effect on how busy staff were. She said together with the provider they would continue to closely monitor staffing levels in order to ensure people were kept safe.

There was a system in place to make sure people were administered their medicines safely. Medicines were administered by the senior care workers on the residential unit and by nurses on the nursing unit. Staff responsible for medicine administration had been trained and had their competency checked to ensure their practice was safe. We saw nurses and senior care workers dispensing medicines from a trolley and staying with people until they were sure they had taken them. Medicines were stored safely in a locked clinical room, with the trolleys secured to the wall. Medication Administration Records (MAR) were signed at the time of administration and were fully completed. Where appropriate staff had used the accurate code to explain why a medicine had not been given. Controlled drugs (CD) were kept in a CD cupboard and were recorded in a CD register. The register was signed by two staff and the number of medicines recorded as in stock tallied with the medicine in the CD cupboard.

On the day of the inspection there was a medical emergency which resulted in the medicine round starting later than usual. One person who was on a time specific medicine was given their medicine as required and we saw the lunchtime medicine round was delayed to ensure sufficient time had elapsed between doses of medicines given.

During the inspection we saw fluid thickeners prescribed for individuals were being added to several people's drinks, which is not best practice. The provider has since submitted evidence that fluid thickeners are now prescribed in a more suitable manner by the GP.

Throughout the inspection we saw people were able to move around the home freely. Any identified risks had been considered and recorded in care plans, in order to safeguard people. The registered manager was aware of her responsibilities to report any safeguarding concerns to both ourselves and the local authority. Staff we spoke with had a good understanding of the types of abuse and how to report any concerns they may have. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust.

We looked at the recruitment files for three members of staff. Each file had the necessary checks completed to help to make sure staff employed were suitable. A Disclosure and Barring Service (DBS) check had been carried out before confirming any staff appointments. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed had the necessary attributes to carry out their role.

There was an up to date fire risk assessment in place. Following a visit from the South Yorkshire fire and rescue service in February 2016 the provider had completed a fire safety action plan in order to address their recommendations. The provider's health and safety representative had actioned the majority of the recommendations and any outstanding actions had been given a date for completion. We also found each person who used the service had a personal emergency evacuation plan (PEEP) which identified the equipment and number of staff needed to assist the person to be moved to a safe place, in an emergency situation.

The registered manager had a system in place to review accidents and incidents. Each month the number of accidents and incidents were reviewed and assessed to see if there were any themes so that necessary action could be taken.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. Some people had asked the service to 'safe keep' a small amount of money for them. We saw the financial records kept for each person, which showed any money paid into or out of their account. The record was signed by the person who used the service or their advocate and senior staff at the home. Money held for people was checked by an external auditor each year.

Good

Is the service effective?

Our findings

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.

At the last inspection we found the arrangements in place for obtaining consent for decisions did not follow the principles of the MCA 2005. This was because a person sometimes received covert medication. This means they were administered medication for which they had not given their consent. Our findings showed there was no documented evidence of a 'best interests meeting'. As such, it could not be demonstrated that decisions were always being made in line with people's best interests. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

On the day of the inspection there were three people being administered their medicines covertly. In each person's care plan we saw a 'best interest meeting' had taken place where healthcare professionals and family members had discussed and decided upon the most appropriate way for medicines to be given to make they were taken as and when required. People involved had signed to confirm their involvement and a review date for these decisions to be reconsidered was set.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had applied for a number of people to have a DoLS authorisation in place due to keypads on doors which required a code to open. Seven people had authorised DoLS in place and another 23 were awaiting authorisation.

Staff had received training to assist in their understanding of the MCA and DoLS. One member of staff spoken with said they had a basic understanding of the act and the registered manager and qualified nurses were, "Very up to date with their knowledge in this area."

At the last inspection we found gaps in the information recorded on charts for people identified as being at risk of poor nutrition. Our findings showed that people were not always supported to have adequate nutrition and hydration, which was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

People who used the service told us, "The food is good," "The food isn't brilliant, but there's always a

choice," "It's lovely food and plenty to drink" and "The food is excellent. We choose what we want the day before."

We looked at four people's care plans and found they contained information about the support they needed to receive a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) were used to identify specific risks associated with nutrition. People identified as requiring support had a daily food and fluid chart, showing their intake for each day. We saw these had been completed by staff. The chart used did not allow much space for staff to include additional information, for example, if a person had taken additional drinks inbetween meals. We discussed this with the registered manager who said a new form had been introduced by the provider but they had chosen not to use this until staff had been fully trained in how to complete this. The registered manager said as soon as she was confident staff were able to use the new form correctly it would be implemented.

The main meals were provided by an external catering company, working on site. We spoke with the catering manager who told us frequent discussions took place between the people who used the service, manager's and staff at the home so that menu's could be changed according to likes and dislikes. Information regarding people's special dietary needs was kept in the kitchen so these could be prepared and sent to the person, readily plated.

We observed part of the breakfast and lunchtime meals in both the residential unit and the nursing unit. We saw people were assisted to sit at dining tables and offered a drink of either juice or tea. The tables in the residential unit were set nicely with table cloths, condiments and matching crockery. In the nursing unit the tables were less attractive looking and had just cutlery and no table cloths. During the meal people were given choices about what to eat and drink. Staff knew people well and were aware if they were having a special diet or had particular likes and preferences. We saw staff were patient and gave people plenty of time to eat. People who needed assistance with eating were given this in a supportive and caring way. For example, we saw staff sitting next to people and chatting to them whilst they supported and encouraged them to eat and drink.

In between meal times we saw drinks and snacks were offered. Staff served these to people in lounges and their rooms. Hot and cold drinks were available and healthy snacks, for example fruit and yogurts were also on offer as well as cakes and biscuits. One relative told us, "There's always this amount of choice available, today is no different."

People's care plans showed that they had access to a range of healthcare professionals, such as a GP, district nurses, speech and language therapists and physiotherapists. Where appropriate people were also supported to attend clinics and surgeries outside the home in order to receive consultations and treatments with other healthcare specialists.

People and their relatives were complimentary about the staff. Comments included, "I can't fault the whole team," "Staff are really good" and "When you're not well staff get medical help for you."

There was a staff training programme in place. Staff told us they received lots of training. One staff member said, "We go to the sister homes for training, it's very good and we cover all sorts of things like moving and handling, health and safety, safeguarding and dementia care. It definitely helps us do things well." We looked at the staff training matrix. This showed which staff had completed training and when they were due any updates. The matrix used a traffic light system to identify when individuals needed their training updates and refreshers. Staff told us the registered manager would inform them of any training they had been booked onto.

New members of staff had five days attending training courses prior to starting work. They covered all the mandatory courses and some additional specialist training. Sessions on safeguarding people, moving and handling, fire, communication and equality and diversity were included. After completing the five days they were then observed in the workplace for two days by the training provider. After this staff would shadow a more experienced member of staff for at least two days, including working a night shift, before they were allowed to work unsupervised. The registered manager told us since the introduction of this new induction programme she had received very positive feedback from staff about the confidence this had given them to carry out their role. By the end of a twelve week period staff were expected to have covered and been assessed for the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff we spoke with told us they had regular supervision with their line manager and completed an annual appraisal with the registered manager. Staff said they felt well supported by the registered manager, nurses and senior care workers.

Since the last inspection the provider had refurbished bathrooms, toilets and 20 bedrooms. They had also purchased a new kitchen, lounge chairs and soft furnishings including window blinds and curtains. Work was underway to improve the garden areas so that people could enjoy sitting outside in the warm weather.

Some people in the home were living with dementia. We found the environment was homely. People were able to easily move around and it was safe to do so but communal areas did not have decorations and objects to stimulate activity and memory. Rooms were personalised and we saw people had brought some of their personal treasures, such as photographs and ornaments with them. The registered manager told us the head of dementia care for the company was currently completing a report about how the environment could be improved for people with dementia. The provider had asked for this before any further refurbishment work at the home was completed so this could be implemented at the same time.

We found one toilet on the nursing wing which did not have an appropriate lock fitted. We spoke with the registered manager about this who said the toilet was rarely used due to people having their own en-suite toilets. Following the inspection the registered manager contacted us to confirm an appropriate lock had been fitted to this toilet.

Good

Is the service caring?

Our findings

People and their relatives told us staff were very caring and respectful of people's privacy and dignity. One person told us, "Staff treat [person] very well." Another person said, "The staff are fine and always around." A relative told us, "My relative is brilliantly looked after." Another relative said, "There's a real warmth about this place. I don't regret my decision to bring [relative] here at all."

Healthwatch (Sheffield) had recently carried out an enter and view visit to the home. They said, "Given the severity of some residents' conditions, the home had an overall atmosphere of safety, warmth and friendliness." They also commented on the warm and caring attitude of the staff. The manager of Healthwatch (Sheffield) told us, "As the manager of Healthwatch (Sheffield) I get to read all of the enter and view reports that we do and I have to say I think this is one of the most complementary reports we've written."

There was a busy and lively atmosphere in the service. We heard lots of conversation and pleasantries between people who used the service, visitors and the staff. The staff team was stable; the majority of staff had worked at the service for a long time which meant they knew people well and had developed good relationships.

Care plans had information to support staff in understanding people's background, lifestyle and interests. When personal care was delivered staff made sure doors were closed and curtains were drawn. The home had a dignity champion and a dementia champion. These were members of staff who had shown a particular interest and empathy in these areas and had been trained to act as role models for other staff. This helped to promote a better quality of life for people using the service.

During our SOFI we observed staff sitting with people and speaking with them using eye contact and reassuring touches, particularly when people were upset or distressed. The atmosphere in the lounges on both units was relaxed. Appropriate music, at the right volume was played and we saw people enjoying this, tapping their feet and clapping their hands. Staff were visible around the home and spoke with people in a courteous manner. Our observations indicated staff knew people well. For example we heard one staff saying to a person, "I've put plenty of sugar in your tea, just how you like it." The person tasted the tea and said, "That's just perfect."

The registered manager was able to clearly describe the arrangements in place to ensure people who used the service had a comfortable death. This included involving a range of healthcare professionals to complete an end of life care plan, taking into consideration the person's preferred wishes. The registered manager was aware of two people whose health had deteriorated and was therefore in the process of changing their care plan from a palliative care plan to an end of life plan. Staff we spoke with were also aware of this and what this meant for each person and their delivery of care and support. Staff we spoke with said it was important that when possible people were allowed to stay in their home until the end of their days.

The registered manager told us and we saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. An advocate is a person who would support and speak up for a person who doesn't have any family members or
friends that can act on their behalf.

Relatives told us they could visit the home at any time during the day and there were no restrictions placed on this. They said they could choose to sit with their family members in the communal areas or their own rooms if they preferred. One relative told us, "I'm always welcomed."

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us they were happy with the level of activity available at the home. One person said, "I enjoy it when we have the music on from the 50's and 60's." A relative told us, "There's so much activity going on, which I'm really happy about."

People told us and we saw for ourselves there was always something going on, which people could choose to join in with or not. The home employed an activities worker who worked 30 hours per week over five days. We saw there was a full and varied programme of activities available for people to partake in. These included, musical sing a long, crafts, bingo, knitting and chair aerobics. Trips and outings were also organised and people told us they had been to Balfour House, Bakewell and for afternoon tea at the Holiday Inn, which they had thoroughly enjoyed. This showed us people were supported to get out into the local community. On the day of the inspection we saw the activities worker spending one to one time with people, reading to them and reminiscing about "the olden days."

Prior to the inspection we contacted a local community group who were actively involved in supporting the home's social programme. They told us, "We see the residents on a weekly basis inside the home and outside, they are always well cared for, well dressed and nurtured. They always have the correct number of ratio of staff to residents when leaving the home to go on various outings with our group. They are inter changed so different residents come on different outings to suit their ability, so everyone gets a turn to interact with our members. "There are always events taking part, not the usual activities of a care home. The residents are not given childish things to do, nor are given under achieving activities. They are always stretched to have a happy environment. Singing afternoon, pyjamas parties, an afternoon on a cruise ship with activities and a singer where several residents were dressed as sailors, art classes, dance chairobics. The resident's faces are a picture at these events and you can see the happiness on even the most dementia affected residents by their expressions and one lady who cannot speak very well started singing and clapping and when the singer held her hand and sung to her, her face was such a delight."

Four people's care plans we looked at showed they had their healthcare needs regularly reviewed and if any changes were noticed these were recorded and responded to. We saw when a person had fallen, their care plan was updated and ways to avoid a reoccurrence of the fall had been thought about and recorded. People were regularly weighed and the frequency of this depended if there were any concerns relating to a person's weight. Some people were weighed weekly and other's monthly. Information in care plans showed people were referred to other healthcare professionals when necessary and were supported by staff to attend appointments outside the home. One relative told us, "When [name] isn't very well the staff are quick to seek medical help." One healthcare professional told us, "I visit lots of care homes and this one is one of the best. When we visit staff are supportive to us and always eager to learn from us and are open to any suggestions we make."

People and their relatives were encouraged and assisted by staff to complete a 'life history' book. This gave information about their past, what they enjoyed doing and their likes and dislikes. This helped to make sure people's quality of life was happy and fulfilled. One relative told us they had recently been invited to meet

with the staff to "update" their family member's care plan.

All people we spoke with said they were able to talk to the staff and registered manager and raise any concerns about their or their family member's care. One person said, "I just go and tell anyone and they sort it." A relative said, "I have made complaints and they have been responded to very well."

The service had a complaints policy and procedure which was on display around the home and included in the 'service user guide'. Since May 2015 the registered manager had received nine complaints/concerns, which had all been investigated and resolved. We saw each complainant had received thorough feedback from the registered manager, within the timescale agreed in the complaints policy. The service also retained all written compliment letters and cards. We saw 15 had been received since January 2016. They were all very complimentary about the service and praised the care and attention people who used the service received.

Good

Is the service well-led?

Our findings

The service was led by a manager who was registered with CQC. The registered manager was supported in the home by a deputy manager, qualified nurses and senior care workers. A regional manager, the provider and their representatives also paid regular visits to the home to provide support to the registered manager and her team of staff.

People and their relatives spoke highly of the registered manager. Their comments included, "She's always around and checking things are ok with everyone," "She's visible around the home," "The manager is lovely, she talks to me most days" and "I can't fault her."

Healthcare professionals told us, "The manager is professional and polite. She's always upbeat and wants the best for people" and "I always find the manager and her team very welcoming. It is a lovely home and I would have no hesitation in recommending this to people I know. The residents I saw all looked happy and content in their surroundings and well cared for."

Our observations were that the registered manager was well liked and popular with people who used the service, relatives and staff. We saw the registered manager advising and supporting staff with difficult situations. Staff told us, "When we report things to her, she deals with them" and "We can talk to her, her door is always open."

Staff we spoke with said they worked well together and supported each other. They said regular staff meetings were arranged which gave them an opportunity to raise any issues and discuss how the service could be improved. We looked at the minutes from the last staff meeting held in January 2016. These showed discussions had taken place about the mealtime experience, care plans, wheelchairs and medicines. Staff had offered their views about what and how things could be changed to make improvements. Other meetings for senior staff and ancillary staff had also taken place. Staff told us if they were unable to attend the meetings they were given a copy of the minutes and asked to read these.

Staff were all positive about the direction in which the service was going and were proud of the recent improvements made particularly in relation to the activities programme and the environment.

Relative and resident meetings were held every month. We saw the minutes from the meetings held. Relatives had made positive comments about improvements made regarding the mealtime experience, activities and the environment.

The service had a monthly newsletter. We saw copies available around the home. The newsletter contained such things as the dates people were celebrating their birthdays and any social events planned for that month.

People who used the service, relatives and staff were asked for their views about their care and support. At intervals throughout the year a number of satisfaction surveys were sent to people who used the service,

their relatives and staff. The surveys asked their opinions on a specific topic, for example, food and menu, activities, laundry and cleanliness The most recent survey was sent out in November 2015. The information returned was collated into a report which was shared with everyone who had an interest in the service. We found responses to the survey were very positive with only one area of suggested improvement.

The registered manager showed us the system in place for monitoring the quality of the service. Areas of the service, such as, accidents and incidents, health and safety, medicines, care plans and the environment were checked regularly to identify areas for improvement and development. The registered manager carried out most of the quality checks and was supported by the area manager and the providers health and safety representative. These quality assurance checks were robust and showed when risks were identified they were quickly rectified.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager and senior staff were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008 and evidence we gathered prior to the inspection confirmed this.