

Optimal Living (Luton) Limited

Belle Vue Care Home

Inspection report

123 New Bedford Road
Luton
Bedfordshire
LU3 1LF

Tel: 01582734169

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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

Belle Vue is a residential care home providing personal care to eight people with a learning disability at the time of the inspection. Belle Vue accommodates eight people in one adapted building. Some people also had a physical disability and the service had been adapted to accommodate their needs such as ramps and wet rooms. Each person had their own bedroom and shared several bathrooms and other communal spaces including outdoor space.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, to indicate it was a care home.

People's experience of using this service and what we found

People were happy living at Belle Vue and with the staff who provided their care. Relatives also gave positive feedback about how staff treated people. People liked the staff that cared for them. People told us staff "help me", and "give me time". Staff were kind and caring, they involved people in their care and respected people's privacy.

People were safe because staff knew what they were doing, staff received training and the building people lived in was secure. There were enough staff, and the registered manager interacted with people regularly as a group and as individuals. The registered manager completed all pre-employment checks before new staff started work. People told us they always received their medicines and that staff administered them safely. Staff supported some people to be able to safely administer their own medicines. Staff completed medicine records accurately and with enough detail.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people with meals and drinks and encouraged them to do this for themselves using different levels of support to suit individual needs. Staff acted to reduce the risks of spreading infection.

Staff followed advice from health care professionals and made sure they asked people's consent before

caring for them. Staff worked well together, they understood the aim of the service to provide quality support, promoting independence and valuing people. The registered manager used feedback and audit systems to check how well the service was running. Where they found concerns, they followed this up and acted to rectify the issue.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values which include choice, promotion of independence and inclusion, were being applied by the service. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support and people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (Published 30 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Belle Vue Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Belle Vue is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative told us they thought people were safe because staff were always vigilant, and the building was secure. Posters on how to stay safe and report concerns were up in communal areas and people were able to tell us about these and how they would report abuse. One person told us, "I feel safe because people can't come into my room because it is my own private room."
- The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm and how to report concerns. Staff told us they had training and information about safeguarding and knew where to go for further advice.

Assessing risk, safety monitoring and management; Using medicines safely

- Staff assessed risks to people's health and welfare such as risks enabling activities around road safety, cooking and travel as well as moving and handling, medicines and falls.
- The provider gave staff access to training in medicines and had written detailed information in care files about what medicines people took and how they preferred to take them. For example, one person liked to take their medicines in bed in the mornings but for other doses in the daytime, they preferred their medicines on a tray, so they could take them themselves. Staff encouraged people to administer their own medicines where it was safe to do so.
- The registered manager checked and reviewed risks regularly to ensure they met people's current needs. People were involved in agreeing plans of care and empowered through positive risk taking to enable some people to go out with friends unsupported and have privacy with romantic relationships.

Staffing and recruitment

- There were enough staff on duty to support people safely. One person told us, "Yes, the staff help me to sort things out." Relatives also confirmed there were enough staff when they visited.
- The registered manager ensured staff were of good character including conducting criminal record checks and verified references before staff started work.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.

Learning lessons when things go wrong

- The registered manager effectively reviewed accidents or incidents involving people using the service or

staff. Staff recorded these records appropriately and the registered manager acted following accidents or incidents to reduce the risk of these reoccurring.

- Staff told us they discussed outcomes of incidents at team meetings. This gave them the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed assessments of people's physical, emotional and social needs before they moved into the home. The staff had also assessed the persons history including gathering old family photographs and used this information to inform details person centred care plans. This information then informed care plans and risk assessments to guide staff practice ensuring staff supported people in ways that maximised their choice, rights and independence.

Staff support: induction, training, skills and experience

- The registered manager provided access to training for staff which they reviewed in supervision to enable them to successfully fulfil their roles. All staff new to care completed the care certificate and worked to achieve a diploma in health and social care. The care certificate is a competence based qualification required by the government to ensure all care staff work to a minimum standard of good practice.
- Some staff had recently completed specialist training to enable them to assess observed behaviours of people with a view to completing positive behaviour support plans. This process had begun for one person and was about to start for another.
- Staff members told us they received a thorough induction closely checked when first starting, which included working through a detailed induction programme workbook, mentoring and shadowing of more experienced staff members. Staff told us they felt supported.

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

- Staff encouraged people to take part to whatever degree they were able in the preparation and cooking of meals, snacks and drinks. One person showed me pictures of what they had been baking and what they plan to learn next. People told us they had plenty of food and drink and could help themselves to all food and drink. Staff took extra measures in hot weather to encourage good hydration.

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

- Staff shared lots of information in a variety of formats about healthy eating and worked with people to understand about healthier options such as sugar free biscuits or fruit. The staff had created a board with bags of real sugar on it to show a visual effect of how much sugar was in various drinks and snacks to encourage healthy choices for the body and teeth. The service also completed the SMILE award each year which works with people to understand good oral healthcare. The provider had bought specialised toothbrushes for three people who needed them.

- Staff had access to information from health care professionals and worked with them to follow their advice, which they recorded in people's care records. Staff created hospital profiles and information about different communication needs so health professionals understood how to communicate at appointments or during emergencies.

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

- People told us how they had chosen the décor in their rooms to suit their own personal tastes. Staff supported people to tastefully decorate their rooms which reflected people's individual personalities and interests such as music and film. Access ramps and ground floor bedrooms with wet rooms were in place for people with physical disabilities. The service also had a stair lift for use for people who experienced difficulty with their mobility.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisation to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff showed a good understanding of people's rights and how to support people to make informed decisions. The staff team supported people to always be at the centre and in control of any decision making. Consent forms were in place for care and support to show people agreed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People were comfortable in the presence of staff and enjoyed relaxed interactions. People and relatives both told us staff treated them with kindness and were very caring. One person told us, "Staff come up quickly and ask what's wrong." A relative said, "People are really well cared for and if they say they want to do something the staff will take them, there are no limits."

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

- Staff encouraged people to make choices and to understand more complex choices through different communication tools, experience and guidance.
- No-one was currently using an advocate but there were leaflets available about advocacy support if people wished to access them. One person told us how they had chosen not to have an advocate when previously offered.

Respecting and promoting people's privacy, dignity and independence

- People told us staff never came into their rooms without permission and always respected their privacy including not sharing information without agreement unless there was an emergency and health professionals required this. People has signed consent forms for these circumstances.. Staff understood how to uphold people's dignity in terms of support, language and activities being respectful.
- Staff supported people to be as independent as possible. Some people needed physical support such as placing their hand over staffs' hand to guide and other people needed only verbal reminders as guidance.
- Staff encouraged people to try new things for themselves to build their confidence such as learning to travel on public transport to be able to visit friends and family independently. Staff also supported people to develop household skills such as cooking. One person said, "I like cleaning my room and doing things for myself. I like answering the phone too." Another person told us how they liked to read and so staff have supported them to learn to be able to go to the library by themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had introduced a photograph diary for each person of what they had achieved and places they had been over the past month. They used this to encourage conversation with people about the activities and what they might want to change or try next.
- Staff helped people to receive good individual person-centred support. Care plans and risk assessments supported people to achieve their goals and dreams with built in flexibility for people to change their minds. One person told us, "I like watching telly, Emmerdale, EastEnders and Coronation Street and I like the pub, I like a drink. I just choose on the day what I feel like doing."
- On the day of the inspection people participated in a group meeting to plan their holidays and discuss who wanted to go, how they would keep themselves safe and agreed budgets. They discussed known and potential risks of being somewhere new and how staff would support people to manage these. Peoples relatives were happy that people were able to go on holidays and do activities that they enjoyed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff supported people in a variety of ways to communicate including speech, British Sign Language, giving more time and using simple English, pictures and Makaton. Makaton is a language system using signs and symbols alongside spoken language to reinforce understanding. On the day of the inspection, one staff member gave a teaching session to the team who were supporting people to go on holiday to refresh on their Makaton and learn some new signs that might be relevant to holidays, such as beach, swimming, hotel and nightclub.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff team encouraged people to consider their dreams and work towards achieving them. For some people this was learning to bake cakes, learn to read and write and attending social clubs; for others it was going on holiday and some people wanted to go out unsupported. Staff supported people with these and many were achieved, others were planned. Staff then supported people to look at how they could build on their achievements such as looking for employment in areas of interest.
- Staff encouraged people to maintain and develop relationships with friends and family including romantic

relationships where they wanted this. One person had been supported to attend hospital following the birth of their nephew. Another person told us, "We are having a barbecue (BBQ) on Friday with the new BBQ, I have got a friend coming. I am going on holiday soon, but I will see my boyfriend tonight before I go."

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and would speak to the staff. One person told us, "I had a worker come to the house once and talk to me about what to do if I was upset." Relatives and staff agreed they were happy with how the provider had quickly resolved past complaints. Everyone felt the registered manager was approachable and pro-active.

End of life care and support

- People did not currently need end of life care; however, each person had the opportunity to discuss and record their wishes in case of serious illness. Staff documented this information in people's care records so that staff and medical professionals were aware of their wishes.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to developing a person-centred culture within the service in line with peoples own vision and values. One relative told us they felt the new manager was approachable and understood the concerns of people and relatives.
- Staff described how they provided person-centred care and wrote care and support plans. One staff member told us, "We are person centred, it is not institutionalised here, it is about what people want. If they want a lie in, they can if they don't want their dinner at that time they can have it later and we all work that way." Staff were happy working at the service and were committed to providing high-quality care and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team understood their responsibilities to ensure people received the care they needed and the manager supported staff to fulfil their roles. Staff felt valued and enjoyed their jobs.
- The registered manager had a clear oversight of the running of the business and a clear vision for the future of areas they would like to develop. The manager had a good knowledge of current legislation and best practice guidance that supported best outcomes for people. For example, they were aware of the NICE (The National Institute for Health and Care Excellence) guidelines in relation to oral healthcare and had taken additional action to ensure people had the correct toothbrushes. The registered manager regularly audited and reviewed actions for improvement and shared achievements.

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

- People held regular meetings to air their views and give feedback on various aspects of their lives and the running of the service. One person told us, "We are having a meeting today and I can write up a list of what is said."
- People and their relatives had completed annual surveys to give their feedback on how the service ran but was not always aware of outcomes. However, relatives told us they were in regular contact with the service face to face and through telephone and emails. They said staff always informed them of important events in

their family members lives and were satisfied that communication was good.

- Staff completed reviews of people's care, which provided people and relatives with the opportunity to feed back about their care. Staff told us that they attended team meetings and individual supervisions regularly, which gave them opportunity to express their views and supported and informed practice.

Continuous learning and improving care

- The registered manager told us about a steering group they had introduced where people, relatives and staff focused on the service provided and the involvement of people and relatives in the running of the home. They used the opportunity to reflect and agree actions such as installing ramp access at the front of the house.
- One area of development had been the recognition of the need for staff trained in positive behaviour support. Three staff had now attended this training and begun the process of assessing the functions of people's behaviours. Staff had also implemented a positive behaviour support care plan for one person and were rolling this out for other people to ensure their emotional needs could be suitably met. As a result, negative behaviours expressed by some people had reduced.

Working in partnership with others

- Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority and continuing healthcare team. The manager and staff team contacted other organisations appropriately to make referrals for more specialised support when needed. Health and social care professionals told us they thought the service was good, well run and achieved positive outcomes for people.