

Barnby Gate Limited

Belvoir Home Care Home

Inspection report

Brownlow Street
Grantham
Lincolnshire
NG31 8BE
Tel: 01476 566454
Website:

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced inspection carried out on 3 July 2015.

The registered manager was not in post. They had been temporarily replaced by a senior manager employed by Barnby Gate Limited. However, this arrangement had finished shortly before our inspection. As an interim measure the service was being managed on a day to day basis by both of the directors of Barnby Gate Limited. 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.

Belvoir Home Care Home provides accommodation for up to 24 people who need personal care. The service provides care for older people some of whom live with dementia.

There were 16 people living in the service at the time of our inspection.

Summary of findings

We last inspected the service on 2 January 2015. At that inspection we found the registered persons were not meeting all the essential standards that we assessed. There were shortfalls in the arrangements to keep people safe. This was because people were not fully protected from the risks associated with the unsafe management of medicines and did not benefit from there always being enough staff on duty. In addition, people had not always experienced an effective service. This was because there were not robust arrangements to support people to eat and drink enough to promote their good health. We also found that the service was not well led. This was because the registered persons did not operate reliable systems to monitor and address shortfalls in the quality of the service provided.

After the inspection the registered persons told us that all of these shortfalls had been addressed. During our present inspection we reviewed what steps the registered persons had taken to put things right. Although we noted that some further improvements still needed to be made, we found that significant progress had been made in addressing each of the problems.

The Care Quality Commission is required by law to monitor how a registered person applies the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. The safeguards are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to deprive them of their liberty. This is usually to protect themselves. At the time of our inspection none of the people who lived in the service were being deprived of their liberty.

Although people reliably received their medicines, some of the checks which the registered persons said needed to be made when medicines were dispensed had not been completed. The recruitment procedure had not always ensured that applicants could demonstrate their

previous good conduct. Staff knew how to recognise and report any concerns so that people were kept safe from harm including the risk of financial abuse. People were helped to avoid having accidents and there were enough staff on duty.

Although people were supported to eat and drink enough, some of the arrangements were not robust. This increased the risk that people would not always receive all of the assistance they needed. People's needs were not fully met by the adaptation, design and decoration of the service.

Staff had not received all of the training and guidance the registered persons said they needed in order to care for people. People had received all of the healthcare assistance they needed. Staff had ensured that people's rights were respected by helping them to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, promoted people's dignity and respected confidential information.

People had not always been offered the opportunity to pursue their interests and to fulfil their spiritual needs. However, people had received all of the practical assistance they needed including people who had special communication needs and were at risk of becoming distressed. There was a system for resolving complaints.

Although quality checks had been completed they had not consistently addressed shortfalls in some of the care people received. People had been consulted about the development of the service. The service was run in an open and inclusive way and people had benefited from staff being involved in good practice initiatives.

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 not consistently safe.

Some of the checks needed to safely manage medicines had not been completed.

Background checks had not always been completed before new staff were employed.

Staff knew how to recognise and report any concerns in order to keep people safe from harm, including the risk of financial abuse.

People had been helped to stay safe by managing risks to their wellbeing.

There were enough staff on duty.

Requires improvement



Is the service effective?

The service was not consistently effective.

Some of the arrangements used to ensure that people always had enough to eat and drink were not robust.

People's needs were not fully met by the adaptation, design and decoration of the service.

Staff had not received all of the training and individual guidance that the registered persons said they needed.

People had received all the medical attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Requires improvement



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Good



Is the service responsive?

The service was not consistently responsive.

People had not been fully supported to pursue their interests and to fulfil their spiritual needs.

Requires improvement



Summary of findings

Staff had provided people with all the practical assistance they needed including people who had special communication needs or who could become distressed.

There was a system to resolve complaints.

Is the service well-led?

The service was not consistently well-led.

The registered manager was not in post.

Quality checks had not always identified problems that needed to be addressed.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Good teamwork was promoted and there was an open and inclusive approach to running the service.

People had benefited from staff receiving good practice guidance and from the service's presence in the local community being promoted.

Requires improvement



Belvoir Home Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons were 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.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the registered persons had sent us since the last inspection. In addition, we contacted local commissioners of the service to obtain their views about how well the service was meeting people's needs.

We visited the service on 3 July 2015. The inspection was unannounced. The inspection team consisted of a single inspector.

During the inspection we spoke with seven people who lived in the service and two relatives. We also spoke with three care workers, two senior care workers, the chef and the registered person. We observed care being provided in communal areas and looked at the care records for five people. In addition, we looked at records that related to how the service was managed including staffing, training and health and safety.

We used the Short Observational Framework for Inspection. This is a specific way of observing care to help us understand the experience of people who are not able to speak with us.

After the inspection, we spoke by telephone with a further three relatives.

Is the service safe?

Our findings

Our inspection on 2 January 2015 found that the registered persons had not consistently safeguarded people from the risks associated with the unsafe use of medicines. This was because some people had not received all of the medicines that had been prescribed for them. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

After the inspection the registered persons told us that more robust systems had been introduced to ensure that people reliably received all of the medicines they needed.

At this inspection we found that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly dispensing medicines. This meant that the registered persons were no longer in breach of the regulation.

However, we noted that further improvements still needed to be made. This was because staff had not always accurately recorded each occasion when a medicine should have been dispensed. This reduced the reassurance we could have that people had always received medicines in the right way. Although quality checks had identified these mistakes, effective action had not been quickly taken to put things right.

These shortfalls had not resulted in people experiencing actual harm. However, they increased the risk that people would not consistently benefit from using all of the medicines that a doctor said they needed to take.

Our inspection on 2 January 2015 found that the registered persons had not ensured that there were always enough staff on duty to promptly give people all of the care they needed. This had resulted in people not consistently receiving the individual attention they needed. In addition, they had not always experienced a quick response when they used the call bell to ask for assistance. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

After the inspection the registered persons told us that they had reviewed staffing arrangements. They said that they had made changes to ensure that there were always enough staff deployed to ensure that people promptly received all of the care they needed.

At this inspection we found that the registered persons had established how many staff were needed to meet people's care needs. We saw that there were enough staff on duty because people received all of the practical assistance they needed. In addition, staff responded promptly when people used the call bell to ask for help. This meant that the registered persons were no longer in breach of the regulation.

Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered persons said was necessary. Staff said that there were enough staff on duty and people who lived in the service and their relatives said that the service was well staffed. A person said, "There always seem to be staff around when you need them. I like them checking on me at night every now and then."

We reviewed the system that had been used to recruit three staff. In relation to two of them the registered persons had not completed all the background checks they considered to be necessary. For example, the registered person had not always obtained a full employment history and so could not reliably establish what checks needed to be made. Another shortfall had resulted in a member of staff not being able to support their application with the required number of references. These shortfalls had reduced the registered persons' ability to establish applicants' previous good conduct before they had been offered employment in the service. However, we were told that no concerns had been raised about the performance of the two staff in question.

People said that they felt safe living in the service. A person said, "I get on okay with most of the staff and don't have any complaints." Relatives were reassured that their parents were safe in the service. One of them said, "I'm confident that my family member is safe and well. I've always found the staff to be genuinely kind and helpful."

Records showed that staff had completed training in how to keep people safe. In addition, staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. They were confident that people were treated with kindness and said they would immediately report any

Is the service safe?

concerns to the registered persons or to a senior member of staff. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Staff had identified how to promote each person's wellbeing. For example, people had been helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken action to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefitting from using walking frames, raised toilet seats and bannister rails. Some people had rails fitted to the side of their bed so that they could be comfortable and not have

to worry about rolling out of bed. Each person had a personal emergency evacuation plan to ensure that staff knew how best to assist them should they need to quickly leave the building.

Registered persons are required to tell us about important events that take place in their service. Our records for this service showed that the registered persons had informed us about any concerning incidents. We saw that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, when a person had fallen the registered persons had arranged for staff to carefully observe the person to make sure they were being helped in the right way.

Is the service effective?

Our findings

Our inspection on 2 January 2015 found that the registered persons had not consistently supported people to eat and drink enough to promote their good health. This was because some people had not been assisted to manage their body weight when it had become low. In addition, staff had not always checked that people were eating and drinking enough each day to meet their needs. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

After the inspection the registered persons told us that more robust systems had been introduced to ensure that people were reliably supported to ensure that they always had enough nutrition and hydration.

At this inspection we found that people were provided with assistance to make sure that they were eating and drinking enough to promote their good health. This included encouraging people to eat and drink, checking the food and fluids people had consumed, providing supplements and when necessary seeking advice from healthcare professionals. These arrangements meant that the registered persons were no longer in breach of the regulation.

However, we noted that further improvements still needed to be made. People had been offered the opportunity to have their body weight checked in order to identify any significant changes that might need to be referred to a healthcare professional. However, this arrangement was not robust. This was because two of the four records we checked did not contain correct information and had misdirected staff about the action they should take to support the people concerned. This shortfall had not resulted in people experiencing actual harm. However, it increased the risk that people would not consistently be supported to promote their good health by always having enough nutrition. This was because the mistakes made it more difficult for staff to identify occasions when people needed more assistance to follow a healthy diet.

People's individual needs were not fully met by the adaptation, design and decoration of the service. In both communal areas and in private spaces some of the carpets were stained or worn. Various items of furniture were damaged, worn or mismatched. In a number of places wallpaper, ceramic tiles and woodwork were scuffed,

chipped or discoloured. These shortfalls reduced the registered persons' ability to provide people with a homely and dignified setting in which to live. In addition, two steep flights of stairs leading to lower floors were easily accessible by people who lived in the service. There was a risk that people with reduced mobility and who lived with dementia would attempt to use the stairs when it was not safe for them to do so. The registered persons had not taken any clear steps to reduce the risk so that the premises fully enabled people to be kept safe. We identified this problem to the registered persons who said that they would immediately ensure that the stairs were only accessible to people who could use them safely.

The registered person said that staff needed to meet regularly with a senior member of staff to review their work and to plan for their professional development. However, records showed that this system was not working well in that nearly all of the planned sessions were overdue. In addition, there was no clear plan to address the problem. This shortfall reduced the registered persons' ability to provide staff with the guidance and support they needed.

In addition to this, the registered persons said that staff needed to receive particular training to help ensure that they had the knowledge and skills they needed to consistently care for people. Records showed that some of this training had not been delivered in a reliable way. For example, two senior staff who led shifts had not completed recent training in basic first aid. Although shortfalls in training had reduced the registered persons' ability to ensure that all staff had the knowledge and skills they needed, we found that in practice staff had compensated by learning from their colleagues. We noted that staff had the competencies they needed to care for people in the right way. This included being able to assist people who experienced reduced mobility and who needed extra support to promote their continence.

People said that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had people's best interests at heart. A person said, "The staff are fine with me. They get to know you over time and they know how I like things."

People said and records confirmed that they received the support they required to see their doctor. A person said, "The staff always get in touch with my doctor if I'm unwell and don't hang around." Some people who lived in the service had more complex needs and required support

Is the service effective?

from specialist health services. Records showed that some people had received support from a range of specialist services such as from occupational therapists and physiotherapists.

The registered persons knew about the Mental Capacity Act 2005. This law is intended to ensure that staff support people to make important decisions for themselves such as managing their finances or accepting significant medical treatment. We found that staff had worked together with relatives and other health and social care agencies to support people to make important decisions for themselves. In addition, they had consulted with people, explained information to them and sought their informed consent. For example, there was a person who could become distressed and who benefited from using a particular medicine that helped them to manage their

anxiety. Staff had carefully explained to the person how the medicine would assist them. This had enabled them to seek and receive the person's informed agreement to be offered the medicine when it was necessary.

When a person is not able to make decisions for themselves the law establishes safeguards to ensure that decisions are made in their best interests. We noted that the registered persons had made the necessary arrangements and so could ensure that people's best interests were promoted.

In addition, the registered persons knew about the Deprivation of Liberty Safeguards. We noted that they had sought advice from the local authority to ensure the service did not place unlawful restrictions on people who lived there.

Is the service caring?

Our findings

People and their relatives were positive about the quality of care provided in the service. A person said, "I've no trouble with the staff who work here because they care about us. It's not for an easy life that's for sure." Relatives told us that they had observed staff to be courteous and respectful in their approach. One of them said, "I think that all the staff are caring but sometimes they're too rushed for it to be obvious."

People were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them. We observed a lot of positive interactions and saw that these supported people's wellbeing. For example, we saw a member of staff sitting with a person and helping them to complete a crossword puzzle. The person smiled broadly when they solved a troublesome clue that the member of staff had not been able to solve.

We saw that staff were compassionate and that the service would support people to retain parts of their lives that were important to them before they moved in. For example, the registered persons said that people would be assisted to bring small domestic animals with them if they wanted.

Staff knew about the care people required, gave them time to express their wishes and respected their choices. For example, we saw that after lunch a person was rubbing their blouse after it had become marked. A member of staff noticed and asked if they wanted to change the garment. They then assisted the person to return to their bedroom so that they could change in private.

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. Most people had their own bedroom. People who shared a bedroom were said to have chosen this option and were provided with privacy screens so they could spend time on their own if they wanted. Bedrooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal lounges. Bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. A person said, "I prefer to have a bath to a shower. I can pretty much choose when I have it and the staff always help me in the bathroom in private."

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. People were able to use the service's cordless telephone in private to make and receive calls so they could keep in touch with family and friends.

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a 'need to know' basis.

Is the service responsive?

Our findings

Staff had not fully supported people to pursue their interests and hobbies. There was no activities co-ordinator and so staff were only able to assist people to enjoy their interests and hobbies when they had the time in between doing other tasks. During our inspection which lasted for most of the day, we saw some people being supported to participate in board games and in playing musical instruments. However, for most of the time most people sat in their armchairs without anything in particular to do. We were told that an entertainer called at the service each month but the records were not complete and so we could not tell how many people regularly chose to attend these events.

People had not been supported to regularly access community resources. We were told that people had been offered the opportunity to visit a local place of interest more than a year before the date of our inspection. We noted that no visits had been planned and staff did not anticipate that any would take place in the foreseeable future.

Some people told us they were happy with the arrangements in the service for entertainment but others wanted to have more opportunities to pursue their interests and to go out. Although the weather on the day of our inspection was warm and sunny, no one had been offered the chance to sit outside on the patio. Three people said that they would welcome the chance to do this with one person saying, "Even if they haven't got the time to organise trips out, I do think we should be offered the chance to sit outside in the sun just for a change of scenery."

People had not been fully supported to celebrate their diversity by meeting their spiritual needs. We saw that individual arrangements had not been made so that people could attend church services for their chosen denomination. We were told that when a religious practitioner had called to the service a number of people had chosen to participate in acts of worship. However, the practitioner had stopped calling several months before our inspection and no action had been taken to find a replacement. Two people told us that they would like more assistance to meet their spiritual needs. One of them said, "I would like to have a service on Sundays like I've always done but for some reason we don't have them here."

Staff had consulted with people about the practical assistance they wanted to receive and had recorded this process in a care plan for each person. Records confirmed that these care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. We noted that most of the information in the care plans was not presented in a user-friendly way to help people understand it. For example, some of the language was technical, used abbreviations and was presented in small print that people might find difficult to read. This oversight reduced people's ability to review the way in which staff had recorded their wishes to make sure the information was accurate.

However, we saw a lot of practical examples of staff supporting people to make choices about what they wanted to do. One of these involved a person who initially wanted to spend time in their bedroom. Staff assisted them to leave the lounge where they were seated but after only a short time in their bedroom the person wanted to return to their original seat. Staff willingly assisted the person and reminded them that they were free to go back to their bedroom whenever they wished.

People said that staff provided them with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. In addition, staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A person said, "I like to do as much as I can for myself of course. But it helps having staff to give me a hand for hard to reach things such as putting on my socks." Records and our observations confirmed that people were receiving all the practical assistance they needed.

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, we observed how a person pointed towards their handbag which a member of staff recognised to indicate that the person wanted to be assisted to find their spectacles. Once these had been located, the person was helped to put them on so they could look in their handbag for other items they wanted to use.

In addition, staff were able to effectively support people who lived with dementia and who could become distressed. We saw that when a person became distressed,

Is the service responsive?

staff followed the guidance described in the person's care plan and reassured them. They noticed that a person was frowning because they thought that someone was behind a door that led from the lounge and needed assistance to enter the room. A member of staff opened the door and showed the person that no one was there. When the person remained concerned the member of staff reassured them that they would check the area regularly to make sure that no one was waiting. With this reassurance the person smiled and returned to watching the television.

People said that they would be confident speaking with the registered persons or a member of staff if they had any complaints or concerns about the care they received. A person said, "I've never really had to complain about

anything apart from my clothes sometimes going missing in the laundry. When I have mentioned the staff have looked into it and done their best to find whatever is missing."

Each person who lived in the service had received a document that explained how they could make a complaint. The registered persons had a procedure which helped them to ensure that complaints could be resolved quickly and fairly. We noted that the registered persons had received two formal complaints since our last inspection. Records showed that these concerns had been investigated properly and resolved so that lessons could be learnt for the future. For example, one of the issues raised involved a person not being fully supported to follow their chosen vegetarian diet. Records showed and staff confirmed that they had been reminded about the importance of identifying and respecting people's dietary preferences.

Is the service well-led?

Our findings

Our inspection on 2 January 2015 found that the registered persons had not regularly completed suitable quality checks to ensure that the people consistently received all of the facilities and services they needed. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

After the inspection the registered persons told us that more robust quality checks had been introduced to ensure that people fully benefited from receiving all of the help they needed.

At this inspection we found that new quality checks had been introduced and that existing checks were being completed in a more rigorous way. This meant that the registered persons were no longer in breach of the regulation.

However, we noted that further improvements still needed to be made. This was because quality checks had not always identified and quickly resolved the continuing shortfalls we have noted earlier in this report. Although these mistakes in the quality checks had not resulted in people experiencing actual harm, they increased the risk that people would not reliably receive all of the care they needed in a safe setting.

There was a registered manager but they had not been in post for approximately four weeks preceding the date of our inspection. Although, they had been temporarily replaced by another manager employed by Barnby Gate Limited, this arrangement had finished shortly before our inspection. As an interim measure the service was being managed on a day to day basis by both of the directors of Barnby Gate Limited. The registered persons are required to have a registered manager in place to supervise the operation of the service.

People who lived in the service told us that they were asked for their views about their home. A person said, "We do have residents' meetings they're more like informal chats which is fine and we can say what we think." We saw that when people had suggested improvements their comments had been acted upon. For example, arrangements had been made for the chef to add new and more varied dishes to the menu.

People said that they knew who the registered persons and the senior staff were and that they were helpful. During our inspection visit we saw the registered persons and senior staff speaking with people who lived in the service and with staff. They had a good knowledge of the care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. A relative said, "Overall, I think that the place is well run. There have been too many changes of management in recent months but in general things are getting better."

There was a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered persons. They were confident that they could speak to the registered person if they had any concerns about another staff member. Although staff were concerned about the absence of a registered manager, they said that positive leadership from the registered persons meant that action would be taken if they raised any concerns about poor practice. A staff member said, "It's always been made absolutely clear to us that we have to speak out if we have concerns about a person's care. I haven't always felt able to do this but now with the change in management arrangements I'm much more confident."

Is the service well-led?

In addition, the registered persons had enabled staff to engage in a national initiative that is designed to promote best practice when caring for people who live with dementia. This step had benefited people who lived in the service because staff had received additional guidance. The registered persons had also contributed to a national

event that was intended to promote the integration of residential care services within the local communities they served. This development had been beneficial because it had promoted the service's presence in its local neighbourhood.