

Belmont Villa Care Home Limited

Belmont Villa Care Home

Inspection report

Belmont Villa
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Date of inspection visit:
20 October 2016
24 October 2016

Date of publication:
03 February 2017

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 24 and 25 October 2016 and was unannounced. Belmont Villa care Home provides nursing and personal care and accommodation for up to 30 people. At the time of our inspection there were 29 people all of whom were receiving nursing care. At our previous inspection in November 2014 we found areas of improvement were needed in relation to quality assurance arrangements and making decisions on behalf of people who lacked capacity. We looked at these areas on this inspection and found improvements had been made and shortfalls addressed.

There is a registered manager in post. 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.

There were good arrangements for the management and administration of medicines however improvements could be made in the administering of "as required" medicines to ensure there was consistency in their use. We have made a recommendation the provider seek advice about the administering of "as required" medicines.

People and relatives told us they felt safe living in the home. One person told us "I trust the staff they always seem to know what they are doing which makes me feel better." A relative said they had no worries or concerns about the safety and wellbeing of their relative. They told us "Whenever I leave I never feel they will not be safe. it is very re-assuring."

Staff demonstrated their knowledge of abuse and responsibilities to report any concerns about possible abuse. Staff were confident the registered manager would act to protect people if told of any such concerns.

People told us staffing arrangements were good and how staff were available and responsive to their requests for assistance and support. There were consistent numbers of staff on duty. Recruitment arrangements ensured employees had the necessary experience and were suitable to work in a care home setting.

People told us they felt confident about staff having the necessary skills and training. One person we spoke with said "The staff all seem well trained."

People told us they enjoyed the activities provided by the home. These reflected the frailty and ability of people in that there was a focus on individual activities which suited people. One person told us "I enjoy just having a chat though I have done drawing and painting which was good." A relative said how the activities had improved: "There seems to be more going on and staff able to spend time with people you see them just chatting which is nice."

People spoke positively about the meals provided in the home. One person told us "I always enjoy my food, it is very good." Another person said "We always get a choice and they know what I like and don't like." We observed the mealtime experience and noted areas which could be improved to make the mealtime a more relaxed and better experience for people. We discussed what we observed and the registered manager agreed to look at making improvements.

People had access to community health services and their GPs when this was requested. Healthcare professionals we spoke with were positive about the care provided by the service. There were good relationships with outside professionals and people had access to specialist support and advice.

People and relatives spoke of caring, courteous, professional and friendly staff. There was a focus on providing a family environment where people felt cared for and respected. This was reflected in comments we received from people and relatives. One person told us "I feel staff respect me and always treat me how I would want to be treated." Another person said "This is better than when I lived at home it is my home." People and relatives told us there were no restrictions on visiting. A relative said how they found the home "Welcoming like a family really"

People felt able to voice their views or concerns about the service. There were regular meetings where people living in the home and their relatives were kept informed about the service and people could give feedback about the quality of care provided in the home. Staff spoke of good communication with management through regular team and staff meetings. These were used to discuss good practice and areas for improvement.

There were a range of quality assurance audits which had identified areas for improvement. People and staff spoke of a registered manager who was approachable and made themselves available to people. The provider had established good working relationships with local commissioning and social services and maintained regular contact and liaison with external nursing professionals.

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.

People benefited from safe recruitment and selection arrangements.

People could be confident there were safe arrangements for the administration and management of medicines.

People were protected from the risk of abuse through care staff having an awareness and understanding of how to protect vulnerable people.

Is the service effective?

Good ●

The service was effective

People received care from trained and skilled staff.

People's rights and welfare were protected where they lacked mental capacity and needed to receive care under DoLS arrangements.

People benefited from arrangements which ensured their nutritional needs were met effectively.

People had access to community and specialist health support ensuring health needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by caring and professional staff.

People were supported by staff who were patient and had respect for people's dignity and privacy.

People and their representatives had the opportunity to be involved in care arrangements.

Is the service responsive?

Good ●

The service was responsive

People benefited from care which was personalised to their needs.

There was an environment where people and relatives felt able to voice their concerns and be listened too.

People were able to voice their views about the quality of the care they received.

Is the service well-led?

The service was well led

People and staff benefited from an environment which was open and promoted a culture where people and staff could express their views.

Effective quality assurance audits resulted in ongoing improvements to the quality of the service people received.

Good ●

Belmont Villa 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 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 20 and 24 October 2016 and was unannounced.

The inspection was undertaken by an adult care inspector.

As part of the inspection we spoke with six people living in Belmont Villa care Home, three relatives, two care professionals and seven members of staff. Before the inspection we reviewed all the information we held about the service included incidents and events we had been advised about as part of the provider's notification responsibilities. We looked at care planning records for nine people, quality assurance monitoring audits, minutes of staff and "residents" meetings and other information about the service. We reviewed previous inspection reports. We looked at the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Is the service safe?

Our findings

The service was safe

We observed people being administered their medicines correctly and as prescribed. People were told what they were taking. One person asked what it was for and was told. Staff demonstrated a good knowledge of medicines and why they were being prescribed. On one occasion the nurse took a person's pulse to ensure the medicine they were about to administer was safe to be given. Medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. Administering records had been completed accurately. We checked stock records against those medicines in stock and found the record correct. Medicines were being stored securely and where they needed refrigeration this was being done.

We looked at the arrangements for the use of some "as required" or PRN medicines. There was no evidence they were being used incorrectly however, there were no protocols in place. This meant there was no written guidance for nurses to follow when administering PRN medicines. This would help ensure consistency when they were being administered and protect people's health and welfare. For example where they are used to relieve anxiety or distress guidance or pain relief guidance would provide information about the circumstance where their use was appropriate. This would be particularly for people who were unable to express why they are distressed or in pain. This meant there were safe arrangements for the administering and storage of medicines other than "as required" medicines.

We recommend the service seek advice and guidance from a reputable source about the administering of "as required" PRN medicines.

People told us they felt safe living at Belmont Villa. One person told us " I feel safe because staff know what help I need and are there to help me whenever I need it. They keep me safe." Another person said, "Staff know what they have to do which makes me feel safe." We spoke with a number of relatives asking if they felt their relative was safe. These were their responses: "I think (name) is safe. There was an accident and they did something to improve things for xxx," " Yes I don't go away after I have visited worrying about anything." " We don't worry about her, xxx is safe." "Without a doubt....responds to their needs."

People told us they felt there were always enough staff available to meet their needs.. One person told us "Staff are there when you need them." Another person said, "Sometimes you have to wait but I understand they can't see to everyone at the same time. " We asked this person if this ever resulted in their being upset or distressed because staff had not been able to come in a reasonable time. They replied "No they will come to see what I want and if it is urgent they will always see to me if not tell me they will get back as soon as possible and they do." Staff commented that they felt there were sufficient staff on duty. One told us "Staffing is fine and if we need any extra we can always say." We observed staff responded to call bells in a timely way and were available to support people when it was needed. Staff rotas showed consistent numbers of care staff on duty. The registered manager told us they always responded with additional staff if care needs changed particularly where end of life care was needed. They told us they observed staff daily,

worked some shifts and spoke with people and staff about the staffing of the home. This helped them in deciding the staffing arrangements that were needed. This meant the staffing arrangements were flexible and at a level to meet people's needs.

People were protected by staff who understood their responsibility to report any concerns about possible abuse. Staff were able to tell us differing types of abuse from financial to physical and emotional. Staff were clear about reporting any concerns about possible abuse to their manager and their right to go outside the organisation if they wished.

Risk assessments had been put in place in response to people's care needs and risks related to falls, nutrition, moving and transferring people. These outlined specific needs of people in relation to the identified risks such as identifying equipment to be used when moving or assisting with transfers. In others there was information for staff to ensure people's nutritional needs were monitored through the use of food charts and instructions about frequency of weighing of the person. In some there was guidance about how people were to be supported or have their meals. There were personal emergency evacuation plans (PEEP) in place. These identified people's specific needs so that staff and emergency services could respond as necessary in the event of an emergency. This meant people's safety and welfare in the event of an emergency was protected.

Staff confirmed that as part of their recruitment criminal record checks and references were obtained included were references from previous employers. Records confirmed these arrangements. This meant people could be assured that the required checks were undertaken to ensure employees were fit to work with vulnerable adults.

Is the service effective?

Our findings

The service was effective

We looked at the arrangements for protecting people's rights specifically in relation to the Mental Capacity Act 2005. 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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

At our last inspection in November 2014 we identified concerns about the arrangements regarding the use of bed rails specifically where people were unable to give consent for their use because they lacked capacity to do so. Under these circumstances a best interests decision is made. The service sent us an action plan telling us they were putting in place documentation for the use of bed rails and recording where consent had not been given because the person lacked capacity. We looked at this area of practice on this inspection. There were a number of people who because of lack of capacity were unable to give consent about some aspects of their care. In one instance this was about the administering of crushed medicines. There were records where best interests decisions had been made with the involvement of other interested parties such as relatives and/or GP. This meant the service had addressed the area for improvement ensuring there was a system in place to protect people's legal rights.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection the registered manager told us they had made applications under the MCA for DoLS. These applications related to people who were living in the home and needed protection and safeguards because of potential risks to their health and welfare if they left the home independently. To date one authorisation had been made with no conditions. This demonstrated the registered manager had taken action to protect the welfare and uphold the legal rights of some people in the home.

People had access to community based services. There were regular visits from a podiatrist and where there had been concerns about people's nutrition or weight loss they had been seen by a nutritionist. There were arrangements for people to see other health professionals such as opticians and consultants. The home had actively ensured one person had been assessed by the mental health team because of concerns about their welfare and change in behaviour. A health care professional told us they found the service "Very receptive to their advice" and open to seeking support and guidance. The PIR told us how the service "Had a weekly GP and/or nurse prescriber round to review resident's health." They also received regular visits from nurse assessors to review and assess people's nursing needs. This meant the service was proactive in seeking health professionals' advice and support to ensure people's needs were being met effectively.

People received support to ensure their nutritional needs were being met. One person said "They are very

good cooks. The food is always lovely and always different. They read out the menu and ask what you would like but will make something else for those who don't want it". Another person said, "I always enjoy my meals here." Where there were people who had difficulties swallowing food or were at risk of choking they had an assessment from a speech and language professional. This resulted in people having textured or pureed meals to ensure they were safe when having their meal. We saw these were provided. In one instance this assessment had indicated different arrangements dependant on how the person was on that day. Staff were aware of these differing arrangements. The chef was also aware of people's likes and dislikes giving alternatives where people did not like the main choice available. This meant people's nutritional needs were being met effectively.

We observed the lunchtime experience. Staff were available to support people however, this was not always in a timely manner. In one instance one person sat with their meal in front of them without starting the meal. After ten minutes a member of staff came to sit with them and assisted the person with their meal. This also occurred for a number of other people during the mealtime. Where a staff member sat with a person helping them with their meal this was done in a sensitive and interactive way. There were a number of people having their meals out of bowls and using spoons to eat their meal. When we asked staff about this they stated this helped people have their meal and was at the request of one person but they did not know about the other people who were also having their meal from a bowl. We looked at two care plans to see if this was in the person's care plans and it was not. We discussed the mealtime arrangements with the registered manager and deputy. It was agreed the deputy would observe a mealtime before we visited for the second day of our inspection. We discussed what they found and they also noted the matters we had raised. The registered manager agreed to review the mealtime experience specifically the use of bowls and how meals could be given to people over a longer period of time so people received support and assistance in a timely way. We are confident the registered manger would take immediate action to resolve and improve the mealtime experience for people.

Staff received induction and training to ensure they had the knowledge and skills. Staff had received a period of induction which included shadowing other staff. One staff member told us "The induction was good gave me a good start in working here." Staff completed Skills For Care Induction and went on to undertake the care Certificate a nationally recognised professional qualification for care staff. Training included safeguarding, Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, first aid, infection control, fire safety, moving and handling. Some care staff had completed or were undertaking health and social care diploma. Staff spoke positively about the training they received: "It is very good we get the training we need." Nursing staff had attended study days to ensure their competency was maintained. The registered manager and deputy had attended training and study days about providing one to one supervision. Staff said they received regular supervision and yearly appraisals and records showed this. One person we spoke with said, "The staff all seem well trained." The PIR said how registered nurses had been attending palliative care training and attended four study days a year. They were "Continuing with revalidation preparation and updating clinical skills." The registered manager had applied to undertake an accredited leadership and innovation programme organised by the clinical commissioning group (part of the NHS who fund nursing care) . This meant all staff had an opportunity to update and maintain their skills and knowledge to ensure they were able to meet people's needs effectively.

Is the service caring?

Our findings

The service was caring

People told us they found staff caring, friendly and kind. One said, "You can't fault the staff they are all lovely." Relatives told us "Staff are wonderful, they care about my relative as a person.", "Staff are kind always treating people with respect." and "Very respectful of mum." A professional told us "Staff are very caring and sensitive to people and how they are."

We observed staff interacting with people in a respectful and patient way. For example one person was regularly asking about when their visitors were coming. Staff always responded in a kind and calming way so reducing the person's anxiety. When care staff were assisting people for example when hoisting a person they spoke with the person about what was happening and performed the task efficiently. One person told us "I respect staff as they respect me."

Staff respected people's privacy and dignity. For example, personal care was only provided in the privacy of people's bedrooms or in the home's bathrooms. Staff also ensured doors were closed and curtains or blinds drawn, as necessary. We observed this on one occasion when a person was being hoisted in a communal lounge which overlooked the street. Staff respected people's privacy by knocking on people's doors and importantly waited until they were invited in. Throughout the inspection, we observed staff assisted people in a discrete and respectful manner. When talking about people to the inspector staff were discreet and ensured they could not be overheard. Staff spoke warmly and respectfully about the people they supported.

People were supported to maintain relationships with their families and friends. People told us they received regular visits from their families and friends. Families were also invited to attend the resident and families meetings. The service did not operate set visiting times or place unreasonable restrictions on visiting. These contacts helped people to maintain relationships with the people who were important to them. One visitor told us they visited at any time, on one occasion at midnight because their relative was unwell. They said, "It is never a problem when I visit and I get to see how things are at different times which is good." This showed how the service appreciated the importance of flexible visiting so relatives and others did not have imposed restrictions when thinking about visiting.

People told us they felt able to have control over their daily routines and what they wanted to do each day. People told us they were able to choose what they did each day with one person saying, "It is up to me when I get up staff respect my choice." Another person spoke of how they spent most of their time in their room and how "Staff don't make an issue about it they know it is what I want." Staff demonstrated a good knowledge of people's routines and spoke of the importance of always offering choice to people. This meant the service was flexible and able to meet needs in a way which was respectful of people's choices.

People told us they were able to discuss their care arrangements and speak with staff if they felt they needed more care. One person told us "I only have to ask for more help if I need it." Another person said, "I

try and do as much as I can for myself and they (staff) know I like this but they are there if I need a bit more help." Relatives told us they felt involved in the care and one spoke of how they regularly spoke with staff about the needs of their relative. They said, "I can always say if I think they need more help or they are struggling and I know because (Name) tells me if they have done what I asked." Another relative said they had had a meeting to discuss the specific needs of their relative. They also told us how staff had learnt how best to communicate with their relative by the use of direct questions.

Is the service responsive?

Our findings

The service was responsive

People and relatives told us the care provided at Belmont Villa was how they wanted the care to be for them and their particular needs. One person told us "Staff provide care which is for me that is what I like." A relative told us staff had adapted the care for their relative "They know (Name) routines and what they like." Another relative spoke of how staff "Really know (name). They made changes to the care to make sure it was what was needed for (name)." A third relative said, "They cared about (name) as a person." Care plans reflected this approach with specific information about people's preferences and routines.

Regular reviews were held to ensure care plans accurately reflected people's care needs. One person told us they had spoken with staff about how they wanted more care "They made sure this happened." One relative told us they had had a review meeting to discuss the care that was needed by their relative. They had also been part of the pre-admission assessment. People where able or their representatives were involved in the reviewing of the care plans. A relative told us they had seen their relatives care plan and it had been changed to reflect what they had said about how care staff could meet their relatives needs.

People told us they found there was plenty to do and enjoyed the activities provided by the home. People spoke of sitting and chatting rather than always having an organised activity and this was something they said they enjoyed. One person told us "I like some of the things we do such as craft and painting." Another person said they enjoyed getting out to the local park when the weather was fine. Earlier in the year there had been a trip to a garden centre and staff had also taken some people shopping. Visits to the home by a local music group had been arranged. The activity co-ordinator told us they spent a lot of their time with people individually rather than group activities and this reflected people's preference and ability to take part in group activities.

People and relatives had an opportunity through regular meetings to express their views and make suggestions about the quality of care they received. Minutes showed discussions had taken place about the food, activities and changes due to take place in the home such as building a conservatory and decoration of parts of the home. People had also made suggestions about activities and we saw how these had taken place. Staff meeting minutes recorded how discussions had taken place in response to comments made by one person about the care they had received. This meant people and relatives were encouraged to voice their views about the care provided in the home and make suggestions for improvements.

People told us they would speak with staff or the registered manager if they had any worries or concerns. People were aware they could make a formal complaint if they wished. A relative told us they had raised some concerns and these had been addressed. One person told us "If I had any complaints I would speak with one of the nurses." A relative said, "I am confident if I raised any concerns staff and the manager would listen and do something." A complaint had been made by a relative about the approach of a staff member. This had been addressed with the staff member and discussed at a staff meeting in general terms about how staff should interact with people. It had also been linked to training session about working with people

who were living with dementia. This meant the provider was open to complaints and people and relatives had confidence in raising concerns.

Is the service well-led?

Our findings

The service was well led

At our last inspection in November 2014 we identified a lack of a comprehensive quality assurance system. The registered manager told us in their PIR "A formal quality monitoring system has been completed." We were provided with evidence of how the provider has improved their quality assurance arrangements. There were a range of audits being undertaken included were environment, care planning, medicines, health and safety and infection control. The PIR identified the introduction of a "Harm free care audit" this addressed nutritional care, pressure care and other areas of risk. There had been monthly accident and incident analysis. Where this had raised concerns referrals had been made to the person's GP or other professionals. Where audits had shown a need for improvements these had been actioned. This had included arrangements for disposal of some medicines, improvement in infection control which had led to training for all staff around hand washing and improving the guidance for staff. Following the infection control training the registered manager had completed an observation and audit of staff practice and found there had been improvement in staff practice. An environment audit had resulted in the registered manager and provider identifying improvements were needed in the decorative state of the home. People had subsequently been involved in these improvement in the décor of the home. This meant there had been improvements in the quality assurance arrangements and the provider had addressed the previously identified shortfall.

The registered manager maintained strong supportive links with local commissioning group and social services. External auditing of the service had taken place by clinical commissioning group (CCG) (NHS organisation which funds nursing care) and they had provided positive feedback about the nursing care provided by the home. They also provided the registered manager with advice and support for those people funded or placed through the CCG and nurse assessors. Regular reviews were held as part of the service liaison with social services to support the service in providing the care and support people needed and identifying where needs may have changed. The registered manager undertook study days and had attended provider training at a local health centre which had been an opportunity to share experience and knowledge with other registered managers in the area. The service is a member of the Residential Care Homes Provider Association and Somerset Home Support Group which provides support and updating of practice in care home to providers and registered managers.

The registered manager worked closely with the provider to ensure the care provided was at the required quality. A quarterly plan was in place to set out objectives and areas for development. There was a close working relationship with the provider being present daily and this meant there was regularly informal discussion of the quality of the service for example where audits had led to action needing to be taken.

People and staff spoke of an open, honest approach by the management of the home. A relative said, "It is a friendly and open home." and another said, "The manager is approachable." This was echoed by staff "We are all treated like family you can always say how you are feeling and if you are unhappy about anything they will listen." and "The management are very approachable." Staff when asked told us how the registered

manager wanted to provide "The best care." and "A warm and inviting, homely service." This was reiterated by the registered manager who told us they wanted to provide excellent care, a family home and had focussed on training of staff to help in ensuring they had the skills needed.

The provider had notified us of any incidents and other matters they are required to do by law such as expected or unexpected deaths. We used this information to monitor the service and ensure they responded appropriately to keeping people safe and provided the care people needed.

People were able to maintain their contact with the local community through local schools and churches coming into the home. Because of the frailty of people living in the home a majority were unable to use local community service however, the home wherever possible, supported people in using the local park or visiting the town centre.

People, relatives and staff had an opportunity through questionnaires to voice their views about the quality of care provided in the home. These had provided positive feedback about the care provided. The PIR gave quotes of comments made about the service: "Nothing is too much trouble can't believe how much better (name) is, Staff are a credit to the place." and "It is a good place to work, they are really good at accommodating my work home balance."