

# Anglia Care Homes Limited

## Bellevue

### Inspection report

51 Church Road  
Clacton-on-Sea  
Essex  
CO15 3QE  
Tel: 01255 473976  
Website:

Date of inspection visit: 14 July 2014  
Date of publication: 30/01/2015

#### 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** 

#### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This report was written during the testing phase of our new approach to regulating adult social care services.

After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Summary of findings

The inspection was unannounced, which meant the provider did not know that we were coming.

Bellevue Residential Care Home provides accommodation and personal care for up to 10 people. At the time of our inspection there were 10 people living in the home. There is a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People's best interests were managed appropriately under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There were processes in place to assess people's capacity to make decisions and any associated risks.

People told us they felt safe. There were systems in place to provide safe care for people who used the service that included systems for assessing and managing risks. There were sufficient staff, who had been recruited safely, to provide safe care and support for people.

The provider carried out checks and audits to identify areas for improvement and take action to make things better. This included improvements to the environment to make it safer and improve the quality for people who lived at Bellevue.

People were complimentary about the care and support they received. The service ensured staff were supported to develop the skills and knowledge to provide effective care and support for people who used the service. The manager consulted and involved health professionals to provide people with appropriate care to meet their health and nutritional needs.

People said staff treated them well and were happy about the way they were treated and they were supported by staff who were polite and caring. People were involved in making decisions about their care where they were able to do so and, where necessary, others acting on their behalf were consulted to make decisions in the best interests of the person.

People smiled and spoke confidently with staff to make their views and preferences known and there were processes in place to assess people's needs so that care and support met those needs in ways that the individual preferred.

The service was led by a manager who had a hands-on management style which meant they were involved in the day-to-day care as well as managing the service. The manager carried out checks and audits and took people's feedback into account to improve the quality of the service. People were confident any concerns would be dealt with.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were processes in place to manage risks and to safeguard people; staff knew how to keep people safe. There were sufficient staff, who had been appropriately recruited and trained, to provide care for people.

People's best interests were managed appropriately under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There were processes in place to assess people's capacity to make decisions and any associated risks.

People received care and support in an environment that was safe and where improvements were needed to the environment they were carried out.

Good



### Is the service effective?

The service was effective.

Staff knew people well and understood their individual care and support needs. There was an effective process in place to provide staff with the training they needed.

People's needs in relation to nutrition were met effectively.

Good



### Is the service caring?

The service was caring.

Staff treated people well, listened to them and were attentive to their needs.

People who lived at Bellevue were complimentary about the care and support given and said that staff were helpful, polite and caring and provided care in a dignified manner.

People were involved in making decisions about their care and their diverse needs were met.

Good



### Is the service responsive?

The service was responsive.

The needs of individuals were met by using the information from the assessment process to plan care and support in ways that people preferred.

There was an effective process in place for developing and reviewing care plans that took account of people's needs and preferences.

The service responded to people's social needs by offering opportunities to take part in social events that interested them. People were confident that staff would listen and respond to any concerns.

Good



### Is the service well-led?

The service was well led.

The manager provided staff with the support they needed to carry out their roles.

Good



# Summary of findings

There were systems in place to seek the views of people who used the service and use their feedback to make improvements.

There were audit systems in place to monitor the quality and safety of the service which showed us that feedback was used to improve the quality of the service.

# Bellevue

## Detailed findings

### Background to this inspection

We carried out a visit to the service on 14 July 2014. The inspection team consisted of two inspectors.

Before the inspection we looked at all the information we had available about the service. This included information from notifications received by the Care Quality Commission and the findings from our last inspection. A notification is information about important events which the service is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

At our last inspection of the service on 23 January 2014 we looked at a range of standards which included people's consent to care and treatment, care and welfare of people, requirements relating to staff recruitment and how the service dealt with complaints. There were no areas of concern identified at the last inspection.

The provider sent us a provider information return (PIR) with information about what they did to ensure the service was safe, effective, caring, responsive and well-led. They also told us about any areas where they planned to make changes or improvements.

During our inspection we carried out observations of care. We observed how people who lived at the service interacted with one another and with members of staff who were on duty during our inspection. We spoke with seven people, the manager and two members of care staff.

We examined records which included three people's care plans and risk assessments as well as records that related to the management of the service such as staff recruitment and training records, staff rotas, quality audits and maintenance records.

# Is the service safe?

## Our findings

We spoke with three people who lived in Bellevue and asked them if they felt safe. Two people said that they did feel safe and another person said, “I think I am being looked after well.”

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults who use the service by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who consider whether the restriction is needed. We looked at whether the service was applying DoLS appropriately.

The manager explained that they carried out assessments of people’s capacity to make day-to-day decisions. We saw from care plans that people had MCA assessments in place. For example two of the care plans we examined contained assessments that relates to the people’s capacity to manage their finances and documented how the person’s finances were managed in their best interests. The manager and staff were able to explain how they supported people to make decisions. During the course of our inspection we saw people make decisions about what they wanted to do.

Staff training records confirmed that staff had received training in recognising and understanding what constitutes abuse or poor practice. We spoke with a member of staff who was on duty during our inspection. They were able to tell us the signs that would alert them to abuse or poor practice and they also knew what they should do if they had concerns about anything they saw.

Records confirmed that the provider had a process in place for assessing and managing risk. The sample of three people’s care plans we examined all contained risk assessments which recorded individual risks and how they were managed. For example, we saw individual risk assessments that related to health and safety, going out unaccompanied and management of finances. People also had general risk assessments including procedures staff were to follow to evacuate the person in the event of a fire.

One person had a history of falls and we saw from records that relevant input was sought from community nursing services to identify any medical reasons that may have contributed to the falls. Risk assessments were completed

which identified periods when the risk for the person was higher, such as at night, and measures were put in place to reduce the risk of the person being hurt from a fall. Some of the measures included additional monitoring and the use of a soft mat at the side of the person’s bed at night, as this had been identified as a time when falls were more likely.

We looked at staffing levels to see if there were sufficient staff to meet people’s needs. We examined staff rotas for the previous four weeks and saw that the number of staff on duty was as explained by the manager. On the day of our inspection we observed that, when people rang their call bells for assistance, their care needs were met promptly. We also saw that people were supported with their care needs in a calm and unhurried manner. Staff told us they had enough time to carry out their roles. This indicated that staffing levels were appropriate for the people who lived in Bellevue at that time.

We looked at a sample of two staff files and saw that there was a robust process in place for recruiting staff. Relevant checks were carried out to check whether the applicant was suitable to work with people who required care and support. These checks included taking up references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

During our inspection we saw that some areas of the environment could have been improved. For example a wooden handrail by the stairs had peeling paint and a rough finish. We discussed this with the manager who showed us the building and maintenance work that was scheduled for the current year. This work included repairing and painting window sills, internal painting and installing a second hand rail to the stairs. We saw that some of this work was in progress during our visit. Fence panels in the rear garden were being replaced to make the area more secure and improvements were being made to the paving to the front of the premises. We also saw confirmation of work due to commence to replace windows with double glazing.

We examined cleaning audits that confirmed that checks were carried out on bedrooms, bathrooms, food preparation and storage areas in the kitchen and furnishings. Any identified areas for improvement were recorded in the maintenance book.

# Is the service effective?

## Our findings

We spoke with three people who were all complimentary about the quality and quantity of the food. One person told us, “The food is good” and another person said, “The food is very nice, you get lots of choice.” People were also satisfied with how staff provided care and support. One person told us, “They know what help I need” and someone else said, “The staff are helpful.”

During our inspection we carried out an informal observation of the lunch time meal. We saw that people chose where they sat to eat and staff offered them drinks of their choice. A member of staff asked one person if they would like an apron to protect their clothes and assisted them to put it on.

We saw that portion sizes were generous and the food was well presented. Staff offered assistance according to people’s needs and wishes. Staff checked with people that they had had enough to eat and drink before clearing the tables. There were food charts in people’s care plans to record what they had at each meal and how much they had eaten. Staff used the information together with weight records to monitor whether people were eating enough and to identify any changes that could be a sign of ill health.

We noted that people who stayed in bed were monitored by staff, who encouraged them to take fluids. Where people had difficulties swallowing, drinks were thickened to enable them to swallow safely. We saw from care records that people had input and advice from the speech and

language therapy team (SALT), who carried out an assessment and put a ‘dysphagia assessment report’ in place. These reports provided clear information to guide staff about the required texture of food and fluids so that appropriate amounts of thickener were used. There was advice to staff about using the thickening product in foods such as ice cream so that the person could continue to enjoy a range of foods and flavours they liked and staff were able to demonstrate that this was happening.

Care plans contained a variety of charts to record people’s care needs such as personal hygiene, continence and input from health professionals. We saw that people’s health needs were met by health professionals that included district nursing services, speech and language therapy services, doctors, opticians and continence care advisors. We noted that, where people were able, they visited the surgery or if they were unable to go out for an appointment, a home visit was arranged.

On the day of our inspection we saw that staff training records were in the process of being updated. Records confirmed that staff had completed a range of training that was relevant to the needs of people who lived at Bellevue. Staff spoken with on the day of our inspection were able to demonstrate that they understood people’s care needs and they said they felt they got the training they needed. We looked at personnel records and saw that there was a system in place to support and supervise staff that included one-to-one supervisions. Staff told us they felt well supported and they were confident they could raise any concerns they had.

# Is the service caring?

## Our findings

People who lived at Bellevue were satisfied with the way staff treated them. One person said, “The staff are very helpful, polite and caring.” Another person told us, “Everything is alright, the staff know me well enough to know what I like and dislike.”

During the course of our inspection we noted that staff were polite in their exchanges with people who lived in the home. We saw that they knocked on doors before entering a room. When people required support with personal care, for example with continence issues, this was carried out sensitively and discreetly.

We also saw that staff were patient when assisting people who lived in the home. For example, we observed two members of staff supporting a person to mobilise. They spoke calmly to the person and gently encouraged them to move their foot. We saw that staff gave the person time to respond and did not rush them.

We saw from individual care plans that people were involved in making decisions where they were able. Where people did not have the mental capacity to consent to care and treatment an assessment had been carried out and we saw that relatives had been involved in making decisions. We also noted that health and social care professionals and staff were involved in making decisions in the best interests of the person and this was recorded in care plans.



# Is the service responsive?

## Our findings

People told us they could spend time doing things that they liked to do. One person said, “We sometimes play dominoes and snooker.” Another person enjoyed spending time at a local drop-in centre to socialise with friends.

During our inspection we saw that people smiled and we saw one person reading a newspaper the atmosphere was calm. One person told us, “I am well looked after. I am very happy about the way I am treated.”

People said that they could talk to staff if they had any concerns and staff would sort it for them. During our inspection we saw people speaking confidently to staff. One person told us, “I’ve got no complaints.”

The care plans confirmed that people had an assessment of their needs carried out before they were admitted to Bellevue. The information from the assessment process

was used to put together the care plans and risk assessments. We saw from care records that relatives were involved in providing information for care plans for people with dementia who were unable to express their views.

We noted that care plans contained details of people’s preferences. For example, one person’s care plan for support with personal hygiene recorded good details of what the person was able to do for themselves and what they could not manage so would need staff to assist. Care plans were clearly written and contained sufficient information for staff to be able to provide the appropriate care and support to meet the person’s needs. Staff were able to tell us about people’s individual likes, dislikes and preferences. From our observations we saw that staff knew people well and demonstrated a good understanding of the care plans.

Where people were able, they signed their care plans to confirm they were in agreement with the plan for their care and support. We saw that care plans were updated to reflect changes in people’s care needs.

# Is the service well-led?

## Our findings

There was a registered manager in post who was able to demonstrate a good understanding of management and regulatory responsibilities. The manager was able to explain about the procedures in place to support and manage staff such as how staff training was managed and the supervision process. The manager told us about the service's procedures to safeguard people who used the service. They also told us about the measures they took to improve the service such as improvements to the environment, which showed that they had taken appropriate action in response to feedback and audits.

We saw from records that the manager carried out audits to check the quality and safety of the service such as environmental checks. During our inspection we saw that improvements to the environment were in progress and the manager was able to give us detailed information about the planned redecoration and repairs that were booked for the following two months.

We also saw that health and safety checks were carried out which included monthly checks of fire systems, fire equipment, electrical sockets and plugs and utilities such as electrical systems and water. This meant that any issues were identified so that action could be taken to put right any problems.

Monthly meetings took place for staff and for people who lived in Bellevue. These meetings gave staff the opportunity

to discuss care practices; meetings for people who used the service gave them the opportunity to give their views on things that were important to them such as food and activities. The manager explained that they sent questionnaires to relatives and others, including health and social care professionals. The service used feedback questionnaires to gauge people's satisfaction with their care and the way services were provided. This included seeking the views of relatives and health and social care professionals. We saw from the latest completed questionnaires and all the feedback was positive.

We noted that staffing levels at the home were well managed and on the day of our inspection we saw that there were sufficient numbers of staff to meet the needs of people who lived in Bellevue. The manager explained that they assessed people's needs and from this information they worked out the dependency levels for people who used the service and used this information to calculate staffing levels. We saw that the manager worked alongside care staff and she knew people well. The hands-on style of management meant staff and management worked as a team to provide people with consistent care.

Bellevue had a policy and procedure in place to deal with concerns and complaints. The manager said that the process was explained to people who used the service and their relatives on admission. No concerns or complaints had been raised in the surveys and people told us they had no complaints.