Counticare Limited

Belmont

Inspection report

Stone Street
Stanford North
Ashford
Kent
TN25 6DF

Tel: 01303813084

Date of inspection visit:
07 August 2018
08 August 2018

Date of publication:
18 October 2018

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

Belmont is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Belmont can accommodate up to seven people with learning disabilities. On the day of our inspection, there were six people living at the service. Each person has their own bedroom and they all shared a lounge, kitchen/diner, conservatory, laundry and utility room, bath/shower rooms and large rear garden.

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

At our last inspection we rated the service overall as Good, although we rated the service as Requires Improvement in Well-Led because at the time, the service did not have a registered manager. At this inspection a registered manager was in post and we found continuing evidence to support the overall rating of Good with no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is therefore written in a shorter format because our overall rating of the service has not changed since our last inspection.

Medicines were managed safely and people received their medicines when they should. People were supported to maintain good health and attended appointments and check-ups. People were supported in a safe environment and risks had been identified, and were managed in a way that enabled and encouraged people to live as independent a life as possible.

Staff understood how to protect people from the risk of abuse. They had received safeguarding training and were aware of how to recognise and report safeguarding concerns. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened the staff knew what to do.

A robust system to recruit staff was in place. There were sufficient numbers of staff on duty to meet people's assessed needs. Staff received regular training and supervision which enabled them to support people effectively.

People were supported to make decisions and choices about all aspects of their lives. People took part in a range of activities which they had chosen and enjoyed. Staff knew people and their support needs well. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.
People were supported to raise any concerns they may have. Staff understood when people were unhappy

and supported them to resolve any concerns and issues.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

The registered manager had good management oversight. Staff said they were listened to and suggestions discussed and implemented. Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

Further information is in the detailed findings below.

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 remained Good	**Good**
Is the service effective? The service remained Good	**Good**
Is the service caring? The service remained Good	**Good**
Is the service responsive? The service remained Good	**Good**
Is the service well-led? The service had improved to Good	**Good**

Belmont

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 was a comprehensive unannounced inspection which took place on 7th and 8th August 2018 and was carried out by one inspector. Before the inspection we reviewed the information we already held about the service. This included details from the provider on a Provider Information Return (PIR) which gave us key information about the service, and told us what the service does well and what improvements they were planning to make.

We also looked at the previous inspection report and any statutory notifications sent to us. Notifications are information we receive when a significant event happens, like a death or serious injury.

During the inspection we looked at a range of information including two care plans, the staff training matrix, staffing rotas, two recruitment files, minutes from staff meetings, internal audits, health and safety records and two staff supervision and appraisal records.

We spoke with four people, the registered manager, three staff, one relative and two visiting professionals. We observed interactions between people and staff. Following the inspection, we received feedback from one relative.

Following the inspection, the provider sent copies of documents that we had requested including, and a copy of internal audits results and service development plan.

Good

Is the service safe?

Our findings

People were supported by staff who understood the risks to their safety and supported them to keep safe in situations that might be harmful. Safeguarding information was available and staff were trained in safeguarding procedures. We spoke to staff who told us what steps they would take to keep people safe.

Risks to people were safely managed. When risks to people had been identified, for example choking and epilepsy, people had clear risk assessments in place which outlined the risk and steps to take to mitigate them. Clear guidance accompanied the risk assessments, this helped staff to provide the right support to people in a consistent way. Some people were supported by a behavioural specialist who provided specialist guidance for staff in supporting people when they displayed behaviours that challenged themselves and others.

People were supported by sufficient staff to keep them safe and ensure their needs were met. The registered manager reviewed staffing levels weekly and confirmed that rotas were prepared in advance but remained flexible and responsive to meet people's needs. We reviewed two month's rotas which confirmed that five staff were on duty during the day with two support staff at night. One person required 1-1 support at all times and an additional staff member had been rostered on each shift to ensure that this level of support was maintained.

People had been encouraged and supported by staff to complete daily living tasks such as tidying their rooms and keeping their home clean. Staff used personal protective equipment and health and safety guidance to minimise the risk of cross infection and keep the service clean. The registered manager completed monthly infection control audits, fire risk assessments, health and safety and environmental checks. Equipment had been serviced and maintained.

People had personal evacuation plans (PEEP) that staff understood. A PEEP sets out people's physical and communication needs to help staff ensure safe evacuation in the event of an emergency. There was also a business continuity plan that explained the staff's responsibilities in the event of a major incident or an emergency.

People had continued to receive their medicines safely from trained staff. Medicine administration records (MAR) confirmed that people had received their medicines when they needed them and discussion with staff confirmed how the person liked to receive them. Medicines were stored safely and were accompanied by clear written guidelines including for PRN protocols (taken as required) so that staff understood the purpose of the medicine.
Records confirmed that monthly audits had been carried out to ensure that medicines were ordered, stored, and administered safely and in line with best practice guidance.

Accidents and incidents had been recorded appropriately and learning shared amongst the staff team. For example, the behavioural specialist had supported staff to try a range of techniques to support a person who had complex needs. Staff ensured they documented any changes to the support plan and used staff

meetings and supervisions to debrief and learn together. They fed back to the behavioural support specialist what support techniques had improved the quality of the person's care.

Good

Is the service effective?

Our findings

People's needs had been assessed and care plans were in place. These reflected people's wishes about how they wanted to be supported, and covered all areas of their support needs including their health and social needs. Care plans were regularly reviewed and updated when necessary to ensure they reflected people's changing needs.

People's care plans contained detailed health records that showed how they had been supported by staff to attend regular health checks, health screening appointments and any follow up appointments required. Staff had continued to work proactively alongside external health professionals, from occupational therapy, behavioural psychology and speech and language therapy and had prepared hospital passports so that hospital staff could understanding the best way to support people if they were admitted for treatment.

People were supported by trained staff who told us that their induction training combined classroom and computer based learning, covering core subjects such as safeguarding adults, medication administration and health and safety. Training was reviewed and updated appropriately with additional courses such as 'heart health', 'diabetes care' and 'positive behavioural support' available to ensure that the staff's skills and learning continued to develop in line with people's changing support needs.

People had taken part in staff interviews and had helped to assess the suitability of candidates for the role. The provider had followed robust recruitment processes and had ensured prior to staff being confirmed in post, they had undertaken checks on prospective staff which included criminal records checks, and references.

People were supported to maintain a varied and balanced diet. This included growing some of their own vegetables including tomatoes, cucumbers and carrots. People used flash cards and recipe books to plan the menus. A large menu planner on the kitchen wall confirmed the choices that had been agreed. One person was at risk of choking. They had received specialist support from a speech and language therapist and had clear pictorial guidelines in place which described the support they needed.

Staff had worked with other professionals to achieve effective care. Examples included a speech and language therapist who told us that when they came to the service to review people's speech and language guidelines, the senior support workers were always supportive and ensured that information about changes to the guidelines were fed back to the staff team. This ensured there was a consistent approach by staff to the support people received.

Internally, staff worked well together and ensured that any communication relating to people was shared daily using handover notes and a staff communication book to record daily activities. Each person had individual daily logs where staff recorded details about the person's day and noted any changes to their needs. This provided staff with the information they required to maintain a constant and consistent approach to the person's care.

The premises met people's needs. People's bedrooms were personalised with their photographs and personal mementos and people had been supported to choose the décor and furniture. The property had been adapted with an annex providing flexible support for people who required a quieter living environment and two attic rooms that had been set aside for people who wanted to live more independently. There was easy access for people in wheelchairs and the rear garden provided a safe and restful outdoors space.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are assisted to do so when required. When people lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated that they understood how the need for consent applied to their daily work. Mental capacity assessments and best interest's meetings had been completed. The decisions recorded showed input from professionals and relatives as appropriate. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that appropriate DoLS applications had been submitted so that people only received care that respected their legal rights.

Good

Is the service caring?

Our findings

People were treated with kindness, compassion and respect by the staff team who demonstrated strong supportive relationships. One staff told us, "We are here to help people to have the best life possible." People were happy and relaxed with staff. During the inspection one person returned home with an item they had made at work experience: they looked proud as they showed the staff who complimented them enthusiastically and praised their craftsmanship .

One person had worked with their key worker to discuss what they would like for a summer event in the garden. Staff told us that whilst the person found it hard to verbalise their wishes they could write and sign their plan with help from their key worker. We spoke to the person's relative who told us, "[Person] has come on in leaps and bounds in the last year". A reflexologist told us that in the five years they had attended the service, the care had been 'fantastic' and they felt people were happy, well looked after and the staff did a really good job.

People had communication passports with detailed guidance for staff about how they preferred to communicate their choices. The passports contained communication grids that explained " when I do this… it means this…" For example, one person liked staff to sing with them. During the inspection, we heard the person and their support staff singing "Wild Thing" the person was soon laughing and shaking bells to join in.

People were supported to express their views. We looked at one person's communication passport that provided guidelines detailing the person's methods of communication. Guidelines were clear about the need to ask the person what they wanted and give them time to understand before a decision was made. Staff also used 'decision making profiles' that helped them to guide people through a range of choices using pictures or verbal prompts. People's decisions were then recorded during 'talk times' where key workers discussed the choices and recorded the person's opinion through their verbal and non-verbal responses.

People were supported to make decisions about their care and support. Their care plans were reviewed monthly with them during 'talk times' (short conversations tailored to the individual's communication style) where changes were noted. The person and their relatives were also involved in annual care plan reviews that were held to reflect on the things the person had done during the past year, to look at any concerns the person had raised, and to concentrate on their goals for the year ahead.

People were treated with dignity and their privacy was respected. When staff entered people's rooms or carried out personal care they asked for permission and explained what they were doing. When people required privacy, staff supported this, they respected their wishes and upheld their right to dignity.

People's human rights and individual characteristics were supported. Staff ensured that each person's individuality was respected and that they had been supported to celebrate cultural and religious holidays such as Christmas and Easter.

People's confidential records were kept securely in the lockable staff office and staff were clear about the need to maintain confidentiality and protect people's private information.

Good

Is the service responsive?

Our findings

People had received individualised care that reflected their choices and responded to their needs at a pace that suited them. People's plans included a range of support tools with sections entitled, 'what I like and dislike',' the best way to support me' and 'my perfect day.' Plans were personalised and provided detailed pen portraits of each person.

Activities were planned with people in advance and people knew how their week was structured. Care plans and daily records reflected a range of activities people had chosen including; trips to the seaside and the zoo, day centre attendance, film nights, and arts and crafts sessions. One person enjoyed bird watching and knitting, another person enjoyed journeys on trains. During the inspection a reflexologist visited, a group went to a local attraction and one person went out to a local pub with their key worker and a family member. Staff told us that activities often needed to be planned on a daily basis to provide the flexibility for people to review their choices, change their minds, to do something different or not do anything if they preferred.

People were supported to be involved in their local community. One person went regularly to the local mobile phone shop to buy data for their mobile device. Other people shopped locally for toiletries and household items and people attended local village fetes and visited their local pub.

People's care plans had been developed with photographs and pictures in an easy-read format. Care plans provided clear pen pictures of each person including their personality, personal preferences, life history and family membership and detailed what emotional support people needed from those who were close to them or involved in their care.

Personal independence had been supported and staff had worked proactively to promote people's participation in daily living tasks such as doing the laundry, cooking, and travelling safely in the community. One person had expressed a wish to be more independent and had a long-term goal of moving to independent living. Staff had supported the person to find a work placement and to move into an attic room which they identified as a more independent space within the service. Each step had helped the person to develop their confidence and had given them a greater sense of independence whilst still retaining support from staff as they required it.

People were supported to raise concerns and staff were clear about people's right to complain and understood the need to support them in line with the registered provider's policy and procedures. One person had a long-term health condition which had been causing them increasing amounts of pain. They communicated their concerns about the growing discomfort using non-verbal means. This prompted staff to investigate a number of options until they had discovered the cause of the person's concern and referred them for further treatment. One relative told us," if you have any concerns [or] questions they always respond to them, [however] there have not really been any problems." Records confirmed that no complaints had been received during 2018.

People had been supported to discuss their end of life wishes with agreement and support from families as appropriate. One person's end of life care plan provided detailed information including their funeral arrangements whilst another plan confirmed that the person's relative would take care of all the arrangements.

Good

Is the service well-led?

Our findings

There was 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.

The registered manager and members of the staff team described the culture of the service as 'an open culture that remains open to new ideas.' They also reflected the providers commitment to give people, 'High quality care and support within a strongly person-centred approach'.

The registered manager had invited the staff team to contribute ideas to improve the service. For example, people's support plans had been revised and amended quickly with changes communicated to the team through the direct involvement of the senior support workers in regular meetings with external professionals. One staff had suggested the introduction of a sensory garden, another had supported a person to introduce the idea of using tractor tyres as planters and sprung garden seats. Both ideas had been introduced and had proved to be popular.

Audit and quality assurance systems were in place and the registered manager monitored the quality of care for people using a range of internal service audits including, health and safety checklists, medicines audits and environmental audits. The Registered Manager had worked alongside the staff team and had introduced six monthly competency audits where staff shadowed one-another and evaluated each other's level of competency. This feedback had been used during supervisions as an opportunity to encourage team members to take ownership and develop the quality of their professional practice.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. The registered manager confirmed that if any incident met the threshold for Duty of Candour it would be reported to people's relatives.

People were consulted and involved in day to day decisions about the service. A recent trip to Legoland had been planned following consultation with each person individually. The registered provider had also sent out annual questionnaires to professionals and relatives. Responses included; making improvements to the external look of the building. A review of the minutes from monthly staff and senior support worker meetings confirmed that comments and feedback from the surveys had been discussed and staff had supported people to buy new pots and hanging baskets for the service.

People's health and wellbeing outcomes had been improved through proactive partnership with other external services including; the local authority, learning disability and speech and language therapy teams. The registered manager was also actively involved in the registered providers internal management network

to ensure that the service received professional information updates and stayed connected to the latest changes in legislation and policy. The registered manager had a service development plan that set out the service's priorities for the following year.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the registered providers website where rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. During the inspection the rating had been clearly displayed in the service and on the provider's website.