

Mrs Jayne Page

Bella Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 28 August 2015 and was unannounced. We last inspected the service on 19 October 2013 and found no concerns.

Bella Care Home provides care to people with learning disabilities or autistic spectrum disorder. They provide residential care without nursing for up to three people.

The service does not require a registered manager as it is owned and run by the registered provider Mrs Jayne Page.

People were protected by staff trained in recognising how to identify abuse and keep people safe from abuse. Staff were recruited safely. Staff underwent regular training, supervision and appraisal to ensure they were able to remain effective in their role.

Risk assessments were in place to assess and reduce the possibility that people may come to harm. Staff were trained in identifying and meeting people's specific, highly complex needs. There were clear links with risk assessments, care plans and training for staff to ensure people's needs were met. People's medicine was administered safely.

Summary of findings

People had their right to consent to care respected. People had their mental capacity assessed in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, as required.

Staff treated people with kindness and respect. People's dignity was respected at all times. People were involved in planning their care and choosing how they wanted their day to look like. People were supported to take an active role in their local community. Activities were provided that supported people to meet their needs and provided entertainment.

Staff worked closely with people to ensure any complaints, concerns and feedback on the service were listened to and responded to quickly.

There were clear systems of governance and leadership in place. Staff told us the provider was approachable and responsive to any new ideas. The provider ensured the quality of the service was maintained.

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. People were looked after by staff who understood how to identify abuse and make sure they were protected.

People's medicine was managed and administered safely.

Risk assessments were in place to ensure the risks associated with people's needs were reduced as much as possible.

There were sufficient staff employed who were recruited safely.

Good



Is the service effective?

The service was effective. People's right to consent was upheld. People were assessed in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, as required.

People were supported by staff trained and supervised to carry out their role effectively.

People had their food and nutritional needs met.

People were supported to maintain good health and access medical services as required.

Good



Is the service caring?

The service was caring. People were looked after by staff who treated them with kindness and respect.

Staff ensured they understood people's needs and encouraged them to have control of their care by using individualised communication methods.

People's dignity was always protected.

Good



Is the service responsive?

The service was responsive. People were supported by a care plan which was person centred and reflected their current needs.

People were involved in selecting how they wanted to spend their time at the service. Activities were provided which reflected choices and staff knowledge of what people liked to do.

The service had a complaints policy available. Staff used different means to check if people were happy or if they had any concerns to raise about the service or their care.

Good



Is the service well-led?

The service was well-led. The service was well managed with a good model of leadership and governance in place.

The registered manager ensured the quality of the service was maintained.

Staff told us the provider was approachable. The provider demonstrated a commitment to a positive culture in the service for people and staff.

Good



Bella 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.

The inspection took place on the 28 August 2015 and was unannounced.

One inspector completed this inspection.

Prior to the inspection we reviewed previous inspection reports.

During the inspection we reviewed the care records of the three people living at the service and observed how their care was given by staff. We also communicated with people where we could. Staff supported us to communicate where this was needed as people were more comfortable with their support.

We reviewed three personnel records. We reviewed the training records for all staff. We reviewed documentation held by the provider to ensure the effective running of the service. This included policies and practices and evidence of how they ensured the quality of the service was maintained. This included audits, minutes of meetings and how the service communicated with people to ensure they were happy with the care provided.

Following the inspection we spoke with three staff and one family member by phone.

Is the service safe?

Our findings

People were looked after by staff who knew how to recognise abuse and keep people safe from harm. Staff were trained in safeguarding vulnerable adults and received specific training in communicating and listening to people who may find it difficult to verbalise their concerns. This was to ensure staff recognised any concerns in people's physical presentation and mood. Staff stated they would share any concerns with the provider who had always acted on any concerns they had raised in the past. All staff understood how to share their concerns with CQC if they felt their concerns were not being addressed.

There were sufficient staff to meet people's needs safely. There was a dedicated staff team available to meet people's needs 24 hours a day. The provider ensured the staffing levels were flexible enough to meet any emergencies, appointments or support someone who was poorly. One staff member said: "There are plenty of staff. We are all very flexible and cover for each other. We are never understaffed".

Staff were recruited safely. Staff were recruited over a period of 12 weeks to ensure they were suitable for working with people with complex needs. They did not start work until all checks were in place and they were considered suitable for meeting people's needs. Each new member of staff underwent a probationary period to ensure they continued to be suitable to work at Bella Care.

There were detailed risk assessments in place covering every aspect of potential harm people could experience

while living at Bella Care. The risk assessments detailed the risk, how the risk could present itself and the action staff were to take to reduce the likelihood of people coming to harm. The risks were regularly reviewed and were clearly linked to the care plans.

People had risk assessments in place to support them in the event of an emergency such as fire and going to hospital. The service had a contingency plan in place to be able to react to emergency situations while minimising the disruption for people.

People's medicines were safely administered. Medicines were given to people as prescribed. Staff were appropriately trained in the safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. Medicines were locked away as appropriate. The administration of people's medicines was closely linked with people's risk assessments and care plans. Specialist health professionals were involved in the planning and training of staff. Staff were given strategies on how to support each individual person to take their medicines. Body charts were used to indicate the precise area creams should be placed and contained information to inform staff of the frequency at which they should be applied.

The provider had infection control policies in place which the staff followed. People were involved in understanding how they could help prevent the spread of infection by washing their hands often.

Is the service effective?

Our findings

People living at Bella Care lacked the ability to consent to their own care and were under constant supervision and control by staff in order to keep them safe. The provider understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and these were necessary for people living at Bella Care. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. MCA assessments were completed for each person. We found all staff upheld people's rights by careful risk assessment, care planning and involving professionals in best interest decisions as necessary. Appropriate DoLS applications had been made for the people living at Bella Care, but were awaiting authorisation by the relevant person at the local authority. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty.

Staff showed they always sought people's involvement in agreeing to every stage of their day to day care. Whenever a care task needed to be completed, staff were observed seeking the person's attention and cooperation at each stage. They did this in the person's time and waited for them to indicate they wanted to continue.

Staff were trained to support people effectively. All staff received the provider's core training such as safeguarding, infection control, manual handling, first aid, food hygiene and health and safety. Staff were also trained in the specific needs of people. For example, all staff were trained in meeting the needs of people with epilepsy, autism and ADHD. Staff could also take higher qualifications in care. There was a clear link between risk assessments, care planning and staff training to ensure staff could meet people's individual needs. Specialist health professionals supported staff learning as necessary.

One staff member said: "Our training is always up to date. We are offered lots of training above the mandatory courses. We are offered lots of extra training all the time" and another said, "We have regular training; it's always updated in time."

Staff had supervision regularly to support staff to reflect on people's needs and their personal development. Staff were supported to look at their competency and any training needs. Staff confirmed there were also opportunities to have informal discussions with the provider as required. Staff underwent an annual appraisal which supported them to review the past year and plan for future personal and professional development. One staff member said: "I find supervision is a really helpful time to reflect on my progress. It is a two way review between the provider and me" and another, "I can speak to the provider at any time if I need to."

New staff completed a detailed, service specific induction. This included all the required training to support and relate to people living at the service. For example, all new staff took training in autism at the start of the induction process. The provider told us they were looking how to link their own induction in with the new Care Certificate which is a national training course for staff that are new to care work.

People had their nutritional needs met. People were involved in planning what they wanted to eat on a weekly basis. They were also involved in buying the ingredients at a local supermarket. The menu was reviewed each day to ensure each person was happy to have that meal. Cooking with the staff was promoted as a regular activity for people. Drinks and snacks were available at any time and no food choice was refused. Staff advised a balanced diet was encouraged.

People had their health needs met. Staff were informed by the care plans and risk assessments what people's health needs were and how to meet these needs. There were links with people's GP and health professionals to ensure their needs were met. People had regular optician, dental and podiatrist appointments as required. Any GP appointments and annual health reviews with their GP were held at the service to minimise distress.

Is the service caring?

Our findings

People were supported by staff who were caring and treated them with kindness. People were comfortable in the company of staff and responded positively when staff were present. Staff recognised people's needs for a predictable, calm atmosphere to prevent unnecessary stress. Family said staff were always polite and spoke to them and people with respect.

Staff supported people to be in control of their every day care and make choices that encouraged them to be as independent as possible. This was achieved by using simple questions, the use of pictures and the use of gentle prompts. People could choose how they wanted to spend their time which was built into a pictorial representation in their care plan. One staff member said: "We offer good quality of life and a high standard of care. We don't take over from people, to ensure they maintain their independence."

Staff treated people with respect and appropriate humour. People had their dignity respected at all times. Staff ensured a regular programme of support was in place as this was recognised as important to people. For example, people wanted staff to support them to maintain their continence and therefore their dignity. It also prevented people experiencing distress. This meant staff regularly prompted people to go to the toilet. This was achieved discreetly throughout the time we were visiting the service.

Staff supported people to deal with distress and change. For example, they supported people to cope with having

the inspector in their home. Staff explained who we were and why we were visiting for the day. Staff repeated the explanation with patience as often as required to reassure people.

Staff spoke about the people they looked after with affection and felt they were well looked after. Staff demonstrated they understood people's specific needs, moods and abilities. Staff told us they had worked at the service for a long time and worked well together. One staff member said: "We work as a family unit and try to ensure it is a home at all times. People set the routines and it is different for each person; like it would be in my or your home" and another, "I love working here; people are like family".

The provider explained the importance of building a caring service. They explained it was necessary so staff understood the importance of meeting people's specific needs. They also stated it was important staff were looked after as the work could be stressful at times. Staff were therefore always supported to ensure they could meet people's needs.

Family members were supported to visit people living at the service. Family said they were always welcomed when they visited and kept informed of how people were doing. People at the service found it difficult to receive surprise visits which meant visits were generally announced. This enabled staff to support the person to accept their visitors in a planned way and meant the visit ran smoothly. Staff said family were supported to have informal visits and the provider said family were involved in celebrations such as birthdays and Christmas.

Is the service responsive?

Our findings

People had care plans in place which were person centred and reflected their current needs. One staff member said: “The care is person centred. People’s needs always come first and we will make every effort to respond to each and every need as it arises.” People’s care plans were reviewed yearly but updated as necessary. People were involved as much as possible in making choices about how they wanted their care delivered and this was reflected in their care plan. Staff said they contributed to the content of care plans. Staff said the care plans provided them with plenty of information to be able to provide appropriate care. One staff member said: “Staff try to look at as many ways to meet a need as possible and try and come up with new and creative ways to meet that person’s needs.” Staff and the provider explained how they ensured care records reflected current practice.

People were supported to learn new skills and to be as independent as possible in order to maximise their development. The provider explained that over a period of time people were supported to rehabilitate and gain as much control over their lives as possible. For example, one person was supported to take control of their continence needs and how they wanted this need to be met by staff.

Family said staff had supported their relative to cope with life better. For example, to cope with situations that makes them angry in a more measured way. They added: “They are a different person since going to live there; they are happy and in a good place.”

Activities were a main part of building people’s skills. These were planned to maximise people’s development and recognised how they liked to pass their time. People were involved in planning their activities. People were also supported to be active and maintain links in the community. For example, one person attended a local church for a cooking club. This enabled them to take part in activities and meet their friends.

Equipment was provided as required to support peoples’ needs. For example, cable TV for one person was tuned in so they could easily access their preferred programmes 24 hours a day.

The service had a complaints policy in place. People and family were asked at regular intervals if they had any concerns. Staff attempted to identify early if there were any concerns people wanted addressing. Staff told us they knew people well and supported them to let them know if they felt there was something wrong. They achieved this by reading people’s moods and simple questioning.

Is the service well-led?

Our findings

Bella Care Home was owned and run by the provider, Mrs Jayne Page who worked in the service full time. This was their only service. There was clear evidence of the role of the provider in running and overseeing the service.

A staff member said: “[The provider] is brilliant; she is very approachable and supportive. She is passionate about what she does; she likes to be current and up to date. The service is very well-led.” Another staff member said that the provider was very good at communication and would respond to any need quickly.

Staff we spoke with felt the service person centred, providing quality care for people. Staff stated they felt the provider was approachable and would listen to them if they had any new ideas about how the service could improve. People were involved in feeding back on the service by use of verbal feedback, a simple questionnaire and observation of their behaviour. Staff would use opportunities to informally ask for feedback on the service as they arose.

The provider explained they were dedicated to providing the best quality of service and would review with staff whether this was always the case. Staff felt the provider cared for them as individuals and this reflected in good care for the people they were looking after.

The service was underpinned by a number of policies and procedures made available to staff. These were regularly reviewed and supported the values of how the service should relate to people living at the service. These values around care, involving people, respect, dignity and equal opportunities were observed in how staff treated people and each other.

The provider had audits in place to check the service was running along expected lines. They had recently refined their medicine audit. There were systems in place to ensure the building was safe and maintained. Staff were not ensuring water temperatures were taken regularly. The provider started to address this on the day of the inspection. The provider carried out regular checks of all areas of the service. Appropriate contractors were employed to check the gas, electricity, appliances and remove waste from the property.