

Perfect Care Limited

Belmont Grange Nursing and Residential Home

Inspection report

Broomside Lane
Durham
County Durham
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Tel: 01913849853

Date of inspection visit:
24 September 2019

Date of publication:
15 November 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Belmont Grange is a residential care home providing personal and nursing care to 29 older people at the time of the inspection. The service can support up to 30 people.

People's experience of using this service and what we found

We received extremely positive feedback from people, they told us they were exceptionally happy living at Belmont Grange. They told us they enjoyed being an important part of the local community and spoke extremely highly of the staff team and the level of care and support they received. Relatives spoke very highly of the home and were confident in the care and support their relatives were receiving and the improvements being made to their well-being.

People were continually supported to build new and maintain existing special personal relationships that mattered to them; with partners, peers, friends and relatives.

The registered manager and staff supported people at the home to make valuable connections with other voluntary groups to help tackle social isolation and to support each other. People were able to access a superb range of activities in the home and outside which promoted reminiscence, education and improved wellbeing.

People were supported to be 'resident representatives' to have their say and to exercise their rights. Access to an advocacy service was available if required. Support was provided in a way which put the people and their preferences first. Information was readily available for people in the correct format for them, including social media, online platforms and audio books.

People received person-centred support and staff knew people extremely well. The care plans in place covered all aspects of people's care and support preferences, ensuring people received care which was a personal and individualised experience that had a positive impact on their lives.

People were supported emotionally and confidentially to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and leadership in the service ensured this practice was the norm.

Healthcare professionals highly recommended the home and spoke positively of the registered manager and staff team and were included in people's care and support as and when needed. People were supported to be by a 'fluid buddy' system to have enough to drink. People who need specialist diets were supported.

The environment was very clean and homely and maintained to a high standard with personalised bedrooms. Audits and monitoring systems were used effectively to manage the service and to make improvements as and when required.

There were enough staff to support people and staff were always visible. Staff received support and a variety of appropriate training to meet people's needs.

Medicines were managed well, safely administered and recorded accurately. Individualised risk assessments were in place. Staff were confident they would raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

There were excellent systems in place for communicating with staff, people and their relatives to ensure they were fully informed, this was via handovers, team meetings, phone calls and emails. People had exceptionally good links to the local community through regular access to local services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (1 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in the responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

Details are in the responsive findings below.

Belmont Grange Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector, carried out the inspection.

Service and service type

Belmont Grange is a residential care home. People in 'care homes' receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The registered manager and provider were working closely with the local authority commissioners on improving the quality of the service.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time with people living at the service. We spoke with three people who used the service, two relatives, the registered manager, the clinical lead, three care staff and a visiting healthcare professional.

We reviewed a range of records. These included three people's care records and four medicines records. A variety of records relating to the management of the service, including audits, procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training, audits, reports from external professionals and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had both general and personalised risk assessments which were regularly reviewed.
- Where risks were identified, care plans showed ways in which staff could reduce these risks. One person told us, "I feel so much safer here than I did when I was in my own house."
- Fire safety practices were in place along with regular checks to equipment.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual recording basis. The registered manager analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.

Using medicines safely

- Medicine administration records were clear and completed fully.
- People received their medicines as prescribed, at the right time.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to appropriately raise any concerns.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.

Preventing and controlling infection

- The premises were very clean and tidy with no odours.
- Staff were provided with protective gloves and aprons where required and these were stored discreetly.

Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety.
- Staff were recruited safely, using robust checking methods to ensure only suitable people were employed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The home was purpose built and fully accessible with a range of adaptations and equipment to meet people's needs.
- The outside garden area of the home was accessible and was regularly used for socializing. It was well maintained with a range of donated items from local businesses. One person told us, "I like to sit here to watch the birds, the benches were donated by the local supermarket."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Outcomes for people, their preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and their relatives and this was reflected in their care plans. One relative told us, "Any changes and I am informed especially the medicines."

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. Staff told us they valued the training on offer and could ask for extra if needed.
- New employees completed an induction and shadowed more experienced staff as part of their induction.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were met, and people were provided with a varied and nutritionally balanced diet.
- People were allocated a 'fluid buddy' who was responsible for their drinks every day to ensure they were hydrated.
- The staff were aware of people's dietary needs and people who required a specialist diet were supported well. These people's care plan had details and professional guidance for staff to follow.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked regularly with external professionals, such as speech and language therapy and GPs to support and maintain people's health.
- People had detailed care plans that covered their healthcare needs. These shared important information with healthcare professionals.

Supporting people to live healthier lives, access healthcare services and support

- Referrals were made to other healthcare professionals where appropriate, in a timely manner.

Ensuring consent to care and treatment in line with law and guidance

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care, Staff understood their role in making decisions in people's best interests. These decisions were in place for medicines and equipment where needed.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- People who could, were asked to give consent to their care and treatment; we saw this was recorded in care files.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were consistently supported to seek and build new special personal relationships and also maintain existing ones using various innovative ways. These included; social media, socialising and online dating.
- People were encouraged to spend personal private time with partners, friends and peers.
- Where people had been supported to build personal and intimate relationships, this had an extremely positive outcome for them including; vastly improving their mental health by eradicating anxiety and associated behaviour and therefore the need for crisis mental health support.
- People were given the utmost respect and supported to be open or private, and to confidently express themselves and their personal sexual relationship preferences.
- People's care plans included their preferences for staff and these were respected. One person told us, "I prefer female staff and it's not a problem."
- People told us the staff culture of going above and beyond had greatly improved their quality of life. There was an extremely positive rapport between people, support staff and management. People spoke very highly of the care team. One relative told us, "They couldn't do enough, so supportive."

Respecting and promoting people's privacy, dignity and independence

- People were supported emotionally and confidentially. People had extreme confidence in the registered manager who offered bespoke support in exceptional circumstances to meet people's complex needs.
- People were supported to learn new skills and improve their well-being. People recently took part in a six week 'live well project' in the local community the outcomes were; 'keeping learning, take notice, connect, give and be active.' One person told us, "I found it most interesting, I learned how to make pictures and objects it was good fun. We met new people who demonstrated their skills. I'm glad I took part, I was covered in clay from head to toe, I have the things I made in my trophy cabinet. I looked forward to it every week. It was a nice journey, it brought back lots of memories, we passed my old school and things like that."
- Respect for privacy and dignity was at the heart of the service. Staff were trained in dignity and respect and treated people with the utmost empathy, kindness and respect at all times. One person told us, "I am most definitely respected and treated with dignity."
- People were actively supported to achieve increased independence. One person told us, "The carers let me be independent but if I get stressed - they are always there to help."
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be partners in their care and were supported to have their say and had access to independent advocates.
- People were supported to make plans and discuss any changes to their care and support. Relatives and partners were also included.
- Staff went out of their way to spend time listening and talking to people. One relative told us; "The carers are on side of the residents they feel like friends. What is really nice to see is they sit and chat with people, never rushing off looking for other jobs."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The support people received was individual to their needs and was delivered in a person-centred way.
- Care plans were in place for people who used the service, these covered all aspects of care and support and were very personalised.
- Care plans were electronic and were reviewed regularly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain friendships with peers and in the local community.
- People were supported to follow interests and to take part in activities that were socially and culturally relevant to them including active social club memberships, animal therapy, entertainment and local community events.
- The feedback regarding the activities was consistently positive, one person told us, "The staff member who organises all the activities is very conscientious and does a great job of keeping us all occupied."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information, documents and notices were available to people in different formats, including easy read.
- People with communication needs were supported to use picture cards, and others used to talk books from the local library service.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place that was followed by the registered manager and staff.
- People and their relatives were supported to leave comments. Any issues from these were acted upon.

End of life care and support

- No one was receiving end of life care however, people had made advanced plans highlighting their preferences.
- Recent positive feedback from families whose relatives had experienced end of life care was seen, thanking the staff for the care and support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others

- The service was an important part of the local community and had forged excellent links with local organisations. People had built a special partnership with a locally based youth group who were young people with a learning disability. The group and the people met up regularly, they enjoyed visiting each other, taking part in activities together such as singing, and crafts and they supported each other immensely. One person told us, "When the group visit us they cheer everyone up, they are such cheerful people. I was honoured to go to their place and see them too, we've made great friends with them and their support staff too."
 - People were supported to fundraise for extra resources for activities by holding regular raffles and coffee mornings where the community attended. Recently the local youth group had their base vandalised and the people decided to donate their raised funds to the group. However, this donation was matched by the provider. People visited the group and presented them with a cheque. This has made their relationship even stronger.
 - People were continually supported to be active citizens within their local community by using local services regularly. This included visiting social clubs and the local church community centre for a wide range of activities including; coffee mornings and entertainers. One person told us, "Life is good, I'm part of a social group that meet every week and we go over to the church hall for the live music regularly."
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- There were consistently high levels of constructive engagement with people. People were given the opportunity to be 'resident representative' which meant they could be more involved and empowered in the running of the home. One person told us, "I was asked to take part in the staff interviews. It's most important and I'm glad I could offer my services."
 - People were supported to achieve personal outcomes. One relative told us how their family member's well-being had improved and how much they benefited. They told us, "From being on their own and being isolated they have really come out of their shell now, it's been lovely. It's really been a miracle. They're more rested, laughing more, talking and interacting more and learning a new way of life."
 - Excellent communication systems were in place to keep staff, people and their families informed of what was happening via newsletters, phone calls and meetings
 - The home provided Wifi and had its own social media pages which were updated regularly with photos of people enjoying taking part in activities and sharing their views.
 - Resident meetings took place and a regular colourful newsletter with lots of photos was circulated. This included information where the registered manager and resident representatives would give updates and

announce any future events.

- Regular engagement took place with staff. The registered manager held regular staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings. One member of staff told us, "They are every six weeks and we can bring anything up."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager encouraged people and staff to be open with each other and created a culture of acceptance. Arrangements were made for a person to attend a local pride event and plans were in place to hold a pride event in the home next year.
- The culture at the home was to support people to practice their chosen religion if they wished and for staff to understand different cultural beliefs or preferences. People could attend the local church for service as well as a wide range of non-religious activities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was strong, clear leadership. Visiting health care professionals spoke very highly of the manager and told us, 'I think it's ran very well, the manager is not an authoritarian. They listen and then run with staff ideas, always gets their opinions and seems to be flexible with all the staff. Approachable without a doubt, very visible. They would cover shifts if needed.'
- The provider had a plan to ensure minimal disruption to care in case of an emergency.
- Policies and procedures were current and in line with best practice.
- A wide programme of audits and surveys for people and their relatives were carried out regularly by the registered manager to check the quality of the service.
- The provider had sent us notifications in relation to significant events that had occurred in the home

Continuous learning and improving care

- There was a strong emphasis on continuous improvement. The registered manager introduced the 'fluid buddy' system to improve people's hydration but also to improve staff performance around this issue to ensure they took more responsibility.
- People who used the service interacted positively with the registered manager. We observed people approaching the registered manager during our inspection and a positive rapport was noted.
- The registered manager took on board opinions and views of the people who used the service to make improvements. For example, the garden area had recently been improved to include more seating.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager was open with the inspector during the inspection and discussed the improvements made over the years to the home.