Derbyshire County Council

Ada Belfield House 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

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 the Care Quality Commission, which looks at the overall quality of the service.

Accommodation and personal care is provided at Ada Belfield for up to 25 older adults. At this inspection there were 22 people living at the home. The inspection was unannounced.

At our last inspection on 8 July 2013, we found that the care provider was meeting the essential standards of quality and safety in all five outcomes we inspected against.

Summary of findings

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

People felt safe in the home and were protected against harm and abuse by staff who knew how to report concerns about any poor practice. People were happy living in the home and were particularly pleased with the way the home was being managed and run. They were also satisfied with their care and the meals provided, which met their assessed needs and choices. People told us that staff, were caring and that they treated them with respect and promoted their dignity and privacy. People's views about their care and those of their relatives and representatives were regularly sought and acted on.

Care staff understood and followed the Mental Capacity Act 2005 (MCA) to ensure that people's rights and best interests were being protected. The MCA is a law providing a system of assessment and decision making to protect people who do not have the capacity to always consent to or make specific decisions about their care. Where people's medical conditions affected their capacity to make some important decisions about their care, staff ensured that decisions were being made in their best interests.

Care staff demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. People were protected against the risk of unlawful or excessive control and restraint that may restrict their liberty or human rights. Where any person was subject to DoLS, these were legally authorised in their best interests, by the relevant authority; and the provider told us when this occurred.

People received care from staff who, understood and were trained to meet their personal, safety and health needs, which were reflected in people's care plans. Staff sought advice support from relevant health care professionals when required. Instructions and advice received were included in people's written care plans, which staff followed. People's care plans were kept under review and revised with people when required and reflected people's needs and wishes.

Staff, were well led and understood their roles and responsibilities and the service aims and values for people's care. Management strategies meant that ways to improve people's care were being continuously sought. Improvements in progress included staff planning and deployment, infection control and prevention, promoting dignity in care and to further enable people's participation in hobbies and interests.

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 safe and protected from avoidable harm, abuse and restrictions to their liberty and rights. Staff understood and followed the Mental Capacity Act 2005 and where required, implemented the Deprivations of Liberty Safeguards 2009.

Risks to people's safety were managed through their recorded risk assessments and care plans, which were regularly reviewed and updated when required.

There was a robust staff recruitment system. Action was being taken to improve staff planning and deployment and infection control arrangements and for the repair and upgrading of the environment.

Good

Is the service effective?
The service was effective.

People were involved in their health care and staff understood people's health needs, which were kept under review. Relevant health professionals were consulted where required and their advice was followed.

People's needs were met by sufficient staff who were trained and supported to provide people with the care they needed.

People were protected from the risks of poor nutrition and supported to eat and drink in a way that met with their assessed needs and choices.

Good

Is the service caring?
The service was caring

People were happy living at the home and positive about their care and the way staff treated them. People were treated with respect and were pleased about improvements that ensured their dignity in care.

People were involved in making decisions about their care and daily living arrangements and their families were appropriately involved in their care. Staff knew and followed people's needs and care choices.

Good

Is the service responsive?
The service was responsive.

People received care and support, that met their needs, choices and lifestyle preferences.

People were asked for their consent to their care and when required, staff supported people to make decisions about their care in their best interests.

People were confident to voice their experiences of their care and to raise any concerns they had. Concerns and complaints were listened to, taken seriously and acted on.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

There is a registered manager in post. Staff and people using the service were very positive about the management of the home.

People's views about their care and also their relatives or advocates were regularly sought and acted on. Staff understood their roles and responsibilities and changes that needed to be made to people's care.

Management arrangements for checking the quality and safety of people's care, assured that action was taken to make improvements when required.

Improvements in progress included, environmental cleanliness, repair and renewal and promoting dignity in people's care.

Ada Belfield House Care Home

Detailed findings

Background to this inspection

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.

This inspection was undertaken by an inspector and an expert by experience in the care of older people.

Before our inspection we reviewed information that we held about this service. This included notifications from the provider and the provider information return (PIR). The PIR is information we have asked the provider to send us to show how they provide a safe, effective, caring, responsive and well led service. Notifications tell us about key incidents that happen in the home, which the provider is required by law to tell us about.

At our inspection we spoke with 11 people receiving care, four relatives and one visiting health care professional. We spoke with three domestic and catering staff and seven care staff. This included the registered manager and two deputy managers. We observed how people were being cared for and looked at three people's care records. We looked at a range of records relating to the care people received. They included some of the provider's checks of the quality and safety of people's care, minutes of staff and residents' meetings and food menus. We also looked at the provider's statement of purpose, which informed people about the provider's contact details and their service arrangements and care aims and objectives.

Good

Is the service safe?

Our findings

People told us they felt safe in the home and liked living there. They were all positive about the way staff behaved towards them and felt there were sufficient staff to meet their needs. They also knew who to speak with, if they had any concerns or worries about their care. One person said, "I am safe and well looked after."

We found that people were protected from harm and abuse. We saw that an information poster was displayed in the home, which gave people information about how to recognise and report abuse. Staff knew how to recognise and report abuse and told us they were provided with guidance and training, which the staff training programme reflected. This included multi-agency arrangements and roles for safeguarding adults. This helped staff to safeguard people who came into contact with the service where required. We have received two written notifications from the registered manager where the possible abuse of two people living at the home was suspected. The information recorded and provided at our visit showed that the required action was taken to keep people safe.

We spoke with one care staff member who had recently started working at the home, looked at their recruitment records and found that robust procedures were followed for their recruitment.

Staff and people using the service that we spoke with felt that staffing arrangements were usually sufficient for people's care needs to be met. However, one person's relative felt that staff had lately become busier and were more stretched. A senior care staff member told us that a review of people's dependency levels and care needs had been undertaken to make sure that people's changing needs would be met. Information we looked at and discussions with the manager confirmed this. During our visit we observed that people's care needs were met by staff in a timely manner.

We found that staff understood the key principles of the Mental Capacity Act 2005 and knew how to put them into practice to keep people safe. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves to their care, or make specific decisions about this. People's care plan records showed how people were supported to make decisions in their best interests, where required. For example, decisions about their medical care and treatment or where they lived, which staff knew and followed.

One person was subject to Deprivation of Liberty Safeguard (DoLS), which the registered manager had told us about in writing before our visit. This is a law, which requires an assessment and authorisation, if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. Records showed that the DoLS was formally authorised by the appropriate authority and staff responsible understood and followed this to keep the person safe.

During our visit, we saw that staff supported people safely and promoted their control and choice for their care. This included helping people to mobilise and giving people their medicines. For example, a senior staff member checked people's medicines carefully against their medicines administration record sheet (MAR), to make sure they offered people the correct type of medicine and dose and the right time. They made sure that people were offered a drink of water to swallow their medicines with, and checked with each person that they had taken their medicine, before they signed the MAR to show they had been given. This meant that people received the medicines they needed at the time they needed them.

People's care records that we looked at showed that potential or known risks to their safety were identified before they received care. Where required, people's written care plans showed how those risks were being managed and were regularly reviewed. For example, this included risks from falls, pressure sores, poor nutrition, medicines and mobility needs. We found that staff understood and followed these, to minimise known risks to people's safety. For example, one person was assessed as being at risk from falls. Their care plan showed the actions that care staff needed to follow to reduce or prevent further falls. The person's daily care record and care plan reviews showed that the plan was working.

We found that each person had their own recorded personal emergency evacuation plan, for staff to follow in any event that may required their evacuation from the home. An accessible summary record of these was provided for staff to follow if needed, which all were aware

Good

Is the service safe?

of. Reports from the local fire and environmental health authorities, following their recent visits to Ada Belfield, showed satisfactory arrangements for fire safety precaution and food hygiene and food handling in the home.

Good

Is the service effective?

Our findings

People told us they received the care they needed and that staff understood their health needs. One person said, "If I don't feel well, they (staff) are very good, they get the doctor if needed."

People said they enjoyed their meals and were consulted about them. One person said, "The meals are enjoyable; there is always a choice and we are asked about our likes and dislikes."

One person's relative told us how staff had sought advice and support from relevant health care professionals, to obtain the person's special pressure relieving mattress and seat cushion. They said, "They listened to her views and helped her to understand this was in her interests to keep her skin free from soreness." Staff described the arrangements to maintain and monitor the person's health needs relating to their condition. This was reflected in their recorded needs assessment and care plans.

We spoke with the community matron who regularly visited some people in the home about their health and nursing care needs. They told us that senior staff always let them know when there were changes in people's needs and followed their instructions for people's care when required.

Staff we spoke with knew people's health needs and people told us they were supported to access relevant health care services when required. For example, appointments with their own GP and for routine health screening such as chiropody and optical care. People's care plans reflected this and included relevant support and advice from outside health care professionals, which staff followed. For example, special dietary requirements relating to people's medical conditions. This meant that people were supported to maintain or improve their health.

Staff promoted people's nutrition and hydration, by supporting them to eat and drink foods they enjoyed and to maintain a balanced diet. Some people who used the service had a reduced appetite or difficulty eating and drinking. People's care plan records showed that their body weights were monitored. Where concerns were identified with one person's nutrition, relevant health care professionals were consulted and staff followed their advice and instructions where required. This meant that people received nutrition and hydration in a way that met with known guidance and people's individual risk assessed needs and preferences

Food menus were planned on a three weekly rota and provided a choice at each meal, including at least one hot alternative. People were involved in menu planning and consulted with each day about their menu choices. People said they enjoyed their meals, which met with their known health needs and preferences.

Staff told us that they received the training and support they needed for people's care, which included regular training updates when required. The manager had taken action to provide staff with a regular programme of individual supervision. Action was also in progress to agree a personal development plan with each staff member, relating to their role objectives and for their training and development needs.

One staff member described how they were introduced to their role when they started working at the home. This included their formal orientation to the home and required training and instruction for people's care. This meant that staff were being supported and trained to perform their role and responsibilities for people's care.

Staff also told us they received guidance and training to help them to understand people's specific medical conditions and how they affected them. This included bespoke training about one person's condition of dementia. Staff felt this had helped them to plan and provide a consistent and informed approach to the person's care, which we saw during our inspection. We saw that staff supported one person with dementia to similarly engage in their previously held work occupation, which the person believed they must do. This included providing them with the environment, materials and supervision they needed. Staff explained that this helped the person to be settled and contented in their mood, rather than anxious and unsettled.

Good

Is the service caring?

Our findings

People were happy with their care and commented on the helpfulness of staff. People said they had good relationships with staff and said they were caring and treated them with respect. We received many positive comments from people, who described staff as, lovely, friendly, attentive and caring.

People told us they were involved in agreeing their care and daily living arrangements. Two people explained that this included their care plan reviews and also community meetings held with them, where they were asked for their views about their care. People said they were supported to maintain their contacts with family and friends and to develop new friendships. Three people's care plan records that we looked at reflected this.

During the course of our inspection we saw that staff spent time with people and interacted with them in a respectful and caring manner. One person chose to go outside and sit in the garden in the sunshine. A staff member noticed this and immediately fetched the person's pressure relieving cushion for them to sit on. Their recorded care needs assessment showed that this was important, to protect them from the risk of developing a pressure sore. The staff member also brought the person a hat to wear to protect them from the sun.

People's care records showed their individual needs, choices and preferred daily living routines. Staff that we spoke with understood these. We saw that staff promoted people's dignity, privacy and independence when they provided care. For example, supporting people with their meals, mobility and medicines. Staff took time to explain what they were doing and gave people the time they needed. This meant that staff understood and followed the provider's stated aims and principles for people's care; to ensure people's rights and best interests. All of the staff we spoke with said they were confident to raise concerns if they witnessed poor practice or if the provider's aims and principles for people's care were not being followed.

The registered manager told us about work in progress to improve people's experience of their care, which included all staff in the home working towards achieving a recognised team award, 'Dignity In Care.' One staff member told us about recent training and self assessment of their own and each other's practice for this and said, "There's a real focus to challenge our own and each other's practice now, so that we get it right."

We found that the registered manager was conducting a written survey with people and their relatives, to ask them for their views about their care and had received seven completed returns from this. They all showed that staff ensured people's dignity and treated them with respect at all times. One person's written comment about this said, "Staff are the tops!"

Good

Is the service responsive?

Our findings

Many people we spoke with made specific comments about the helpfulness of staff. People said they knew who to speak with if they were unhappy or had any concerns about their care. One person told us about an occasion when they had raised a concern and said this was dealt with promptly and to their satisfaction. They said, "I went to the office and it was dealt with."

We saw that when the provider asked people for their views about their care, they sometimes used a written questionnaire. Seven survey returns received in July 2014 showed that people and their relatives knew how to make a complaint. Information about how to complain was displayed in large print format and could be made available in other formats to suit people's needs. A record of complaints showed that three complaints received during the last 12 months had been investigated, addressed and resolved to the complainants' satisfaction. Improvements made from these included a review of security measures in the home.

Two people told us about some of the changes being made, from people's suggestions and comments at recent community meetings held in the home. They included food menus and choosing materials and colour schemes for the redecoration and refurbishment of one of the lounges in the home. Recorded minutes of those meetings held in May and June 2014, reflected this. They also showed that one person's concern had been resolved to their satisfaction, following their complaint about having wait for staff to assist them when they needed support. Action taken by the registered manager to address this, included checking call bell response times and making sure they were answered in a timely manner. This meant that people's views and concerns about their care and the environment were listened to and acted on.

People said they were able to participate in hobbies and interests of their choice and records also showed that these were organised. For example film shows, social events, board games, beauty sessions, food tasting, music, gardening and reminiscence. We found that people's families and friends were regularly invited into the home to join in with social events, seasonal celebrations and fund raising events for chosen charities. Recent events included a World War One commemoration party, which people said they particularly enjoyed and a ladies church group outing, wine tasting and a themed music and drinks evening. Work was in progress to recruit volunteers, with the aim of furthering people's access to with the local community.

One person's relative told us they were particularly pleased that the person was supported to personally engage in their military history hobby; as these were important to them. The relative told us that they also appreciated being given an open invitation, to join the person for meals in the home, at times to suit them both.

People said they were asked for their agreement to their care and care plan records that we looked at, showed this. One person sometimes was not always able to make decisions about their care, if they became unwell. Their recorded needs assessments and care plans reflected this. They also showed the circumstances and sorts of care decisions that staff needed to make at those times, in the person's best interests. People's care plans were updated when required, for example, because of changes to their needs or stated choices and preferences. This meant that people received care that met with their changing needs and known wishes.

One person told us that they had chosen a legally appointed family member to manage their finances on their behalf and their care plan records detailed the arrangements for this. Another person had decided they wanted a formal record making of their wishes for their care and treatment in the event of a medical emergency, such as their sudden collapse. This is known as an advanced decision. We found that the necessary arrangements were made to ensure that their wishes for their care were respected and followed.

Good

Is the service well-led?

Our findings

People were very positive about the management and running of the home. Many praised the registered manager and commented on some of the improvements they had seen, since the manager came into post. This included staff attitude and approaches towards them and also the environmental upgrading and redecoration in progress, which they had been consulted about. One person told us, “Things have changed a lot here, for the better.” Another person said, “The manager is lovely, she listens and sets a good example for the staff.”

We found there were clear arrangements in place for the management and day to day running of the home. The registered manager led and was supported by a team of care and support services staff. Three senior care staff acted as deputy managers, who had delegated management responsibilities for people’s day to day care in the absence of the registered manager. People we spoke with knew staff names and roles and we saw that a staff photograph board was visibly displayed to help people identify staff and their roles. One person told us that a representative of the registered provider regularly visited and spoke with them and others living in the home about their care and daily living arrangements.

The registered manager told us they carried out regular checks of the quality and safety of people’s care. These showed that a number of improvements had been made relating to environmental repairs and equipment provision. Records also showed that some improvements were being made as a result of the checks. These related to infection control and prevention, ensuring people’s dignity in their care and increasing opportunities for people to access their hobbies and interests.

Staff told us that they received the support, training and supervision they needed. They said the manager was open and approachable and regularly asked them for their views about people’s care. This included staff group meetings and one to one meetings, such as for individual supervision and work appraisals. They also told us that care handover meetings were held with them at the beginning of each shift.

Staff understood their roles and responsibilities and were confident to raise any concerns about people’s care. For example, reporting accidents, incidents and safeguarding concerns. All of the staff we spoke with said they were happy working at the home. They also understood the provider’s care aims and values and the reasons for any changes that needed to be made. Two staff told us about work in progress to promote people’s dignity in their care. Both felt this had helped to raise the team’s awareness of the importance of dignity in care. They also said it led them to reflect on and improve their own practice and to feel confident about challenging poor or unacceptable practice, if required.