

CLS Care Services Limited

Belong Crewe Care Village

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 14 May 2015 and was unannounced.

Belong Crewe Care Village is a purpose built complex that provides modern accommodation for people who require nursing or personal care. The village is located in a residential area of Crewe. There are six separate households, each able to accommodate 10 or 12 people who require differing levels of care, support and treatment. For the purpose of this report we will refer to the accommodation as households.

The service has a registered manager. 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.

When Belong Crewe Care Village was last inspected in February 2014 it was found not to be meeting the regulatory requirements looked at and which applied to this kind of home. It was found that where people did not have the capacity to consent, the provider was not acting in accordance with legal requirements.

Summary of findings

Following the previous inspection the registered manager sent us an action plan explaining how the service would address this and identifying the actions that would be taken and the timescales involved.

During this inspection we found that all of the issues had been addressed.

During our inspection we found that the provider took steps to make sure that staff were recruited safely and that they were provided with training so that they could do their job. The provider used value based recruitment with a view to selecting staff with the right skills and attitudes.

People who used the service were provided with activities they could participate in if they wished to do so and staff were deployed to ensure that activities were arranged and were suitable to meet the personal choices of everyone who lived in the care village.

The care and support provided in all six households met the needs of the people living there and the environment was clean and comfortable with plenty of signage to ensure people were able to safely move around the building.

The experiences of people who lived in the households were positive. People said they felt safe, enjoyed the food provided and staff were kind and caring.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This included the provision of pocket booklets for all staff which gave information about safeguarding, 'If you see something, say something'.

There was a flexible menu in place which provided a good variety of food to the people using the service.

Staff members we spoke with were positive about their various roles and the level of support they were provided with. They told us that all staff worked together in a happy atmosphere and that the care village was very well run.

Belong Care Village had a complaints procedure in place to ensure that people could identify any areas of concern. We saw systems which identified that complaints were logged and appropriate actions taken to ensure the services were run in the best interests of the people who lived in the care village.

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.

The provider had effective systems to manage risks without restricting people's activities. Risk assessments were up to date to ensure people were protected from the risk of harm.

We found that appropriate safeguarding procedures were in place and staff members understood how to safeguard the people they supported. People told us they felt safe in their surroundings.

The arrangements for managing medicines were safe. Medicines were kept safely, stored securely and administered correctly.

Good



Is the service effective?

The service was effective.

We asked staff members about training. They all confirmed that they received regular training throughout the year to ensure they were effective when undertaking their various roles.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

A tour of the six households was undertaken and we saw that they had been designed and adapted to ensure that they could meet the needs of the people that were living there.

Good



Is the service caring?

The service was caring.

Staff responded to people who used the service in a way that was caring and considerate. People told us that they were provided with proper care including being personally involved with the way they dressed and how they spent their day.

Visiting relatives and friends also made positive comments about the care provided within the care village and the positive attitude of the staff members working there.

Staff showed awareness of people's rights to dignity and privacy when receiving personal care or medical attention. We saw that staff were interacting well with people in order to ensure that they received the care and support they needed.

Good



Is the service responsive?

The service was responsive.

Staff provided an environment in which activities and interests were planned to meet the individual needs of all the people who lived at Belong Crewe Care Village.

Care planning documentation was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have understanding of what support and assistance someone needed at a particular time.

Good



Summary of findings

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy.

Is the service well-led?

The service was well led.

Staff told us the registered manager led by example and they felt his open approach, vision and values were 'second to none'.

Effective systems and processes operated to assess, monitor and improve the quality and safety of the service. Any actions noted were recorded and quickly dealt with to ensure the home and the services provided were fit for purpose.

Good



Belong Crewe Care Village

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 checked 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.

We carried out an unannounced inspection on the 14 May 2015. The inspection was carried out by two adult social care inspectors.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information that we held about the service and the service provider. We looked

at any notifications received and reviewed any other information we hold prior to visiting. We also invited the local authority to provide us with any information they held about Belong Crewe Care Village.

During our inspection we saw how the people who lived in Belong Care Village were provided with care. We visited five of the six households. We spoke with twenty people living there, three family members, fifteen staff members including the registered manager, general manager and training officer. We looked around the building and facilities and with their permission, looked in some people's bedrooms. We reviewed care and staff files as well as other documentation relating to the provision of care in the home including policies and procedures, training records and audit materials.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Is the service safe?

Our findings

The people we spoke with told us they felt safe within their households. Comments included, “I am safe in my room and staff make sure I am alright” and “Staff are always around to keep me safe”.

Visitors we spoke with told us “I think this is a wonderful place. It is always clean, staff are always around to support people” and “I can go home in the knowledge that he is safe and well cared for in a most pleasant environment”.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from harm. The registered manager was aware of the relevant process to follow. They said they would report any concerns to the local authority and to the Care Quality Commission (CQC). We noted that there had been no safeguarding incidents requiring notification since the previous inspection took place.

Staff members confirmed that they had received training in protecting and safeguarding vulnerable adults. They told us they had also been given small booklets which explained their role in adult protection. Staff told us they had been trained to report any concerns and had also been given a leaflet called ‘If you see something, say something’. They had also been provided with information about the organisation’s ‘Speaking Out at Work’ policy. The staff we spoke with clearly demonstrated their knowledge and understanding of safeguarding and the whistle blowing process and of the need to accurately record and report potential incidents of abuse.

We saw that the service provided staff with training in the prevention and control of infection. We saw that risk assessments were carried out to prevent, detect and control the spread of diseases. We saw that a systematic cleaning programme was in place to include all equipment being cleaned as per the manufacturer’s instructions. The households presented as clean and hygienic at the time of our visit. People told us the households were always clean and smelled nice.

We saw that systems were in place to help ensure that people’s medicines were being managed appropriately. Staff told us and records looked at showed that staff who dispensed medication had received training in medication management and were regularly supervised in their

practice. Medication policies were in place to include guidelines from the Royal Pharmaceutical Society. Each person’s medications were kept in a lockable cupboard in their room. We checked the medication arrangements for each household and saw that records were kept of all medication received, administered and disposed of. We saw that any changes to people’s medication had been clearly identified and the reasons for any changes had been fully recorded.

We saw from the recruitment process that the organisation had a value based recruitment process that involved selecting staff with the right skills and attitudes to provide person centred care for all the people who live in the care village. We looked at four staff files to check that effective recruitment procedures had been completed and found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started work at the home. We saw that extra checks regarding proof of qualifications and registration with the NMC had also been undertaken for nursing staff. This ensured that they had updated their knowledge and skills and were suitable to provide nursing care and support within the households.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living in the home. On the day of our visit there was the general manager, the registered manager, training manager and a mix of senior support workers, support workers and assistants working across the six households. We saw that senior staff used a full assessment of the needs of the people who lived within the six households to determine the number, knowledge and experience of staff on duty at any time during the day or night. Staff told us the open plan households offered high visibility and enabled them to offer prompt support. The staff rota confirmed that three to

Is the service safe?

four staff members were provided on each household between the hours of 08.00am until 10.00pm but were deployed to offer care and support across the six households as and when required. One night staff per household worked from 10.00pm until 08.00am. One trained nurse was on duty both day and night across the six households. The home currently employs 82 care staff to work across the six households.

In addition to the above there were separate ancillary staff including administration staff, housekeeping and laundry staff, chefs, kitchen assistants and maintenance workers.

We saw that a fitness instructor was employed to support with falls prevention and mobility improvement. We saw that an incidents and accidents database was in place to monitor falls and record actions taken to minimise them.

We observed staff interacting well with the people living in each household and they demonstrated that they understood their individual needs. Staff told us that they had a handover meeting at the end of each shift and were able to pass on any need to know information to ensure that people's safety was maintained.

Is the service effective?

Our findings

When we visited Belong Crewe Care Village in February 2014 we had concerns because there were not suitable arrangements in place for obtaining and acting in accordance with the wishes and consent of the people who used the service. In some files looked at there was conflicting evidence regarding people's capacity to make important decisions. Following this inspection the provider sent us an action plan telling us how and when they would address this

During this inspection we noted that the issues had been addressed. Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected. The aim of DoLS is to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The registered manager informed us that a mental capacity assessment was undertaken if it was considered necessary and if applicable a DoLS application would be completed. These were only completed if the person was deemed to be at risk and it was in their best interests to restrict an element of liberty. The application would be submitted to the local social services department who were responsible for arranging any best interest meetings or for agreeing to any DoLS imposed and for ensuring they were kept under review. The registered manager explained that four people had a DoLS in place. We looked at these in detail and could see that they had been completed appropriately.

We saw records of 'Best Interest Meetings' which had been held. We saw that the involvement of people's next of kin had been sought to contribute to the decisions being made.

People told us that they were provided with 'good food, good company and good staff'. Relatives of people who lived in the care village told us "Staff are very knowledgeable about her (relative) and understand about her dementia. They always ask her what she wants and communicate with her in a way she understands".

The provider had a comprehensive induction and training programme in place which included the use of workbooks, supervisions, reviews and support by senior staff. They told us that this was designed to ensure all staff members had the skills they needed to do their jobs effectively.

We looked at the induction record used for three staff members and could see that it was based upon the Skills for Care Common Induction Standards, a nationally recognised and accredited system for inducing new care staff. In addition to the above, new staff members completed an 'in house' induction that provided basic information such as the location of fire exits and the procedures to follow if there was an incident. Following this initial induction and when the person actually started to work they would shadow existing staff members and would not be allowed to work unsupervised for a period. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are confident enough to work on their own. Support staff and nurses received a two day Dementia Awareness course provided by an accredited in-house Dementia Trainer. Dementia Champions took the lead in coaching and supporting staff. In addition an Admiral Nurse who was employed in partnership with Dementia UK worked collaboratively with health and social care professionals to improve understanding of those people who are living with dementia. Staff and relatives of people who live in the care village told us that the Admiral Nurse also worked with them to assist them to provide effective support for the people who live with dementia.

We saw records for the supervision of staff which held details of how they were provided with support and guidance. Supervisions are regular meetings between an employee and their line manager to discuss any support or training they may need or issues that may affect their continuous development.

We asked staff members about their training and they told us that they were encouraged to develop their knowledge and skills as an on-going process. Records show that all staff had either achieved or were working towards NVQ 2 qualification or above. The training matrix identified that all staff had received training in areas such as care planning, fire safety, tissue viability, health and safety, first aid, moving and handling, safeguarding and nutrition. One staff

Is the service effective?

member told us “I am so pleased with working here. I have been supported, encouraged and mentored to develop my skills and I feel so empowered by the way they have invested in my future”.

We carried out a Short Observational Framework for Inspection (SOFI) on one household during a lunchtime period. We found that if necessary people were assisted to make their meal choice by use of picture menus. We observed a calm and pleasant dining experience where staff were seen to be discreetly assisting people to enjoy meals of their choice. Some people needed assistance cutting up their food and others needed a little encouragement to feed themselves.

The service use “Marvellous Mealtimes” which is a code of practice that provides guidance for staff about nutrition and mealtimes. Records showed that staff were trained in the importance of nutrition during their induction. People’s life plans identified nutritional needs and recorded that staff liaised with dieticians to identify a suitable diet. We saw that food choices were recorded and meals were prepared and provided in each household. However, people told us they had the choice if they wished to eat in

the household or choose from meals prepared in the Bistro area of the care village. We saw several people who lived in the village and their relatives having a meal in the Bistro. They told us that the meals were very good and it was a nice opportunity to “eat, sit and talk to each other”.

We saw that life plans held information about how to support people with their dietary needs. This included a malnutrition universal screening tool (MUST). This is an assessment which identified risks to individuals in respect of their nutritional needs and intake. We saw that if people needed support with swallowing staff contacted the Speech and Language team and they carried out an assessment of their swallowing reflex.

The accommodation had been adapted into small households for between ten to twelve people to ensure people were able to quickly settle and get to know the environment. The household kitchens were centralised in each household with dining tables and chairs being provided just outside of the kitchen area. Staff told us this offered a sense of home. Clear signage was provided for orientation purposes.

Is the service caring?

Our findings

People told us that they were well cared for by the staff of Belong Care Village. Comments included, “My wife and I came to live at Belong. She needed care and I was no longer able to provide it. The staff here (Belong) gave her the best care ever and they also provided me with such a high level of care and support for which I am truly grateful” and “The staff here are kind and cheerful. They never appear to be bossy; they are more like helpful friends”.

We observed positive interactions between staff and people who lived at the village. Staff were respectful, for example, they addressed people by their preferred names. The atmosphere in the households was warm and friendly. During the day we observed staff interacting with people and we noted they were comfortable and relaxed in each other’s company. Throughout our inspection we saw that staff were courteous, caring and patient when supporting people and we saw that people’s dignity was respected. Staff told us that they strove to preserve the dignity, individuality and privacy of the people in their care by providing a welcoming and caring atmosphere and by being sensitive to people’s ever changing needs.

The registered manager provided all people who considered living at Belong Crewe Care Village and their families, social workers or other professionals who may be involved with their care with information about the service before they made a decision to move in. This was provided in a format that met their communication needs and their ability to understand. One person told us that it had taken him a few months to make his mind up. However he said that when he made the decision to move in he was given a welcome pack which contained lots of information about

the staff and services provided. He said that when he moved in he was asked to give details of his choices, capabilities and aspirations and this information was put into an individual life plan.

We saw that all people had life plans that held details of people’s preferences in respect of how they wished their care to be provided and if they wished to have a carer of a specific gender. We saw that staff understood people’s wishes in respect of their dress and personal appearance such as if people wished to dress formally or wear sports clothes or leisure wear. The people we met with presented as clean, comfortable and diverse in their appearance. Life plans looked at held details to show that staff had assisted people to dress in accordance with their wishes.

We saw that life plans also held details of end of life care wishes. This recorded how people wished to be cared for in the end stages of their life. For example, it recorded if they wished to stay in the care village or be transferred to hospital. This meant that staff and people’s GPs are fully aware of how the person wanted to be treated and supported at the end of their life. Pain and symptom control and any nursing or caring interventions were fully recorded so all staff were kept up to date with any changing needs. A thinking ahead document was in use which provided a framework for staff to ask the sometimes difficult questions about end of life wishes. This enabled people to express their choices and make informed advance decisions about their end of life.

Staff told us that people’s life plans were held securely in their bedroom to maintain their privacy and confidentiality.

We saw that all other care records to include daily care diaries were stored securely in a locked cabinet in a locked room on each household.

Is the service responsive?

Our findings

People told us that they were happy living at Belong Crewe Care Village. They said they were treated as individuals with individual needs. Comments included, “Staff take me to the gym. I loved walking and running before I came here. Staff encourage me to keep it up and I am now in training for a charity run” and “I am treated well. I sometimes get confused and am not sure about things but staff understand my problem and assist me to feel alright again”.

We saw that when a person was admitted to the care village a life plan “This is me” was developed. We saw that everyone had a life plan which identified people’s choices, needs and abilities. The plans were used to guide staff as to how to involve people in their care and how they could support them to achieve a good quality of life.

We looked at people’s care records which provided evidence that their needs were assessed prior to admission to the care village. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. We saw information had been added to plans of care as appropriate, indicating that as people’s needs changed the life plans were updated so that staff would have information about the most up to date care needed.

Life plans held details of background, external agencies who had been consulted, specific needs, meaningful events, family social contact, relationships, personal care, physical and mental health and emotional support.

Records identified that every person living in Belong Care Village was encouraged to participate in the household activities such as cooking, cleaning and general housework. Other activities were matched to individual choice. The Experience Day coordinator was employed to arrange activities and interests throughout the households

such as quizzes, themed events and outings. An activities board advertised a ‘what’s on programme’ to enable people to join in any activity of their choice. At the time of the inspection we observed a themed activity event where people appeared to be thoroughly enjoying being on a Caribbean island. Staff told us that the vibrant community spirit prevents social isolation. People told us that staff assisted them to visit friends outside of the village and also enabled them to invite friends and family to the regular coffee morning held at Belong.

Staff demonstrated a good understanding of the people they supported in relation to their changing behaviours and changing needs. Records and discussions with staff demonstrated that people who used the service had access to a variety of health services such as local GPs; dieticians, dementia specialists and speech and language therapists (SALT teams) opticians, social workers, hospital consultants and clinical specialists.

We saw that when people needed to move between services such as a hospital or nursing home a transfer document was completed. This included the person’s life plan, medication sheet and any other need to know information. This ensured that care provision would be consistent and people’s choices were identified and met.

Staff handover meetings at the end of each shift enabled staff to discuss the current needs and any identified changes to the life plan to ensure that care was provided that was responsive to any changing need.

The care village had a complaints policy which was displayed in the households. Relatives and people we spoke with during the inspection told us they knew how to complain but had no complaints about the staff or services provided. They told us that if they ever had a problem they would speak with one of the managers.

Is the service well-led?

Our findings

People spoken with told us that the home was very well run and the atmosphere was open and friendly. Comments included, “The managers are very normal and friendly. They are approachable and ask us our opinions about the running of the village” and “The people who run this place (Belong) are so nice and easy to talk to. They make us feel so much a part of everything, its great”.

The home had a variety of quality assurance systems available to assess the quality of the service it was providing to people. This included feedback forms that were given to people as an on-going process to gain their perceptions of the service. Feedback forms looked at identified that people who lived in the care village were happy with the staff and services provided.

The registered manager told us that he spoke with people who used the service on a regular basis. This was undertaken by holding care reviews with people who used the service and their representatives to ensure they could have their say about the staff and management of the home. He told us the care village maintained links and contact with relatives, friends and the local community and people who lived in the care village were encouraged to have their say about the running of the village. We saw records of monthly residents’ meetings, which were held in each household. They showed that people were actively encouraged to be involved in the running of the service in areas such as menus, activity and layout of the households.

Staff told us that the views of the people who lived at the care village and their relatives were also sought on an annual basis through customer satisfaction surveys. It was noted that the results of these surveys were published and available for viewing in the reception area of the home.

The general manager of Belong Crewe told us that there was a clear organisational structure in place where every member of staff could be identified together with their lines of responsibility. We saw documentation to show that the management team led their defined teams and each team had a designated team leader. Staff told us that this system enabled them to work together in an environment where everyone knew what they were doing and contributions and individualities were recognised and valued.

We saw that annual staff surveys were carried out to gain staff opinions of the services and support provided. The general manager told us that the potential of staff is maximised by use of meaningful and effective supervision and appraisal systems. Staff told us that they felt valued and supported by the effective leadership provided.

We saw that a ‘Strategy tree’ was used to show staff the strategy and objectives of the organisation. This was in pictorial form and identified the importance each staff member had in achieving Belong’s vision.

Staff told us that the management team were very visible throughout the care village. They told us they spent time in each household to carry out audit checks and support staff. Staff said they were encouraged to raise any concerns or give feedback. We saw the registered manager having meetings on each household during our inspection.

We saw records to show that regular team meetings were held with all staff members. Minutes of these meetings identified that staff were encouraged to share their ideas, communicate effectively, review objectives and continually improve the services provided.

We saw records to show that the registered manager completed audits on a regular basis. We saw that he recorded the outcomes of each audit with action plans attached if required. We saw that action plans were addressed within a short timescale and feedback was provided to all staff when this action had been completed. Audits viewed include alarm points, emergency lighting, medication, night visits, life plans and household equipment.

All information and documentation requested was readily available for our perusal throughout the inspection.

Discussions with the management team identified that they worked well together to ensure the service ran smoothly. They told us that they followed the concept of Belong which was to provide real person centred care to ensure that each person who lived in the care village was empowered to live a life of their choice.