

HC-One Limited

Bellefield Residential 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 2012 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 2012. This was an unannounced inspection.

Bellefield is a residential care home that provides accommodation, care and support for up to 30 adults. At the time of this inspection there were 29 people using the

service. The service is housed in a purpose built building, with lift access to the first floor. The service is situated in the West Derby area of Liverpool close to shops, pubs and other places of local interest.

We found that there were sufficient staff members on duty to meet people's personal care needs and keep people safe.

People living at Bellefield Residential were receiving good care and support that was tailored to meet their individual needs. Staff ensured they were kept safe from abuse and avoidable harm.

Summary of findings

We found staff were caring and treated people with dignity and respect. People had access to the local community and were supported to go out and pursue their individual interests such as going out for meals, going on day trips to places of interest, or out shopping.

People had access to health care when they needed it, including their GP, dentist, optician and chiropodist. A visiting health professional told us that staff acted promptly to people's changing health care needs.

The culture within the service was person centred and open. From listening to people's views we established that the leadership within the service was consistent and the registered manager was readily accessible for staff, people using the service and their families.

We found the registered manager took steps to ensure the service learnt from mistakes, incidents and complaints.

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?

People living at Bellefield Residential were safe because there were systems and procedures in place to protect people from bullying, harassment, avoidable harm and potential abuse. Staff understood what abuse was and had taken steps to appropriately report any incidents of potential abuse appropriately.

There were sufficient staff members on duty to meet people's personal care needs and keep people safe. Records relating to staffing confirmed that there were enough staff members available at night to safely evacuate people in the event of an emergency in line with the emergency plans in place at the time of the inspection.

Staff files we reviewed confirmed that robust recruitment checks were in place to ensure staff were suitable to work with vulnerable adults

Good



Is the service effective?

People's care needs were assessed when they came into Bellefield Residential. We found people's care records were personalised and saw records which confirmed that people who used the service had been supported to take part in their care planning.

The registered manager had a good understanding of the Mental Capacity Act 2005 and had ensured capacity assessments were undertaken when required. Staff working within the service had accessed training in this area and in discussion with us showed a clear understanding of the legislation. Risk assessments were in place within the service and restrictions were minimised.

Staff received good support through supervision and all members of staff had received their yearly appraisal. Mandatory (compulsory) training levels were high.

Good



Is the service caring?

From our observations, we found staff were caring and treated people with dignity and respect. This was supported by the people we spoke with who used the service. Overall relatives we spoke with during our visit, told us they felt the staff were very caring to people who lived at the home.

Staff had a good knowledge of people's care needs and preferences and tried different approaches to establish what people did and didn't like.

From speaking to staff and relatives of people using the service we found that the culture within the service was person centred. By 'person centred' we mean the individual needs of the person, their wishes and preferences, were identified and staff only intervened when agreed or the need arose to protect their safety and welfare

Good



Is the service responsive?

People living at the service could verbally express their views. We found staff made efforts to engage with people to involve them in decisions about their day to day care.

Relatives we spoke with told us they worked with staff from the service to ensure information about people's preferences was understood and could be used to inform day to day decision making.

Good



Summary of findings

We found people received personalised care that was responsive to their needs. People were supported to access the community, such as going out for lunch, going on trips or going out shopping.

Is the service well-led?

From listening to people's views we established that the leadership within the service was strong and consistent.

The registered manager had placed a focus on improving the service, and the delivery of high level care that incorporated the values expected by the provider.

The registered manager had placed a focus on improving the service, and the delivery of high level care that incorporated the values expected by the provider. We found the manager took steps to ensure the service learnt from mistakes, incidents and complaints.

Good



Bellefield Residential Home

Detailed findings

Background to this inspection

The inspection was carried out as part of the new inspection process we are introducing for adult social care services. The inspection team consisted of two Care Quality Commission Inspectors of adult social care services and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service. We had asked the provider (owner) to submit a Provider Information Return (PIR) prior to the inspection. A PIR 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 looked at the notifications and other information the Care Quality Commission had received about the service. We contacted the commissioners of the service to obtain their views and took into account the local authority contract monitoring reports.

At the time of our inspection the home had a Registered Manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider [owner].

We spoke with the registered manager, ten people who live at the home and six care staff. We also spoke with the cook, a kitchen assistant and a member of the domestic team. As part of the inspection process we viewed a range of records including: eight people's care records; eight staff files and the home's policies and procedures. We also spoke with a community dentist and a podiatrist who visited the service during our inspection.

Prior to the inspection we contacted a range of professionals who regularly work with people who use the service. These included GP's, social workers and community nurses.

Is the service safe?

Our findings

The service was safe. The people we spoke with who lived at the home, said they felt safe in the way staff supported them. They told us they did not have any concerns about staff treating them unkindly. One person said, "I feel comfortable with the staff. They're lovely." People we spoke with also told us there were enough experienced staff on duty to ensure they received safe care. One person commented; "I think there is enough staff to look after people." Another person told us; "It feels safe here. I couldn't get better carers, the care has been marvellous." Throughout the inspection we observed staff supporting people in a safe and caring way.

Families we spoke with gave us mixed reviews on whether their relatives were supported in a safe way. One family member said to us, "I think my [relative] is handled and moved around well. She has been here years." Another family member told us, "When anyone is unsteady on their feet, you always staff with them." Another relative told us; "Residents are never left on their own in the lounge, the staff are always around." However one person we spoke with raised an issue relating to the weight loss of their relative. This person commented; "They do weigh here but you have to ask." We followed this up by reviewing the individual's care plan, specifically reviewing their weight and how this was monitored and recorded. The records we reviewed showed that the individual was weighed regularly and advice had been sought from the community dietician.

The home had a corporate safeguarding policy in place, which had last been updated in February 2014. This stated that the policy should be used in line with local authority safeguarding policies and procedures. A flow chart about how to make a safeguarding alert was displayed on a noticeboard in the home. We spoke to two support workers about safeguarding and the steps they would take if they felt they witnessed abuse. Staff gave us appropriate responses and told us that they would report any incidents to the person in charge. Staff we spoke with were able to describe how they would ensure that the welfare of vulnerable people was protected through the organisations whistle blowing and safeguarding procedures.

Over the last year the registered manager had raised two safeguarding alerts with the local authority and notified the Care Quality Commission. The registered manager was able to provide us with a detailed overview of what actions she

would take in the event of an allegation of abuse, these included informing relevant authorities such as the local authority safeguarding team and the police. In addition, we found staff had appropriately identified and recorded incidents and accidents that had taken place in the service. This meant that steps were taken to keep people safe and protect them from abuse and avoidable harm.

We observed staff administering the morning medication in the dining room in a safe way. Medication was held in a secure trolley in a dedicated room. The room was locked when not in use. We observed that medication was administered to one person at a time. The member of staff stayed with each person to ensure they took their medication. They confirmed that medication training was provided for the staff who administered medication. We looked at the medication administration records (MAR). These were routinely completed. A plan was in place for the medication people took only when they needed it (often referred to as PRN medication).

From our observations of the care delivered, the staff members on duty were sufficient to fully support the people who used the service safe and meet their personal care needs during the day. The manager told us they considered skill mix and experience and always ensured there were permanent members of staff on shift. Relatives we spoke to told us that there had been continuity regarding staff. Each of the people we spoke with said they knew the staff working with their family members by name. Staff rotas we reviewed showed that consistent staff numbers had been in place for the past three months.

During our discussions with the manager we asked what would happen if the home needed to be evacuated in the event of an emergency such as a fire. The manager showed us the Personal Emergency Evacuation Plans (PEEP) for the three people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people safely who cannot safely get themselves out of a building unaided during an emergency. We found that there were enough members of staff present to follow the emergency plans in place; as for one person, the plan required two to one support for moving and handling needs.

We looked at the recruitment records of staff. Appropriate checks were undertaken before the staff members began work. We found a completed application form and evidence that a Disclosure and Barring Service (DBS) check

Is the service safe?

was carried out prior to the new member of staff working in the service. (The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to

prevent unsuitable people from working with children and vulnerable adults). We also found evidence that confirmation of identity had been recorded and references received, prior to people starting work at the service.

Is the service effective?

Our findings

The service was effective. People's assessed needs were clearly reflected within their care records. We found people's care records were personalised and provided clear guidance on how their care needs should be met. People's support plans included information about their personal preferences. Within the care records we reviewed we found the information to be well laid out, consistent and easily accessible to staff.

The registered manager had attended training in the Mental Capacity Act (2005) and demonstrated a good understanding of the Act. The Mental Capacity Act (2005) is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. In discussion with us staff were clear about the principles and their responsibilities in accordance with the Mental Capacity Act (2005). A mental capacity assessment had been conducted for each person and these were kept within people's individual care records. We reviewed records relating to a Deprivation of Liberty Safeguard [DoLS] which was in place for one person currently using the service. We found that the registered manager had made the Deprivation of Liberty application in line with Liverpool City Council guidelines. The manager gave us a detailed overview of the DoLS application in relation to the person concerned. The registered manager had also informed the Care Quality Commission of the DoLS

authorisation.

We found that staff were consistently following people's individual care plans. For example one person's care plan noted that they required support to maintain a healthy eating plan, which had been recommended by a dietician.

Records confirmed that the staff ensured the foods recommended as part of the eating plan were available at all times. Staff told us that they took care to ensure that they did not bring unhealthy foods into any part of the house that person had access to. This ensured that the healthy eating plan was followed as closely as possible.

People's healthcare needs were being monitored by the staff team as part of their care plan. This ensured that their health could be reviewed regularly. We saw evidence of people attending routine appointments with a range of health care professionals including opticians, dentists and podiatry. One person who lived at the home told us; "Since I've been here I feel more contented and relaxed. They've done everything for me. They've looked after all my needs".

Discussions with staff and records confirmed that each staff member received the relevant training and development to carry out their role. For example, all care workers had achieved or were working towards a national care qualification. A care worker commented, "There are a lot of staff with the right skills here."

Each new member of staff was subject to a probationary period of employment. This concluded with a meeting to determine whether the staff member was suitable to receive a permanent role. This assured us that steps were taken to ensure the people employed by the service were fit, and had the appropriate skills and values to undertake their roles within the ethos of the provider.

Staff told us, and records confirmed, that they received supervision sessions with a line supervisor no less than three-monthly and an annual appraisal with the registered manager. Competencies of nursing staff were checked and recorded. Supervisions and staff meetings were used to support staff with expected standards of practice.

Is the service caring?

Our findings

The service was caring. Bellefield residential provides care and support to people with care needs. Most of the people who live at the home were able to tell us about their views and experiences. We were able to speak with 10 people who used the service. During our inspection we were also able to speak with five relatives of people who lived at the home. People described the staff as “caring”, “helpful” and “very kind”. One person said, “I can do most things myself but when I need help they’re very good.” Visiting relatives said staff were “helpful” and “friendly”. One relative said, “I can’t praise the staff highly enough, they treat my [relative] with dignity and respect.” Another relative said that staff were “lovely and couldn’t be nicer”.

During our visit we observed staff and people who lived in the home interacting well, for example we saw one person sat with two staff members chatting, and another person was sitting in a quiet area getting her nails polished by a member of staff. We observed staff asking people for their permission before supporting them and explaining what they were going to do. Staff spent time chatting with people in a warm and engaging manner.

A visiting health care professional said of the staff, “I have witnessed a caring approach, showing kindness and respect.” Another visiting professional commented; “Staff are very polite and courteous. Staff appear very caring towards people.”

In discussions staff were knowledgeable and respectful of people’s diverse needs. Discussions with people, and observations of the care provided, confirmed that people’s individual wishes for care and support were taken into account. Care records were written in a sensitive way that valued people’s diversity and individual needs. The care records we viewed had been signed by the person or their relative to show their agreement with their planned care.

We read eight people’s individual care plans which we found were written in a person-centred way. This meant staff put people’s views and preferences at the centre of their care provision. For example, the care plan about one person’s behaviour stated, “She is very independent and finds it difficult to allow others to help her make decisions. Staff should always give her the time to express needs and to make decisions independently.”

In discussion with us the registered manager explained how the staff tried different approaches in order to establish what people liked and disliked.

We received mostly positive comments about staff and the care that people received from relatives of people who lived at the home. One person commented; “They are a fantastic team. Another person we spoke with said; “They have been incredible to the family. I know we would be lost without them.” Another person told us; “I feel I can talk to the manager or any of the staff any time. I can’t fault the staff at all, or the care.” However one person we spoke told us that the standard of care in the home was “hit and miss.”

Is the service responsive?

Our findings

The service was responsive. People told us they had choice and control over their care and over their individual preferred lifestyles. For example, one person had chosen to have their own personal items such as a fridge, arm chairs and bedding in their bedroom. Another person said “I like to have my meals in my room and that’s not problem.” All the people we spoke with said their families could visit at any time and were made welcome.

We found that people received personalised care that was responsive to their needs. We saw people, and/or their relatives, had been involved in agreeing their individual plans of care. The individual assessments and care plans in the eight people’s care files that we looked at had been reviewed on a monthly basis or more often if people’s needs changed. The care plans we reviewed, reflected people’s individual and specific needs. They were written in a clear and detailed way so that all staff could understand how to support each person. Care plans also guided staff to ask for people’s consent before supporting them.

Most of the people we spoke with were extremely positive about the care provided by staff at home and told us if they had any significant concerns they would be happy to raise those with the manager. Two people we spoke with were able to describe an occasion where they had brought something to the manager’s attention and this had been acted upon. One person commented; “There’s never been a

time when I’ve had to worry about anything. You only have to talk to the manager or the staff.” A relative we spoke with explained to us how he had raised concerns with the manager about a problem his [relative] had with obtaining a rebate from a previous utilities company. This person told us that the manager had helped resolve this. The person we spoke with praised the home for its responsiveness to his relative’s needs.

People were supported to maintain their hobbies or interests and many had TVs, DVD players and books within their rooms. People told us they could join in a range of activities if they wanted. One person commented; “Nearly every week there is something going on.”

In discussion with us, staff were knowledgeable about people’s individual needs. Staff were able to describe in detail how each person needed and preferred to be supported. For example, one person preferred to spend much of their day in their bedroom. Staff were able to describe to us how they tried gentle encouragement to persuade the person to spend some time out of their room, but accepted the person’s preferences. This assured us that people’s choices and decisions were respected.

We saw that one complaint had been received since the last inspection. This had been recorded and investigated, in line with the home’s procedure. This assured us that the home responded appropriately to complaints and people could be confident their views would be listened to and acted upon.

Is the service well-led?

Our findings

The service was well led. People and their relatives said they were involved in residents' meetings where they could provide feedback on the service. One person said they had suggested specific day trip to a nearby stately home. They said that less than a week after they made the suggestion the trip was organised. Another person told us that they had asked for fish and chips more often as a result more fish and chips were now an option on the menu, so they felt their comments had been acted upon.

Also, annual surveys had been sent to relatives for their feedback about the service and the responses would be analysed for any suggested improvements. The information we received from the provider described plans to introduce further ways people could be more involved in the running of the home. These included the provision of a suggestion box for people or visitors who were unable to attend meetings or wanted to make comments in confidence.

People and their relatives commented positively on the way the home was run. People's comments about the registered manager included, "She's open and approachable", and "Nothing is a bother" and "She's good, a really lovely girl".

The home had a whistleblowing policy, which was available to all staff in both digital and paper formats. The care staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had.

We spoke with the registered manager, who explained how the provider's values and principles of care were explained to staff through their induction training and the development of a positive culture in the home. The registered manager carried out some shifts which allowed her to observe the care provided and to check that the home's values were put into practice.

The registered manager also carried out regular checks of care records, care practices and the premises. Incidents such as accident and falls were reported each month to the provider's quality assurance team for analysis. Records showed that the provider and the registered manager used this information to make sure people's care plans and risk assessments reflected these events, and that referrals to appropriate health care services had taken place. This meant the provider monitored incidents and risks to make sure the care provided was safe and effective.

We noted that there were plans in place for emergency situations such as a fire or flood. In discussion with us it was clear that both the staff and the manager understood their role in relation to these plans and had received the training they needed to deal with situations which may occur.