

A1 Residential Care Limited

The Bellingham Residential Care Home

Inspection report

47 Church Road
Lytham
Lytham St Annes
Lancashire
FY8 5PR

Tel: 01253737356

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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 ●

Summary of findings

Overall summary

About the service: The Bellingham Residential Care Home is a residential care home that was registered to provide personal care for 15 people. When we inspected 11 older people, some of whom were living with dementia, were living at the home.

People's experience of using this service:

People told us they felt safe at Bellingham Residential Care Home. Relatives stated they believed their family members were made safe by the care they received. Staff told us they had appropriate training, knowledge and support to keep people safe. Staff told us how they managed risk in a way that respected the person and supported their dignity.

People and their relatives felt confident in the management. They told us there was a caring culture within the home and staffing levels were appropriate. One person told us, "I've never had to wait for anything."

It was clear staff morale was good and everyone was committed to ensuring people received care and support based on their preferences and life choices.

People expressed positive views on how staff treated them. Observations during our inspection showed people were respected and care and support was delivered in a dignified manner with consent being sought before any actions were taken.

Care plans had been developed with people and their relatives being involved throughout the process. These were regularly reviewed to reflect people's current needs and preferences. People were supported in activities of their choice within the home and within the local community.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People received their medicines as prescribed and when needed and appropriate records had been completed.

The registered manager used the same safe recruitment procedures we found at our last inspection. Staff told us training was ongoing and they were supported to gain vocational qualifications in health and social care.

Staff supported people with their meals sensitively and respected their wishes. Everyone we spoke with told us the food was good and the registered manager ensured people always had access to snacks and drinks as and when they requested them.

There was a complaints procedure which was made available to people and their family. People told us they were happy with the support they received. The service continued to have good oversight of relevant procedures through monitoring and auditing to ensure people received effective support and the service was well-led.

The service engaged with outside agencies to ensure people received timely healthcare support. The management team engaged with other agencies to gain updates on legislation, best practice and learn from other providers' experiences.

Rating at last inspection:

At the last inspection the service was rated good (published 24 December 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any issues or concerns are identified, we may inspect sooner.

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

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 remained good

Details are in our Safe findings below

Is the service effective?

Good ●

The service remained good

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained good

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained good

Details are in our Well-Led findings below.

The Bellingham Residential Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector carried out this inspection.

Service and service type:

Bellingham Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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:

The inspection was unannounced. We did not tell people who lived at The Bellingham Residential Care Home, relatives, the registered provider, registered manager or staff when we would be visiting.

What we did:

Before our inspection, we checked the information we held about The Bellingham Residential Care Home. This included notifications the registered provider sent us about incidents that affect the health, safety and

welfare of people who received support.

We also contacted the commissioning and contracts departments at Lancashire County Council and Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. This helped us to gain a balanced overview of what people experienced when they received support at The Bellingham Residential Care Home.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. All the information gathered before our inspection went into completing our planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live. We activated the call bell twice during our visit to assess staff availability and response times. We spent time watching day to day activities, communication, relationships and care practices taking place. We did this to assess the quality of interactions that took place between people living in the home and the staff who supported them.

We spoke with two people who lived at The Bellingham Residential Care Home and two relatives. We spoke with the registered manager, quality and compliance manager, the care manager, two care staff and the cook. We also spoke with a volunteer and a visiting health professional. We looked at the care records of three people, training and recruitment records of two staff members, records related to the storage and administration of medicines and the management of the service.

We looked at what quality audit tools and data management systems the provider had. We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by The Bellingham Residential Care Home.

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding procedures and could describe what was abuse and how they would report any concerns.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- One person told us, "I do feel safe, I have no concerns. I have a thing to press if I need help [call bell to alert staff], I only press it if I really need them [staff] and they do come." One staff member said, "There are enough staff we work more on a one to one basis here."

Assessing risk, safety monitoring and management

- Staff followed protocols to support people in an emergency. For example, people had personal emergency evacuation plans that ensured staff had the appropriate guidance in case of a fire.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans we looked at contained personal risk assessments. When people had ongoing health conditions information was available to identify signs of deteriorating health and how to manage this to keep people safe.
- The registered provider used an environmental risk assessment to ensure the home and outside areas were reviewed regularly and safe for people, staff and visitors.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures and ensured enough staff were on duty at all times.

Records we looked at showed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers before staff worked alone supporting people.

- Recruitment processes were robust and ensured staff employed were suitable to work in this type of service.

Using medicines safely

- Staff administering medicines were trained and had their competencies checked.

- Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.
- People told us they were consulted about their medicines and they received them on time.
- Medicines were securely stored to keep them secure and people safe.

Preventing and controlling infection

- Staff told us they had access to gloves, hand gels and aprons as required. This helped prevent the spread of infections.
- The registered manager ensured infection control procedures were maintained with effective staff training. They employed housekeeping staff to maintain the cleanliness of the home. One staff member told us, "The registered manager makes sure the home is clean."
- Bellingham Residential Care Home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Learning lessons when things go wrong

- There were daily staff meetings when any incidents in the home were discussed and the registered manager ensured lessons were learned. The registered manager told us the care manager reviewed any falls. The registered manager completed any investigations and analysis. Specialist support was then requested should it be required.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff applied learning effectively in line with best practice. This led to good care for people who were supported by The Bellingham Residential Care Home and a good quality of life.
- Staff regularly reviewed care records and updated them when changes occurred. This meant people's support was up to date to ensure they received the right care and support that was required.
- Staff assessed people's needs before they moved into The Bellingham Residential Care Home to check their needs were understood and could be met. One person told us they were consulted about the care and support they would receive when moving into the home.

Staff support: induction, training, skills and experience

- Regardless of their experience all staff had to complete the care certificate. This is an agreed set of national standards for health and social care staff. One staff member told us, "It was good to refresh my knowledge."
- The registered manager had access to an additional wide-ranging training programme to enhance and develop staff skills. For example, staff had recently received training on basic life support.
- New staff shadowed experienced staff before they could work independently. One staff member told us, "I didn't know the residents, shadowing let me get to know people's personal routines. It was so person-centred."
- The management team strengthened staff experience and support through welfare meetings or supervision. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. Meetings were provided regularly and covered, for example, professional and personal progress, and training needs. Staff confirmed they felt supported by the management team.

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

- People told us they were pleased with the meals provided. One person commented, "I'm quite happy with the food, we sometimes get too much."
- Care plans included information about people's dietary needs and their likes and dislikes.

- Staff monitored people's health regularly. Care plans included what people's weight should be so any changes could be identified. If required, staff documented what people ate and drank each day to ensure they were adequately hydrated and received effective nutritional intake. We saw, due to some weight loss, one person had a fortified diet that increased their calorie intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff told us they supported people to health appointments. Documentation we read confirmed this. One person told us, "I had a cough and they arranged for the GP to visit." One staff member commented, "It's someone's life we are dealing with, we ring the GP if we need to."

- We met a visiting health and social care professional during our visit. They told us the staff and management worked in partnership with them to ensure the persons needs were reviewed effectively and all actions required were taken to manage people's healthcare needs?.

- The registered manager referenced current legislation and standards to achieve effective outcomes. For example, the registered manager received updates from Public Health England.

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

- Call bells were positioned throughout the home to allow additional support to be requested, should it be required.

- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors.

- Corridors were free from hazards to allow people to walk independently and safely.

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 with appropriate legal authority. 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 whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the registered manager had a suitable understanding of the procedure. When people lacked capacity to make decisions we saw action had been taken to consult with appropriate people to support in the decision-making process. Family members and significant individuals in people's lives had been invited to review and assess information and make decisions in the person's best interest, for example, we saw advocates visited regularly.

- People were asked for their consent before any care was delivered. People who were able to had signed their care plans to indicate they were in agreement with their planned delivery of care.

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw people were not treated less favourably because of their protected characteristics. For example, people accessed public transport and used community facilities, local shops, cafes and theatre venues.
- We observed staff were kind, caring and patient with people throughout the inspection visit. Staff supported people at their pace in an unhurried and relaxed way.
- People told us how well they were treated. One person told us, "The staff are very helpful, they don't just pass you by." One staff member said, "You can put your heart and soul into the job, people here are like my family."

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

- People told us they were involved in decisions about their care. We observed conversations taking place about the level of support people wanted, food, drink and where they wanted to sit within the home. We overheard one person share their appreciation of the support they received stating, "Thank you my darling."
- Information was available about local advocacy services. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests. On the day we inspected an advocate visited one person at the home as part of their role to ensure the care delivered met the person's needs.
- Some people who lived at the home required aids to help them communicate effectively. For example, hearing aids or spectacles. This was recognised by the staff team and supported.

Respecting and promoting people's privacy, dignity and independence

- We observed staff demonstrating kindness, patience and respect and people were given time to express themselves fully. Staff knew people well and interactions were relaxed. We noted frequent, appropriate physical contact between staff and people, which evidenced positive relationships had developed.
- Every person we met during the inspection projected a positive impression of themselves. People wore appropriate clothing that was well fitting, reflected their culture and was relevant to the individual.
- The registered manager and staff supported people to maintain their lawful rights as set out in the Human Rights Act 1998. People were supported to retain their 'Freedom of thought, conscience and religion', Article

9 of the act. They achieved this through recording each person's spiritual needs and welcoming members of a local church into the home to deliver communion.

- People's privacy was respected. We observed when staff supported people with personal care in their rooms, they ensured doors were shut to make sure they were not disturbed.

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw everyone living at The Bellingham Residential Care Home had a care plan. People or their relatives told us they understood and had agreed its contents. One relative told us, "Any changes and I was kept in the loop."
- Staff took a person-centred approach to plan and support people's needs. For example, care plans guided staff on how to ensure information was accessible to people, highlighting if people were visually or hearing impaired.
- People's rooms were furnished to meet their personal tastes and preferences.
- There was a volunteer at The Bellingham Residential Care Home. They spent time with people inside and outside the home supporting with activities and spending time with people. They told us, "Residents are friends now."
- Staff organised activities around seasonal events and people's preferences. For example, one person had been supported with gardening, another person went shopping and there had been events such as charity coffee mornings. On the day we inspected a local primary school visited to sing with people. One relative told us, "There is plenty of interaction, I have been here when gentle exercise takes place and there is always a brew and a biscuit available." One person told us, "In the afternoons, I play dominoes."

Improving care quality in response to complaints or concerns

Remove line spacing

- People knew how to make complaints. They felt confident these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One relative told us, "We would make a complaint if needed but there are no issues."
- The service had a complaints procedure. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.
- No complaints had been received since our last inspection.

End of life care and support

- People's end of life wishes had been recorded so staff were aware of these. People had the option of having their do not attempt cardiopulmonary resuscitation (DNACPR) wishes recorded. If people had a

DNACPR this was discreetly documented on the person's care file.

- The registered manager had attended six steps training. This is a series of workshops developed to share practical guidance to staff on how to provide quality end of life care. The registered manager said, "I found it really good, it gives you the confidence around advanced care planning."
- We saw people had been supported to remain in the home where possible as they headed towards end of life care. One staff member told us, "We do palliative care here. The family know us and we know them, we keep people to the end."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We observed the registered manager during our inspection visit. They promoted positive values of equality, diversity and working in partnership with people, which the staff followed in practice.
- Comments we received about Bellingham Residential Care Home and the way the home operated were positive. One relative told us, "[Registered manager] is definitely approachable and they know everyone." One staff member said, "[Registered manager] knows her stuff, and will say what needs saying. She is always out and about watching what is going on." One person told us, "The registered manager is often about and will stop and have a chat. She is nice."

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

The service had clear lines of responsibility and accountability. They and their management team demonstrated a good understanding and awareness of people's needs, likes and choices.

- The registered manager had recently introduced the role of quality and compliance manager. They told us this would support their role and the role of the care manager, boost quality and support them in meeting their regulatory responsibilities.
- The registered manager had reviewed policies and procedures in line with current legislation. They provided guidance around the duty of candour responsibility if something was to go wrong.
- The registered manager understood their role in terms regulatory requirements. For example, notifications were sent to CQC when required to report incidents that required had occurred and required attention.
- The service had on display their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- We saw the home worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included the local authority, GPs, and district nurses.
- People and their relatives told us they were encouraged to comment on the care delivered to them. People also told us they could simply speak with staff if there was anything they wished to discuss or change.
- The registered manager used satisfaction surveys as a way of gaining people's feedback. The feedback we reviewed was all positive on the care people had received.
- The registered manager was committed to ensuring continuous improvement. Accidents and incidents were investigated and actions recorded where improvements could be made.
- The provider had systems to ensure the quality of service was regularly assessed and monitored. These included a wide range of effective audits such as medication, care records, the environment and infection control. We saw evidence the service had acted upon any findings from the audits. This demonstrated improvements were made to develop and provide a good service for people who lived there.
- The management team were responsive in their actions to feedback from external audits from the local authority and CQC. For example, while there were daily handover meetings, regular staff meetings had not been taking place. Due to feedback received from the inspection the registered manager introduced these as a forum for improving care.