

Belgravia Care Home Limited

Belgravia Care

Inspection report

406 North Promenade
Blackpool
Lancashire
FY1 2LB

Tel: 01253595567

Date of inspection visit:
11 October 2018

Date of publication:
08 November 2018

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

Belgravia Care Home is situated on the seafront at Blackpool North. Accommodation is provided over five floors. All bedrooms are single occupancy with en-suite facilities. There are several communal areas. There is a passenger lift to all floors. There is a small car park at the front of the home.

At the time of the inspection 23 people lived at the home.

The inspection visit took place on 11 October 2018 and was unannounced.

There had been a change of registered manager since the last inspection. The new manager had started the process of applying to CQC to become registered. 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.

Until shortly before the inspection the service had provided care for several service user bands including people with learning disabilities. However, in reflecting on Registering the Right Support and other best practice guidance, the providers had felt the service they provided did not fit with this philosophy. They stated they would no longer admit people with learning disabilities to the home and modified their statement of purpose to reflect this change.

There were sufficient staffing levels in place for the people supported when we inspected. However, the service had applied to CQC to increase the numbers of people supported from 23 to 25 and accommodation would be provided over five floors. To make sure staffing was sufficient to meet people's dependency needs and support people throughout the building, we made a recommendation that staffing be kept under review so people remained safe.

People told us they felt safe and looked after by staff. We observed interactions between staff and people. These were positive friendly and supportive. There were procedures in place to protect people from abuse and unsafe care. We saw risk assessments had been developed to minimise the potential risk of harm to people. These had been kept under review and were personalised to meet people's needs.

Medicines were managed safely. People received their medicines when needed and appropriate records had been completed.

Care plans were in place detailing how people wished to be supported. The staff team used electronic care records these were in the main informative and personalised. However, a small amount of information generated by the system was either generalised or conflicted with the personalised information staff had recorded. There was a mix of views from people about their level of involvement in care plans. Although they said they had been involved in making decisions about their care. The new manager said she would

encourage people to be more involved with reviewing their care planning.

Staff had been recruited safely and received training to develop their skills and knowledge. They also received regular one to one supervision to discuss, current care provided, future plans and any support or training need. These measures assisted them to provide safe and effective support.

We saw people had access to healthcare professionals. People told us staff cared for them in the way they wanted and met their care needs promptly. They referred them to healthcare professionals in a timely way. We saw and people told us staff provided care in a way that respected peoples' dignity, privacy and independence.

We saw staff were attentive to people's needs and wellbeing and responded promptly to requests for assistance. They provided care in a personalised way, taking people's preferences into account. One person told us, "The staff are all very friendly here. They are very helpful." Staff were aware the importance of upholding people's rights and diverse needs and treated people with respect and care.

People told us they enjoyed a variety of social and leisure activities and staff were welcoming to their families and friends.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The home had started using a specialist food provider shortly before the inspection. People told us they enjoyed the food provided and had choice and variety. We observed the lunchtime meal. People received sufficient food and drink and the assistance they needed. The kitchen was clean, organised and staff were trained in food safety.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. The design of the building and facilities in the home were appropriate for the care and support provided. We found equipment had been serviced and maintained as required.

There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when providing personal care to people so they did not risk causing cross infection.

The management team sought people's views in a variety of ways. They assessed and monitored the quality of the service through audits, resident and staff meetings. People told us the management team were approachable and willing to listen. They knew who to complain to if they were not satisfied with their care and felt appropriate action would be taken. People also had information about support from an external advocate should this be required.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service had procedures in place to protect people from abuse and unsafe care.

Recruitment procedures were safe. Most people felt staffing levels were sufficient for the people supported when we inspected. However, we have asked the provider to keep these under review.

Medicines were managed safely and given as prescribed.

The home was maintained, equipment and infection control systems were in place.

Is the service effective?

Good ●

The service was effective

Staff made sure people had choice and control of their lives and supported them in the least restrictive way.

Staff received regular training and supervision to assist them to provide safe care.

People received a choice of nutritious meals and drinks in sufficient quantities to meet their needs.

Is the service caring?

Good ●

The service was caring

People said staff respected their privacy and dignity and they were treated with kindness.

Staff knew and respected people's diverse cultural, gender and spiritual needs and preferences.

Staff encouraged people to keep in touch with families and friends and made visitors welcome.

Is the service responsive?

Good 

The service was responsive

People's care plans reflected their preferences, needs and wishes and staff were aware how to support people in the way the person preferred.

People and their families knew their how to complain and felt any concerns would be listened to.

People's end of life wishes had been discussed and documented where they were willing to discuss this.

Is the service well-led?

Good 

The service was well led.

Staff sought people's views, suggestions and comments about the care provided.

The management team monitored the health, safety and welfare of people and assessed the quality of service they received.

The staff team had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support.

Belgravia Care

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

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

Before our inspection on 11 October 2018 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch. Healthwatch is an independent consumer champions for health and social care. This gave us additional information about the service.

As part of the inspection we used 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.

The inspection visit took place on 11 October 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors 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. The expert by experiences on this inspection had a background supporting older people and people with dementia.

Where people had limited verbal communication and were unable to converse with us, we observed staff interactions. During our inspection we used a method called Short Observational Framework for Inspection

(SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with a range of people about the service. They included nine people who lived at the home and two relatives. We spoke with the registered providers and the new manager and four staff. We looked at the care and medicines records of three people. We reviewed a variety of records, including the recruitment of three staff, staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Belgravia Care. They told us staff cared for them and were kind. One person told us, "Perfectly safe." Another person said, "Of course – there is nothing wrong here." A relative said, "I like this home – I can see a difference in [family member]."

Comments about staffing at Belgravia Care were mixed. Three people told us there were enough staff comments included, "From what I have seen – yes. They work hard and are very obliging." Other comments differed including, "They are a bit short staffed sometimes." And "I think they could do with more staff." Relatives spoken with said they felt staffing was sufficient.

We saw there were enough staff on duty during the inspection and rota's demonstrated staffing levels were sufficient for the people supported at that time. However, staffing levels in care services are related to the dependency levels of people supported and need to vary according to people's needs. When we inspected the home, the registered provider planned to increase the numbers of beds registered with CQC from 23 to 25 people. In addition, as bedrooms were situated over five floors of the building this needed to be considered when assessing staffing to keep people safe. Considering the comments from people, proposed increase in resident numbers and layout of the building we have asked the provider to regularly assess staffing meets people's needs using a recognised dependency tool.

We recommend staffing levels are kept under review to ensure sufficient staff numbers are available to support people with their care.

There had been changes in the staff team prior to the inspection including the registered manager and several care staff. A member of staff had been promoted to manager shortly before the inspection and other staff had been recruited. One person told us they had struggled with the staff changes and said, "There have been that many staff here you don't get to know if they are good."

We looked at three staff files. Safe recruitment checks were carried out before staff started to work at the home. New staff had received induction training to make sure they had the skills, knowledge and experience required to support people with their care.

Procedures were in place to reduce the risk of abuse or unsafe care. We spoke with staff who told us they had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. Records seen confirmed staff had received safeguarding vulnerable adults training.

We looked at three care plans. These all had risk assessments which identified potential risk of accidents and harm to people who lived at Belgravia Care, visitors and staff. They provided guidance for staff in how to safely support people, reduced potential risks to people and were reviewed regularly. We looked at how accidents and incidents had been managed. Where any incident, accident or 'near miss' occurred the staff team discussed and reviewed them to see if lessons could be learnt and if they could reduce the risk of similar incidents.

Is the service effective?

Our findings

The home had recently started using an external company that produced and provided them with a large variety of healthy meals. Most people were positive about the new system and were trying out different meal choices. These included, "The meals are very good." And, "The meals are very nice." And, "There is nothing wrong with the meals – they are very good." However, one person told us "I do not like the food at all – I usually leave it but they [staff] do ask if I want something else."

Staff knew each persons' nutritional needs, likes and dislikes and people said they were regularly offered drinks and snacks. We saw people given drinks frequently during the inspection. One person said, "If you want a drink you get one." We observed lunchtime in the dining room. The atmosphere was relaxed and nobody was rushed. People had a choice of meal. There were sufficient staff to give people the attention they needed and the food looked and smelled appetising.

The kitchen was clean, organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices. The Food Standards Agency, a regulatory body responsible for inspecting services providing food had awarded the home their top rating of five in meeting food safety standards about cleanliness, food preparation and associated record keeping.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People said staff checked they agreed for them to provide care and support. Care records seen confirmed this. We saw people's mental capacity had been considered for specific decisions and was documented in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff made sure people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems supported this practice. We saw where people were restricted this was done lawfully.

We looked around the building and saw accommodation and equipment met people's needs and was appropriate for the care and support provided. We found equipment to assist people with mobility and personal care was in place, had been serviced and maintained as required. People's bedrooms were personalised. Most people were satisfied with their rooms but one person said they had been moved and did not like their new room. When we questioned the manager about this they told us the person had asked for the move, but would ask the person if they wanted to move rooms. They had not been the manager at the time but said they would record where a person made a decision such as this in future.

Staff monitored people's health. They liaised with other professionals and shared information on people's needs to assist with care and treatment. People told us staff talked with them about their care and supported them to see GP's, district nurses, opticians and other healthcare professionals. One person said getting medical help was difficult but they did not expand on this. This did not reflect the views of other

people, who told us staff got a doctor for them if they were unwell. Care records seen confirmed this. One person said, "Staff noticed I was not well and got the nurse to look at me." Another person told us, "Staff arranged for me to go to the hospital for investigation when I wasn't well." A relative commented, "Yes, staff monitor [family member's] health and they called a doctor and informed us when [family member] was unwell."

We spoke with staff and looked at the service's training matrix. Staff received training including safeguarding, medicines, fire safety, infection control, food safety and equality and diversity. This assisted them to provide care that met people's needs. Most people felt staff were sufficiently trained. Staff told us and records seen confirmed they received regular supervision. These were one to one meetings held on a formal basis with their line manager. They told us they could suggest ideas and training needs and were given feedback about their performance.

We saw evidence the provider was referencing current legislation, standards and guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which was meeting their needs and protected their rights.

Is the service caring?

Our findings

We asked people if they felt the staff were caring. People said staff listened, and quickly helped if they had a problem or needed them. One person commented, "Yes they are caring." Another person said, "The staff are friendly and look after me." Another person told us, "Some certainly are – not exceptional but good." A relative said, "Yes, very caring. I am satisfied." However, one person said sometimes only one staff member hoisted them and moved them in the hoist. We were unable to verify this as during the inspection we observed people being safely transferred in the hoist with two staff.

People told us they were supported in the way they wanted and encouraged to be as independent as they safely could be. They said staff provided care in a way that respected their dignity and privacy and spoke with them in a polite and respectful way. This reflected our observations.

Staff knocked on people's doors before entering their room. When talking with people they bent down to do so at eye level, spoke gently and touched their arm or hands to reassure them. People told us staff treated them with respect and dignity during delivery of their personal care. One person told us, "They always close the door to the bathroom when I am on the commode." Another person said, "They are always respectful."

Staff had an understanding of protecting and respecting people's human rights. They were aware of the importance of supporting and responding to people's diverse needs. Staff made sure people's information remained confidential. People's records were safely stored in an office and staff knew not to talk about people's personal information in public areas.

There was a caring approach and awareness of equality and diversity. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. People's personal relationships, beliefs, likes and wishes were recorded in their care records. This helped people to receive the right support around their individual beliefs including religion, culture and sexuality.

People told us staff encouraged people to keep in touch with families and friends and made visitors welcome. One person told us, "My family can visit whenever they want." A relative said, "The staff are very pleasant when we visit."

We asked about access to advocacy services should people need their guidance and support. There was information available. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People said they were happy with the care and support provided at Belgravia Care. Most people said staff were attentive and responded promptly to requests for assistance. However, one person was unhappy with staff and felt they did not respond as well as they should. They said, "They don't have a thought that we have worked, and been active, all our lives."

Our observations on the inspection demonstrated people rose and had breakfast as they chose. They told us they decided when to be involved in activities, relax in their rooms, get up or go to bed. Care records seen confirmed this. One person told us they were pleased staff had supported them to go to their [family member's] grave.

The staff team used electronic care records these were in the main informative and personalised. However, a small amount of information generated by the system was either generalised or conflicted with the personalised information staff had recorded. The new manager said they would check all care records to make sure all information was correct and relevant to each individual.

Care plans were reviewed regularly. Two people we spoke with said they had a care plan, one person said they hadn't and another person said they thought so. However, people said staff checked if they were satisfied with how they were supported. The manager said she would encourage people to be more involved with their care planning and would remind people they could look at their care plans at the next residents meeting. Relatives told us they were involved and kept informed about their family members. One relative said, "The staff let me know about any changes with [family member]."

People told us they were offered varied social and leisure opportunities including armchair exercises, arts and crafts, games, singing, themed parties and local choirs and professional entertainers visiting. There were also occasional trips out around Blackpool. People told us they enjoyed the activities. We saw pictures and information about recent activities. One person said, "The party yesterday was really good." Another person commented "I enjoy making things and singing." One person was less keen on activities but said they were there. They told us, "They try to get me to join in but they don't force me."

We looked at arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified whether a person had communication difficulties and if so, how they communicated. Staff shared relevant information about people's needs, including communication needs, with other professionals. This helped them to understand and interact with the person.

The service had a clear, informative complaints procedure for people they supported and their representatives. People we spoke with knew how to make a complaint. Most people said they felt comfortable about talking to the management team if they had any concerns. Although one person said they didn't feel confident complaining they did not give a reason. Other people said, "Yes I think so, they are so friendly." And, "I wouldn't complain, not really. I would just ask them for anything." A relative said, "I am

quite happy and have no complaints."

We saw staff had discussed and recorded people's preferences for end of life care where people were willing to do so. This assisted staff and families so they were aware of these in advance. Staff told us where possible people could be supported to remain in the home as they headed towards end of life, supported by staff who knew them.

Is the service well-led?

Our findings

There had been a change of manager since the last inspection. The registered manager had left the home's employment shortly before the inspection. A staff member had been promoted to which allowed continuity of care. The manager was applying to register with CQC. 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.

Until shortly before the inspection the service had provided care for several service user bands including people with learning disabilities. However, in reflecting on Registering the Right Support and other best practice guidance, the providers had felt that the service they provided did not fit with this philosophy. They decided they would no longer admit anyone with learning disabilities and changed the statement of purpose for Belgravia Care to reflect this.

People who lived at the home, relatives spoken with and staff were praising of the new manager. They said they were happy with the way the home was managed and found her caring. People told us although the providers were not always there they saw them frequently and could talk with them. People told us there were resident's regular meetings where they could raise any issues or ideas with records kept of these. We saw people had been asked if they liked the new meals and about trips out they wanted. The trips were being planned when we inspected.

The manager understood legal obligations, including conditions of CQC registration and those of other organisations. They were settling into their new role with the assistance of the providers and staff team. There was a clear management structure in place and the staff team were and familiar with people's needs.

There were regular audits completed to monitor the quality of the service and staff. These included medicines, care plans, equipment and the environment. Actions had been taken as a result of any errors shortcomings found. Staff learnt from incidents that had occurred and made changes in response to these to improve care and safety.

Staff told us they felt supported by the new manager and management team. They said they had daily handovers, supervisions and staff meetings and were given relevant information as well as being able to suggest ideas.

The staff team worked in partnership with other organisations to make sure they followed safe and current practice. These included healthcare professionals such as, district nurses, dieticians, speech and language therapists and mental health teams. This multi-disciplinary approach helped to support people in their care to receive the right support.

This is the first rated inspection of Belgravia Care since the location registered with the Commission in October 2017. Providers are expected to place on display in the conspicuous area of their premises and their

website their CQC rating once received. This has been a legal requirement since 01 April 2015.