

Optimal Living (Luton) Limited

Belle Vue Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection was carried out on 9 April 2015.

Bellevue Care Home is registered with the Care Quality Commission to provide accommodation, care and support for up to eight adults with learning disabilities. The home offers accommodation over two floors.

At the time of our inspection, there was a registered manager in place. 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 and associated Regulations about how the service is run.

People were assisted by staff in a way that supported their safety and they were treated with respect. People had support plans in place which took account of their needs and individual choices.

People’s medicines were administered by staff who had received training to ensure that they were administered safely and in a timely manner.

Summary of findings

Staff cared for people in a warm and caring manner to meet their individual needs.

Staff were supported to maintain and develop their skills and knowledge by way of regular supervision, appraisals and training.

There were enough skilled, qualified staff to provide for people's needs. The necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home.

People were supported to have a healthy and nutritious diet and to access other healthcare services when required.

People were able to raise any suggestions or concerns they might have with the manager and were listened to.

Arrangements were in place to ensure the quality of the service provided to people was regularly monitored.

People were involved in meaningful activities both in the home and outside of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People felt safe.

The provider had effective systems in place to ensure that any concerns about people's safety were well managed.

People's risk assessments were in place and up to date.

There were enough, experienced and skilled staff to meet the needs of the people at the service.

Good



Is the service effective?

The service was effective

People who used the service and their relatives were involved in the planning of the care and support that people received.

People were supported to maintain a balanced and nutritional diet.

Staff were able to demonstrate their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring

Staff spoke with people in a friendly and kind manner.

People were encouraged to make their own choices where possible with support from staff.

People and their families were given the opportunity to comment on the service provided.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was assessed and planned to respond to their needs.

Staff made referrals to health and social care professionals to ensure that people's health and social care needs were met.

There were processes in place to make sure that people and their relatives could raise any suggestions or complaints about the care provided.

Good



Is the service well-led?

The service was well led

There was a registered manager in post and staff felt supported by them.

The manager and staff understood their roles and responsibilities to the people who lived at the home.

Good



Summary of findings

People and their relatives could express their views about the quality of the service.

The provider had systems in place to monitor and improve the quality of the service provided.

Belle Vue Care Home

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 was planned to check 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.

This inspection took place on 9 April 2015 and was unannounced. The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection we reviewed information we received since the last inspection including notifications of incidents

that the provider had sent us, and information received from the local authority. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three people who used the service, the manager of the home, two care staff and two relatives. We reviewed three care records and reviewed three staff folders. We also reviewed records relating to the management of the service. These included documentation such as accidents and incidents forms, complaints and compliments, medication administration records, quality monitoring information, and fire and safety records. We also carried out observations on the care that was being provided.

Is the service safe?

Our findings

Relatives of people who lived at the home told us that people were 'kept safe' and that staff "keep their eyes open to protect people, a lot more than us relatives."

We observed how staff provided care throughout our inspection. People were receiving one to one care and were supported quickly by staff and their support needs were met safely. Although people at the service were unable to have detailed discussions with us, when we asked them if they felt safe in the home they said "yes". Staff told us that people were supported by sufficient numbers of staff and this was also confirmed by our observations. We saw that staff were available to support people at all times and assisted people in a patient, unrushed and safe manner. When we asked a family member if they thought their family member was safe in the home they said "Yes, definitely, it's like home". They also said that staff "get to know them" and were therefore familiar with the person's support needs.

The manager told us that staff employed by the service had been through a thorough recruitment process before they started work to ensure that they were suitable and safe to work with people who lived at the home. The recruitment process also included a visit to the home where the people using the service were given the opportunity to meet the person and provide feedback on their suitability for the role. Records showed that all necessary checks had been completed by the provider before each staff member began to work within the home. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to check that staff were suitable and qualified for the role they were being appointed to.

Staff we spoke with demonstrated their understanding and responsibilities, were able to identify types of abuse and records showed that they had received training on safeguarding. Staff told us that they knew how to recognise and report any concerns they might have about people's safety and were aware of the provider's safeguarding policy. They were also aware of external agencies they could report concerns to. The manager understood her responsibilities and our records show that they reported any concerns appropriately.

Risk assessments had been completed in relation to people's health care and support needs and this included independent living, slips and trips, and safe movement around the home. These risk assessments were put in place to keep people as safe as possible within the home and while out in the community. The service also recorded and reported on any significant incidents or accidents that occurred. We saw examples of where an incident had occurred and the steps the provider had taken to learn from the incident, including additional training for staff to reduce the risk of further incidents occurring. People were encouraged to go out into the community and gain independence. We saw that to prepare people for going out into the community, the staff arranged for them to attend 'safe in the community' courses which helped them to keep safe whilst away from the home.

The home had a personalised emergency evacuation plan in place for each person which had been written with input from the person using the service. The plan provided details on the persons understanding of what actions to take in the event of an emergency and if they had the capacity to understand if they were in any danger. The plan allowed for staff to assist people in an emergency so that they could be taken to safety quickly and effectively. Records showed that emergency evacuation drills involving people who lived in the home had taken place. This showed us that the provider had processes in place to assist people to be evacuated safely in the event of a fire or emergency.

Medicines were stored safely within the home. Records instructed staff on how prescribed medicines should be given. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. Staff signed these records to indicate that they had administered the medicines and the manager carried out regular checks on the charts to ensure they were being completed correctly. We observed medicines being administered and saw that staff were patient and did not rush the person. Staff were able to talk us through the processes in place for the safe disposal of medicines.

Is the service effective?

Our findings

When people joined the service we were told that they received one to one care and support throughout the day to ensure their needs were met effectively. We saw that on the day of our inspection, a new person had joined the service. Staff had made preparations for their arrival and ensured that their room was set up according to their preferences. A staff member was available to support the person in adjusting to their home. We saw that the person was happy and relaxed in the home and excited to be there.

Staff were knowledgeable about people's individual support and care needs, and had received the necessary training to equip them for their role. Records reviewed showed that staff had received appropriate training in mandatory topics such as moving and handling, safeguarding, health and safety and first aid. The manager also had a system in place to ensure that staff were aware when refresher courses were required. Staff told us and we saw from the records we reviewed that they received regular supervision and they said that this made them feel supported in their roles.

Staff communicated effectively with each other and communicated any concerns to the manager through regular meetings and reviews of people's support plans. We saw that where people had asked for new activities to be added to their support plan, staff carried out monthly reviews of the support plan until the person had settled into the activity.

The manager was able to explain to us about the Mental Capacity Act 2005 (MCA), and the changes to guidance in relation to the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of how they would use their MCA 2005 and DoLS training when providing care to people who used the service. Capacity assessments had been completed and identified where people required support. For example where people were able to go out

into the community but did not understand the dangers around them, then staff would accompany them. We also saw that the provider had policies and procedures available for staff if they needed further guidance. Staff told us that they would always ask people for their consent before providing care because they recognised that verbal consent should always be obtained where possible. We observed throughout the day that people were given choices and staff would wait for people to provide their consent before engaging in an activity or task. Written consent was also obtained by the service which included areas such as assistance with finance, access to information, photographs and the administration of medicines.

People had enough to eat and drink and were assisted to maintain a healthy weight. People had access to the kitchen and staff were available to assist them in preparing meals. The service was part of a healthy eating scheme which meant that people were encouraged to eat healthy and well balanced diets where possible. People were able to plan their menus, where staff discussed 'good' and 'bad' foods with them. People were encouraged where possible to limit the treats they had or to eat treats with their main meals. People were able to go shopping with staff to purchase their food. Staff were aware of people's preferences, as well as any dietary requirements they had. We asked one person about the food available to them and they said "it's nice". We saw from documents provided that the home held weekly food discussions which provided people with a platform to discuss any issues they had with the food choices available to them.

We saw evidence that people were assisted to attend medical appointments outside the home. This was confirmed by the care records we saw which showed that people had attended GP, dentist and optician appointments. We saw that all medical appointments were discussed with people so that they understood the reason for attending and why it was important to stay healthy.

Is the service caring?

Our findings

We spoke with two relatives of people who lived at the home and they all made positive comments about the staff and the way people were cared for. One relative when talking about the staff said that they were all “treasures” and that “they should all be given medals. They are marvellous people.” Another relative said about the staff that “the staff are just lovely.” They said that Bellevue had been their relative’s home for more than “half of [relative’s] life and it certainly is home for them.”

Staff showed care towards people and supported them in an unrushed manner. Staff demonstrated that they knew and understood people’s preferences and daily routines. Whilst talking to a person we asked them if staff were nice and if they were good to them, the person responded with a smile, “oh yes.”

We noted that the home had a relaxed and friendly atmosphere with staff providing one to one support to people. We observed that people were comfortable in their surroundings and staff kept people entertained where possible. There was regular chatting, laughing and joking between staff and the people using the service. Where a person was feeling down the staff demonstrated how best to support them. For example, we saw that one person had refused to leave their room in the morning and would not talk to staff or eat. We saw that throughout the day staff went to see the person and talked to them about why they were upset. Staff listened attentively and encouraged the person to eat although they refused, but staff continued to check and reassure the person. We found that after a few hours the person came out of their room and started to slowly talk with staff.

A member of staff we spoke with said, “We listen a lot to people.” While another said that “the clients do all the talking.” They told us that the people using the service decided what they would like to do during the day and staff would accommodate their wishes. For example, we saw that when one person wanted to go to the local park, staff were happy to accompany the person and discussed with them what they would like to do there and if they needed any money for drinks.

Regular residents meetings and keyworker meetings were held which allowed people to further express their views and be actively involved in making decisions about their

care. The manager told us that each person was allocated a ‘like-minded’ keyworker, who would support the person on a one to one basis. The manager told us that this helped the person to develop a meaningful relationship with staff and allowed for stability in care for the person.

People had recently been involved in making decisions about holidays and arrangements had been put in place for people to go on a week’s holiday. We also spoke to a person who told us that when they celebrated a significant birthday, the staff had arranged for them to travel to another country which was something they had always wanted to do. The person also told us that they were planning on taking another trip in the future with the support of the provider and staff. Care documents showed that people were involved in making decisions about their care with the assistance of their dedicated staff member. Families also confirmed that they were involved with any decisions that needed to be made.

People were asked about their choices and preferences and these were documented within their support plans for staff to refer to. We observed that they were offered choice in relation to the time they got up in the morning, what clothes they wanted to wear for the day, whether they participated in social activities or not and the time they went to bed.

Our observations showed that staff asked people their individual choices and were responsive to these. We observed a staff member sitting with the person while they took their medicines. They spoke to the person softly and provided reassurance and encouragement. Staff told us that when a person was unable to verbally communicate with them they would use visual aids to assist the person in making a decision.

People’s dignity and privacy was respected. We observed people were supported to be suitably dressed in clean clothing and that personal care was offered appropriately to meet people’s individual needs. When we spoke with staff they demonstrated their understanding of how they could maintain people’s privacy and dignity while providing them with the care and support they required. Staff told us that before providing care, they would ensure that curtains were closed and that they had gained consent from the person. Staff also said that they would respect the person’s dignity and communicate with them about the care they were providing.

Is the service responsive?

Our findings

People had their needs assessed and the care records gave staff information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. When we spoke with one person about the home and their daily life they said that living in the home was “alright, do like it”, and when we asked if they had the opportunity to go out of the home they said “go out every day”. Although people using the service were unable to tell us how the home responded to their changing needs we did speak to some of their relatives.

Relatives told us that the home was very responsive to people’s needs. They said that they had regular contact with staff who were quick at responding to changes in people’s health and care needs. We observed that on the day of our inspection, one person had not attended a day centre because they were due to go for a medical appointment. The manager told us that staff had noticed a change in the person’s emotional state and was responding to this before the person’s behaviour escalated.

Care records showed that people’s general health and wellbeing was considered when their plan of care was put together. We saw from documents provided that the service carried out a needs assessment for each person regularly to ensure that the support being provided was adequate and that they were responding to people’s changing needs.

The provider carried out monthly evaluations with each person using the service and these were presented in

pictorial format to assist with the person’s understanding. These evaluations allowed for a discussion between the person and their keyworker, including about their general wellbeing and any concerns that they had. These also listed any medical appointments the person was required to attend and any changes that had occurred with their medicines or health. Accidents and incidents were also discussed as part of the evaluation and social events were also covered. This allowed for the service to review and respond to any identified issues or changes that were highlighted as part of the evaluation. Relatives we spoke with confirmed that they had been involved in these reviews and told us that these meetings gave them an opportunity to give feedback and make any suggestions they may have regarding the care and support provided to their family member.

There was a range of activities which people were encouraged to participate in. On the day of our inspection we observed that some people were out of the home attending day centres, while other people attended college and youth clubs. When structured activities were not scheduled in people were also encouraged to go for walks, take bike rides, visit the local museums and also attend discos.

A complaints policy was available to people and presented in a format that made it easy for them to understand and follow. We saw that no complaints had been made, but the manager was able to talk us through the complaints process and how a complaint would be dealt with. Relatives said they felt happy that they could speak with the manager if they had any concern or if they wanted to comment on the care and treatment of their loved one.

Is the service well-led?

Our findings

There was a registered manager in post. Our observations and discussions with people who lived in the home and relatives showed that they felt relaxed and comfortable around the manager and staff. The relatives said that the manager was “brilliant” and that they had made a “big improvement” to the home.

The manager and staff were always available to support people who lived at the home and people received one to one support at all times while in the home. When we spoke with the manager we found that they had good knowledge of the needs of people, which staff were on duty and their specific skills. The manager had matched staff with people who were ‘like-minded’ and regularly invited people into their office for informal talks. We saw that the manager was always looking for ways to improve the service, by encouraging people to express their views and by obtaining feedback from relatives and staff. The manager described Bellevue as being a “happy home”, where staff and people were “like a family” and “look out for each other.”

Relatives said that communication was good between the manager and them. They told us that they felt involved in their relatives care and were kept informed of any changes by the manager. One relative told us that they “never feel that staff can’t tell me” about their relative and that “if [relative] asks they will do it for them.”

The manager told us that they had worked with relatives, staff and people using the service to introduce more flexibility and choice within the home. They said that people’s individual routines were regularly discussed and updated to promote a comfortable and relaxed atmosphere. We observed throughout the day that the home was calm and people were free to do as they pleased. A relative said about the way the home was run that “all is very normal, everything is presented as part of everyday life, normality is the best thing for [relative].”

We found that the manager’s ‘open door’ approach meant that staff, visitors and people using the service were comfortable in raising issues as and when they arose. We saw that no complaints had been raised, but the staff had received complements for the work they did.

Monthly evaluations were completed with people to gain feedback on the service being provided to them and highlight any required changes in their care package. Relatives we spoke with also said that they were kept informed of people’s progress through regular ‘planning meetings’. Another relative also said that they had noticed “changes in [relative] since the new staff and management have come in, they have made things better for [relative].”

During our visit we spoke about notifications with the manager. They demonstrated how they reported significant events in an open and timely manner. The manager demonstrated there were arrangements in place to regularly assess and monitor the quality of service provided. We saw that the provider carried out monthly audits, which included reviews of care documents, medical records and activities.

Staff meetings were held regularly and the minutes of these meetings showed that staff were able to discuss what was going well, and whether there were any improvements needed. The manager carried out regular checks at weekends and nights to monitor the quality of service at these times. The manager told us that through regular evaluations and audits, they now held staff accountable for the level of care being provided. Staff were now given lead roles within the home to encourage best practice and accountability. These were in areas such as infection control, activities, and risk assessments.

The manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived at the home. Staff told us that they felt supported by the manager to carry out their roles and provide good care to people. Staff we spoke with said that “this is their home, we are just lucky to work here”.