

Expect Ltd

Expect Limited - 6 Belvidere Park

Inspection report

6 Belvidere Park
Crosby
Merseyside
L23 0SP

Tel: 01512840023

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14 January 2020

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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? | Outstanding ☆ |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Belvidere Park is residential care home providing personal care to three people at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a period domestic style property. It was registered for the support of up to four people. The building design fitting into the residential area and the other domestic homes. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good for the safe, effective, caring and well-led domains. There has been a change of rating to Outstanding for the responsive domain.

The culture and ethos of the service valued the uniqueness of every individual and promoted the provision of care and support as individual as the person receiving it. People using the service benefitted from tailor made care which was unique to them, improved their lives and had a positive impact on their well-being. The service responded and adapted to meet people's change in care and support needs in a timely way.

The registered manager was passionate about empowering people to have a say in the care and support they wanted and to live a life of their choosing. This vision was widely shared by staff.

The service took the time to get to know about what was important to people. This information was used to determine people's aspirations for the future and to empower people to live a more independent life. Staff supported people to maintain relationships with people who were important to them.

Belvidere Park had a relaxed and informal environment. People told us they thought of Belvidere Park as their own home. There was a 'family feel' to the service. There were no set routines at the home and people's preferences and choices dictated how the day went.

People received care and support from staff who were caring, compassionate and familiar to them. Staff

provided care and support with consideration to people's needs and preferences. It was evident staff had formed genuine relationships with the people they supported.

People were supported in such a way that allowed them maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Feedback about the management of the service from people, their relatives and staff was positive.

Staff were well supported in their role with appropriate training and supervision. Staff had also received additional training to meet the specific needs of the people they were caring for.

Checks and audits were in place to determine the quality and safety of the care and support being provided. Risk to people was appropriately assessed and measures were put in place to support people safely, whilst still respecting their freedom.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted person centred care and transparency within the service.

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

Rating at last inspection

At our last inspection, the service was rated "Good." (Report published June 2017).

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Belvidere Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with the registered manager, a representative of the provider and two support staff. We also spoke with a person who used the service. Due to their health conditions, two people were unable to verbally communicate with us and so we made observations of care and support throughout the day.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives of people who use the service to help us gain a better understanding of people's experiences of their care and support.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- People's feedback and their relatives told us they felt the care and support received by staff was safe. One person told us, "Yes, I am safe here." Comments from relatives included, "Oh yes it's very safe, no worries at all" and "It's 100% safe, [Person] is well looked after."
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management

- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people, whilst still respecting people's freedom.

Staffing and recruitment

- People received care and support by staff who were familiar with their individual needs, preferences and routines.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.
- Staff had access to personal protective equipment (PPE). One relative told us, "The place is always spotlessly clean."

Learning lessons when things go wrong

- Any incidents and accidents were reviewed by the registered manager and provider to identify any themes and trends. Incidents were also discussed at provider meetings. This helped to prevent reoccurrence in the future and minimise risk to people.

Using medicines safely

- Medicines were managed safely and administered by staff who were trained to do so.

Is the service effective?

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant 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

- People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Care and support records evidenced the involvement of people (wherever possible) and relevant others such as relatives.
- Records were individualised and contained details of people's preferred routines and preferences.
- Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person and any relevant others, so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals.
- Most staff had undergone additional training to meet the specific needs of people. For example, staff had developed their understanding of the needs of people living with a learning disability and other medical conditions by attending more specialised courses.
- Staff were competent, knowledgeable and skilled to perform their roles.

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

- People received the care and support they needed. The service referred people to external healthcare professionals where appropriate.
- Staff supported people attend external appointments where required, this was important for people who wanted an advocate to act on their behalf.

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 particular 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. We found recorded evidence of people's capacity to consent to care documented in their support files. Staff asked and explained to people before giving care and support.

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

- Care records contained information on how staff were to support people with any dietary needs and maintain a balanced diet.
- Due to staff support and encouragement, people to try different foods so that people enjoyed a wide and varied diet.
- Staff were aware of people's eating preferences and patterns and offered flexibility around this.

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

- Risk assessments were carried out to check the environment was suited to people's needs. Adaptations were made to meet people's needs.
- People were able to personalise their own bedrooms.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant 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

- Staff were motivated about ensuring people were well treated and supported. People received support from the same members of staff. As a result, staff knew people's individual needs and preferred routines well. One member of staff told us, "I've got to know the residents really well, I really love it here, I can't see myself doing anything else." A relative told us, "Staff know [Person's] needs very well, they know just how to manage [Person]."
- People and their relatives told us they were satisfied with the care people received. One person told us, "Staff here are nice." Relatives told us, "Staff are so kind, caring, polite, they make me feel welcome and relaxed" and "Staff are kind and know all of [Person's] ways."

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

- People's communication needs and any assistance they needed was recorded in their care plan. This provided staff with guidance on the most effective way to communicate with each person.
- People were given the right support to make decisions and choices about their care. People were fully involved in their care and choices around their support.
- For people who had no family or friends to speak on their behalf, the service supported people to access an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff were considerate and supported people in a respectful and dignified manner.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had an exceptional understanding of people's needs and empowered people to make choices and have complete control over their life. Support was delivered by staff whose primary aim was 'to go the extra mile' in providing truly person centred and flexible support. For one person who had lived an unsettled life moving from one service to another, staff built up a relationship of trust and respect. Over time, the person settled in their new environment, eventually gaining enough confidence to engage with the local community independently. Before arriving at the service, the person had a specific learning need, staff quickly identified a necessity to develop the person's skills and worked with them to overcome this. These new found skills helped the person communicate with family members and reinstate those relationships. This empowerment changed the person's life in an extremely positive way. They told us, "I've a better life now, I love this house, it's the best place I've ever lived, I am so happy."
- The service demonstrated a perseverance and tenacity for protecting people's rights and best interests and was able to rapidly respond to people's change in care needs. This was borne out of a genuine understanding of people's needs, beliefs and values. One person became seriously ill and a decision was made by their GP to admit them to hospital. However, the registered manager strongly believed the person would benefit from remaining at the service, in an environment which was familiar to them and cared for by staff who they knew and trusted. This was accepted by the person's GP and the service facilitated the person's recovery, which lasted three months. During this time, staff made appropriate referrals to external health care professionals and worked alongside them to assist the person and work towards their full recovery. As a direct result of staff intervention, care and support, the person fully rehabilitated from their illness.
- People were truly at the heart of their care and support plans and their individual wishes and needs were listened to and promoted. Emphasis was placed on care and support being given solely from the person's perspective. Care plans were not just used as a formal record of people's support requirements, but as an invaluable tool which enabled staff to care for people in the most individualised way possible.
- The service understood and met the different needs of people and their protected characteristics such as their religion, culture, disability and sexual orientation. The inclusive culture of the service meant that people's limitations were not considered as a barrier to people living a life of their own choosing, and adjustments were made to encourage independence.
- People were encouraged and supported to maintain important relationships. Friends and family were made to feel welcome and valued at the home and (where appropriate) included in their loved one's support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The culture of the service meant staff had the skills to consistently, meaningfully and continuously involve people in decisions about every aspect of their care. Staff were pivotal in achieving exceptional outcomes for people, often in a short period of time. Staff helped one person make a successful transition from living with family to more independent living. The person was overjoyed to finally have a room of their own and described it as being 'my flat.' Staff took the time to get to know what was most important to the person. The person began to enjoy varied trips and meaningful activities within the local and wider community, and enjoy a real sense of belonging. The person was also empowered to maintain and develop a relationship that was important to them. As a result, the person not only enjoyed a more independent way of living, but flourished and grew in happiness and confidence. Their relative told us, "[Person] is out and about more than ever, it's the best place for them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. Guidance on how best to communicate with the person was recorded in their support plan. We saw how staff communicated effectively with a person who was non-verbal and were able to understand their needs.
- Important information such as people's care plans and the service user guide were provided in alternative formats to ensure that each person's understanding.

End of life

- Although there was nobody receiving end of life care at the time of our inspection, staff had received training and worked in conjunction with other healthcare professionals to ensure that when the time came, people received dignified end of life care and support.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- At the time of our inspection the service had not received any complaints. A relative told us, "I wouldn't hesitate to speak up if something wasn't right, but I've never had to."

Is the service well-led?

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The philosophy of the service focused on ensuring people received person-centred care and support in a home they could call their own that met their needs and choices.
- The registered manager was passionate about providing individualised care and support for people and empowering people to live a life of their choosing. This vision was shared by every member of staff.
- Staff demonstrated an extensive knowledge of people's individual needs. Their knowledge and attitude was paramount to the positive outcomes people achieved.
- The service had developed good links with the local community to accommodate people's needs and preferences, and to ensure people felt a genuine sense of belonging.

Continuous learning and improving care

- The registered manager and staff team was committed to further enhancing the quality of care for people on a daily basis.
- The registered manager was keen to further develop relationships with external organisations (such as health care professionals) to help provide better support for people.
- The registered manager and provider were continually reviewing and learning where possible.

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

- The registered manager demonstrated openness and transparency in the running of the service and was well respected by people, relatives and staff alike. A member of staff commented, "I am well supported and that's down to good management." Relatives told us, "[Name] is a brilliant manager" and "The manager always listens and is always so positive."
- Systems were in place to monitor the safety and quality of the service.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.
- The prior inspection rating was displayed within the service's premises in accordance with regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to put their opinions and views forward. Questionnaires were used to gather feedback, as well as 'postcards to the director'. People were also able to feed their views back to staff at any

time.

- The provider and registered manager engaged and involved staff before introducing changes, such as paperwork, to ensure any changes made were genuinely beneficial.
- The registered manager held regular staff meetings. As the manager operated an 'open door policy', staff told us they felt comfortable to raise any issues or suggestions they had at any time.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team held regular meetings and discussed any incidents. This helped to further drive the quality of the service.
- The registered manager submitted any required notifications to CQC in a timely way.