The Fremantle Trust

Belgrave Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 4 and 7 August 2017. It was an unannounced visit to the service and the first inspection since the service registered with us.

Belgrave Lodge provides accommodation and support for up to eight people with learning disabilities, autism spectrum disorder and physical disabilities. It is adjacent to another of the provider's registered services where it shares some facilities, for example, the laundry.

The service had a registered manager in post. 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.

People were kept safe at the service. Staff undertook training in safeguarding people from abuse. They understood their responsibilities to report any concerns about people's welfare. Posters about how to raise concerns were displayed around the building.

A relative told us "Overall we're very happy." They said there "Always seem to be plenty of people (staff) about. They're very friendly." They told us healthcare needs were taken care of and "They take (name of person) to the GP when needed."

The building was well maintained and a range of checks and servicing took place to make sure it met safety standards. Fire safety checks were undertaken. However, we have made a recommendation to improve these checks to ensure people are adequately protected against the risk of fire.

Staff had been recruited using thorough processes. They received a structured induction and were appropriately supported through supervision and training.

People received the support they needed with their healthcare needs, such as accessing GPs, dentists and hospital specialists. Staff handled people's medicines on their behalf. Appropriate records were maintained to show when medicines had been given to people. Audits were undertaken to identify any discrepancies and to resolve these promptly. We found one out of date medicine. We have made a recommendation about monitoring expiry dates of medicines used for occasional use.

People's needs were recorded in care plans. These were personalised and had been kept up to date. Risk assessments had been written to identify and reduce the risk of people being harmed during the provision of their care. For example, when they were assisted to move.

People's care was monitored by the provider to make sure it met their needs and was safe. Records of audits showed improvements had been made where they were needed. The registered manager was aware of

when they needed to inform us about notifiable incidents and had taken appropriate action in response to these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were handled safely. However, monitoring was needed to make sure medicines for occasional use remained within their expiry dates.

Fire drills and weekly tests of the alarm system were not carried out effectively to make sure people were adequately protected against the risk of fire.

People were protected from harm because staff received training to be able to identify and report abuse.

People lived in premises which were well maintained and free of hazards, to protect them from the risk of injury.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff received appropriate support and training to meet their needs.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and protected their privacy.

People's wishes were documented in their care plans about what they wanted to happen after they died.

People were treated with kindness, affection and compassion.

People were supported by staff who engaged with them well and took an interest in their well-being.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

Good

The service was well-led.

People's needs were appropriately met because the service had a registered manager who provided effective leadership and support.

The provider monitored the service to make sure it met people's needs safely and effectively.

The registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

Belgrave Lodge

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 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.

This inspection took place on 4 and 7 August 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received about the service. A notification is information about important events which the service is required to send us by law.

We contacted 13 community professionals, for example, the local authority commissioners of the service, to seek their views about people's care. We received replies from two community professionals. The registered manager contacted people's relatives on our behalf to see if they would like to provide feedback. We were able to speak with one relative to obtain their feedback about the service.

We spoke with the registered manager and two staff members. We checked some of the required records. These included three people's care plans, four people's medicines records, four staff recruitment files and four staff training and development files. Other records included monitoring and audit documents, a sample of policies and procedures, maintenance and servicing reports.

Some people were unable to tell us about their experiences of living at Belgrave Lodge because of their communication difficulties. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People were kept safe from the risk of abuse. The service had procedures for safeguarding people from harm. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse.

Staff told us they did not have any concerns about how people were cared for. They said they would report any concerns to the registered manager. There were posters displayed in the office and hallway about how to report safeguarding concerns to external agencies. These included the local authority and Care Quality Commission. Safeguarding was discussed in staff meetings to make sure staff understood their responsibilities and how to report any concerns.

People were kept safe from avoidable harm during the provision of their care. Each care plan contained a number of risk assessments. These evaluated the likelihood of injury or harm to people and how to reduce this. We read assessments on people's likelihood of developing pressure damage, supporting people with moving and handling and choking, as examples. These had been reviewed regularly to make sure they were still relevant to people's changing circumstances.

The building had been well maintained. There were certificates to confirm it complied with gas and electrical safety standards. Equipment to assist people with moving had been serviced and was safe to use. The home was secure; we observed people who arrived at the home had to ring the door bell to be let in. Staff and visitors were required to sign in on arrival and departure.

We saw emergency evacuation plans had been written for each person. These documented the support and any equipment people needed in the event of emergency situations. Staff received training in fire safety awareness and first aid to be able to respond appropriately.

We looked at fire safety records. These showed drills were carried out periodically. The records did not provide information about the drills to show they were carried out effectively. For example, how long each drill took, any observations about how people reacted or general learning points to improve evacuation processes.

We checked records of weekly testing of the fire alarm system. These should involve testing a different call point each time to make sure all operated effectively. We found the records of weekly tests had been incorporated on a rotational basis with tests for the care service adjacent to Belgrave Lodge. This meant fire call points in Belgrave Lodge had only been tested five times since October 2016. Additionally, records did not indicate which of the call points had been checked.

We recommend the service follows good practice in the carrying out of fire safety checks.

People were cared for by staff who had been thoroughly recruited. Robust processes were used to make

sure staff had the appropriate skills and attributes to work with adults at risk. Checks included written references, completion of an application form, a check for criminal convictions and verifying identity.

We observed there were generally enough staff to support people. There were usually three staff on duty during the day. A relative told us there "Always seem to be plenty of people (staff) around."

Occasionally two staff were on duty. Staff told us they were stretched when there were only two of them to support people. We discussed staffing rotas with the registered manager. We noted from this there had been occasions where relief staff had let the home down and not arrived on duty. They had subsequently been advised of the consequences of leaving the home short staffed. There were also some staff who were not currently available to work. The registered manager was using staff from a sister home to help cover the rota. They also told us more staff were being recruited.

People's medicines were managed safely. The provider had informed us of medicine errors and recording issues which occurred at the home. These mainly happened during 2016. We saw improvements had been made to manage medicines safely. For example, checks were made each day to make sure medicine administration records were signed.

No one was able to manage their own medicines. Each person had a medicines cabinet in their room. Temperature was monitored to make sure medicines were stored within safe temperature zones. Any allergies were noted and there was a photograph of each person with their medicine records.

There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training and had been assessed before they were permitted to administer medicines alone. We saw staff maintained appropriate records to show when medicines had been given to people.

We noted one person's rescue treatment was out of date. Rescue treatments are taken 'as needed' to stop clusters of seizures, seizures that last longer than usual or when seizures occur at specific predictable times. The person had been prescribed two pre-filled syringes for oral use. There was a protocol written by an specialist epilepsy healthcare worker to advise on the use. It was to be administered by paramedic staff as the person's reaction to the medicine was unknown. The person had not had any seizures which required the rescue treatment to be given. We found both syringes had expired in April this year. Staff had not noticed this and there were no other syringes which were in date available at the home. This meant the rescue treatment may have been ineffective when it was needed. When we mentioned this to the registered manager, they attended to it straight away and a new prescription was obtained whilst the inspection was underway. However, this showed the home did not have efficient systems to ensure medicines were always in date.

We recommend the service follows good practice in the monitoring of expiry dates for medicines prescribed for occasional use.

Accidents and incidents were recorded appropriately at the home. We looked at three recent accident or incident reports. These showed staff had taken appropriate action in response to accidents, such as contacting healthcare professionals for advice on improving mobility.

Good

Is the service effective?

Our findings

People were supported with their healthcare needs. We received positive feedback from a healthcare professional about the home's participation in a scheme to improve people's oral care. They said "The programme has highlighted the need for effective oral care and enabled the necessary support to be provided by confident, skilled staff. While Belgrave Lodge is currently working towards 'Smile for Life' it is understood there are individual care plans in place to meet clients' individual needs."

Records showed people had accessed a range of healthcare professionals which included dentists, opticians and hospital specialists. A relative told us their family member received the healthcare support they needed. There were good relationships with the local GP surgery and pharmacy.

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work. This lead to the nationally-recognised Care Certificate. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way. Staff told us their induction had been comprehensive and equipped them with the information they needed to support people in their care.

Staff undertook training to be able to meet people's needs. This included moving and handling, safeguarding, fire safety and safe handling of medicines. Courses had been booked where staff needed to refresh their skills. The registered manager told us training had also been provided by the local authority's Quality in Care team. This included person-centred care and record keeping. Staff said these courses had been "Really good."

There were further training opportunities for staff such as Business and Technology Education Council (BTEC) awards. The registered manager and deputy manager were undertaking level five courses in management. Another member of staff had applied for the team leader level three course.

Staff received regular supervision and support from their line managers to discuss their work and any training needs. Probationary assessments had been undertaken to assess performance before staff were confirmed in post. There was a system of annual appraisals to assess and monitor staff performance and development needs. Staff whose files we looked at had not worked at the home long enough to receive their annual appraisal yet.

We observed staff communicated effectively about people's needs. Relevant information was documented in a communications book and handed over to the next shift. Daily diaries were maintained for each person, to log any significant events or issues so that other staff would be aware of these.

People's care plans contained information about any support they needed to meet their nutritional needs. Their risk of malnutrition was assessed and reviewed regularly and weight was monitored. We saw staff followed guidance provided by speech and language therapists regarding supporting people with

swallowing difficulties. For example, use of thickeners and appropriate texture of meals to prevent the risk of choking. Meals were relaxed and informal occasions. People had contributed to menu planning and meals were their choices. We saw drinks, fruit and snacks were offered to people between meal times. Staff considered healthier options which were kinder to teeth when they planned the weekly shopping, for example sugar-free colas.

The design of the building took into account the needs of people with a range of disabilities. This ensured the layout and equipment provided supported people to remain independent. For example, doorways and corridors were wide enough to accommodate wheelchairs and bathrooms and bedrooms had enough space for manoeuvring hoists and other equipment. There was level flooring throughout the building and around the garden, to enable people to move around safely.

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's care plans contained mental capacity assessments for a range of situations. These included managing their finances, leaving the home, voting and management of medicines.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The DoLS we checked had been granted without any conditions attached to them.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by staff. We saw staff took an interest in people and asked how they were. For example, when people returned from day services and when the next shift of staff came on duty. A relative told us staff were "Very nice, they're lovely."

We saw staff were respectful towards people and treated them with dignity. Staff knocked on people's doors when they went to assist them. All personal care was carried out behind closed doors to safeguard people's privacy. People had been supported to look smart and wear co-ordinating clothes and jewellery.

People's wishes were documented in their care plans about what they would like to happen when they died. "When I die" support plans were geared towards people with learning disabilities and were presented in easy read format. Information included how people would like their funeral conducted and what they would like to happen to their clothes and other belongings. This would help to ensure their wishes were respected.

The service ensured people had access to the information they needed in a way they could understand it. This showed they complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw, for example, easy read and pictorial guidance to help people understand about medical treatments and procedures. This included having a blood test, blood pressure checks and going to the dentist.

People's bedrooms were personalised and decorated to their taste. Each room had a colour scheme of the person's choice and had ornaments and items to make them feel homely and comfortable.

The home was spacious and allowed people to spend time on their own if they wished. We saw people were supported to go to their rooms when they wanted to, to listen to music or rest. There was a quiet room as well as the main lounge which people could use if they wanted some time away from others.

Staff showed concern for people's well-being in a caring and meaningful way and they responded to their needs quickly. We saw one person was distressed. They were unable to say what was wrong. Staff asked them various questions to see if they could find out. They tried offering things they knew the person liked. For example, hand cream, then a scarf to go round their neck and removing a used cup from the table next to them. The person was able to settle after a while.

People were encouraged to be as independent as they could be. We saw, for example, one person requested a drink. Staff encouraged them to get a cup out of the cupboard and then put coffee and sweetener into it.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance. This included use of email and social media to ensure staff understood their responsibilities to protect people's privacy.

Residents' meetings were held at the home. Minutes of these meetings showed people were asked, for example, about activities they would like to take part in, planning menus and sharing any news.

Information was provided in each person's care plan about how to access local advocates. Advocates are people independent of the service who help people make decisions about their care and promote their rights.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they were admitted to the service. These assessments were used as a basis for care plans. The care plans we read were detailed. They provided a good range of information to help support people according to their needs and wishes. Information was noted about their preferred form of address, next of kin, GP and who to contact if they became unwell. There was a section for 'important information you should know' and how to support the person to communicate.

Care plans provided assessment of people's needs such as any support they needed with washing and bathing, night time care, eating and drinking and maintaining contact with family and friends. People's needs were reviewed regularly and as required. We saw relevant people were involved in reviews. For example the person, their keyworker and any relatives.

There were procedures for making compliments and complaints about the service. An easy read version had been produced. This included pictures of the registered manager and the deputy manager so that people would know who they could speak with if they had any concerns. There had not been any complaints about the quality of people's care. We read one compliment from a social care professional.

The service supported people to take part in social activities. For example, people went out to day services and they attended Gateway club where they met up with friends in the community. We saw photographs of people out and about. These included going to a farm where they could interact with and feed the animals and attending a school sports day. People were going to a festival organised by the provider shortly after our visit.

People were asked for their ideas about where they wanted to go out to, such as day trips and holidays. There was a vehicle the home shared with another service to transport people. People liked to eat out. We saw, for example, two people were supported to have lunch out at a nearby pub during the inspection.

Staff had supported people to brighten up the garden with pots and containers of summer bedding plants. Each person had taken part and the pots were well maintained and cheerful.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. Friends and family were welcome to visit people as they wished. We saw the registered manager sent email updates to families to let them know how people had been and any activities they had taken part in, for example.

People were supported to make choices and have as much control and independence as possible. We saw and heard staff provided choices for people. Care plans and risk assessments promoted people's independence. For example, we read a risk assessment about access to topical medicines (such as skin care creams) in a person's room. The risk assessment supported the person to be able to access these independently when they received personal care. The assessment stated "This increases her involvement with her support and boosts self esteem."

Good

Is the service well-led?

Our findings

The service had a registered manager in post. We received positive feedback about how they managed the service. A healthcare professional told us "The home manager and her deputy are working to achieve a strategic leadership, to implement an oral health promoting environment. The manager is actively taking a positive approach to oral health and leads by example to good oral health practice. The manager actively supports staff development, in November 2016 (name of registered manager) attended the 'Smile for Life' training herself demonstrating leading by example." We read a compliment from a social care professional which said of the registered manager "You're doing a great job."

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff meetings were held to discuss ways of improving people's support and to share good practice. Staff were routinely reminded about safeguarding people in staff meetings to promote an open and transparent culture. We saw staff approached the registered manager for advice and support when needed.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about all relevant incidents. We were able to see appropriate actions had been taken in response to these.

The provider regularly monitored the quality of care at the service. This included audits and visits by senior managers. Themed audits had been completed to assess how the service was meeting the standards we inspect against. The service had been rated 93% following a 'responsive' audit in April this year. 'Effective' and 'caring' audits had resulted in scores of 81%. We could see improvement had been made to keeping people safe. An audit in January this year resulted in a score of 64%. This had been improved to 88% when a further audit was carried out in July this year. A comprehensive audit of the service had been carried out in July this year and rated the service as 'good'. The registered manager was working through the action plan which followed this.

We found there were good communication systems at the service. Residents' meetings were held regularly. These provided an opportunity for communication between people who use the service and staff about concerns or improvements that were being made. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.