

Belvoire Care Home Limited

Belvoir Care Home Limited

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

Belvoir Care home provides personal care and accommodation for up to 24 older people. There are 16 single and four double bedrooms, with five of the bedrooms having the provision of en-suite toilets. A passenger lift to the first floor is provided. There is a small garden and patio area to the rear and car parking is also available.

We last inspected this service on 4 August 2014 and found that the service was compliant in the regulations we assessed.

The home 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.

Summary of findings

People who used the service and the visitors we asked told us that Belvoir Care Home was a safe place to live and they were well looked after. Staffing levels were sufficient to meet the needs of people who used the service.

Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm.

We found that recruitment procedures were thorough and protected people from the employment of unsuitable staff.

The home was clean and appropriate procedures were in place for the prevention and control of infection.

Members of staff told us they were supported by management and received regular training to ensure they had the skills and knowledge to provide effective care for people who used the service.

Members of staff had also been trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they knew when an application to protect a person's best interests should be made and how to submit one.

Most of the people we asked told us the meals were good. Snacks and drinks were available between meals. We found that people's weight and nutrition was monitored so that prompt action could be taken if any problems were identified.

People were registered with a GP and had access to a full range of other health and social care professionals.

We saw that members of staff were courteous and treated people with respect. People who used the service were nicely dressed and looked smart.

We saw that care plans included information about people's personal preferences which enabled staff to provide care that was person centred and promoted people's dignity and independence.

Some leisure activities were organised within the home. These included games such as dominoes and draughts and reminiscence.

A copy of the complaint's procedure was displayed near the main entrance. No complaints had been made to CQC or the local authority during the last year.

Members of staff told us they liked working at the home and found the registered manager approachable and supportive.

People who used the service and their representatives told us the home was well managed and would recommend it to others.

We saw that systems were in place for the registered manager to monitor the quality and safety of the care provided.

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. Members of staff knew the action they must take if they witnessed or suspected any abuse.

Staffing levels were appropriate to meet the needs of people who used the service

Arrangements were in place to ensure that medicines were managed safely.

Good



Is the service effective?

The service was effective. Members of staff were supported to access training appropriate to their role including, nationally recognised vocational qualifications.

Although people had varying opinions about the food most of the people we asked told us the meals were good.

People were registered with a GP and had access to other health and social care professionals.

Good



Is the service caring?

The service was caring. We saw that members of staff were respectful and understood the importance of promoting people's privacy and dignity.

Visitors were welcomed into the home at any time.

Good



Is the service responsive?

The service was responsive. People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People were given the opportunity to express their views about the service at meetings held every three months.

A copy of the complaint's procedure was displayed in the home. No complaints had been made to CQC or the local authority since the last inspection.

Good



Is the service well-led?

Members of staff told us the registered manager was approachable and supportive and they enjoyed working at the home.

There was a recognised management system which staff understood and meant there was always someone senior to take charge.

There were systems in place for assessing and monitoring the quality of the service provided.

Good



Belvoir Care Home Limited

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.

Our unannounced inspection at Belvoir Care Home Limited took place on 15 September 2015. During the inspection we spoke with 12 people who used the service, three visitors, three care workers and the registered manager.

The inspection team consisted of one inspector and an expert-by-experience. 'An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people.'

Before our inspection visit we reviewed the information we held about the service. This included notifications the

provider had made to us. We contacted the local authority safeguarding team and the commissioners of the service and Rochdale Healthwatch to obtain their views about the service.

We did not request 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 any improvements they plan to make. This was because the provider would not have had sufficient time to complete the PIR.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for two people who used the service and medicines administration records for 11 people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

People who used the service told us that Belvoir care Home was a safe place to live. People's comments included, "I feel safe, I don't feel threatened."; "It's alright here. I feel safe." and "They keep me safe, they have night staff." The relative of one person said, "I feel happy to leave her here because she's happy."

Policies and procedures were in place for safeguarding vulnerable people from harm. These policies told staff about the types of abuse, how to report abuse and what to do to keep people safe. We discussed safeguarding with three members of staff and found they had a good understanding of safeguarding procedures and were clear about the action they must take if abuse was suspected or witnessed. Discussion with the registered manager and the training records we looked at confirmed that members of staff had received training in safeguarding vulnerable adults from harm. The staff team also had access to a 'Whistle Blowing' policy. This policy ensured that members of staff knew the procedure to follow and their legal rights if they reported any genuine issues of concern.

We looked at the care plans of two people who used the service. These plans identified the risks to people's health and wellbeing including falling, nutrition and the formation of pressure sores. Guidance for staff to follow about how to manage identified risks in order to promote people's safety and independence were also included in the care plans.

Members of staff who had received appropriate training were responsible for the management of medicines at the home. We saw that medicines including controlled drugs were stored securely which reduced the risk of mishandling. The temperature of the storage area was checked and recorded daily in order to ensure medicines were stored according to the manufacturer's instructions. We looked at the medicines administration records of all the people using the service and found they included details of the receipt and administration of medicines. A record of unwanted medicines returned to the pharmacy was also available. We saw that there were no unaccounted gaps or omissions in the records. The registered manager audited the medicines administration records weekly to check that staff had completed them correctly.

We looked at three staff files and found that recruitment procedures were thorough. These files included an

application form with details of previous employment and training, an interview record, two written references, proof of identity, and a criminal records check from the Disclosure and Barring Service. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff.

Throughout the inspection we saw that people were not kept waiting when they needed assistance from members of staff. One person said, "There's always someone to help if I need them." We were shown a copy of the duty rota which provided details of the grades and number of staff on duty for each shift. This confirmed that a sufficient number of staff were available in order to ensure that the health and social care needs of people using the service were met. In addition to the care workers ancillary staff were also employed to do the cooking and domestic work.

The registered manager explained that staffing levels were determined according to the care needs of people who used the service. We saw that dependency assessments had been completed in the two care plans we looked at.

Suitable arrangements were in place for the prevention and control of infection. We saw that gloves and aprons were available for members of staff to use in order to protect themselves and people who used the service from infection. We looked round the premises and found the home was clean and free from unpleasant odour. One person said, "They keep it clean." The laundry was sited away from any food preparation areas. Suitable equipment was provided to ensure that any contaminated linen was dealt with safely. However, the service did not have a contract with a licensed waste carrier for the safe removal of contaminated waste such as incontinence products in accordance with the Environmental Protection Act 1990.

We saw records to demonstrate that equipment used at the home was serviced regularly. This included the fire alarm, electrical installation, gas appliances, portable electric appliances, fire extinguishers and emergency lighting. The fire system and procedures were checked regularly to make sure they were working properly.

We noted that a personal evacuation plan (PEEP) was in place for each person who used the service. These plans provided clear directions for staff to follow about the support each person required to safely evacuate the premises in the event of an emergency.

Is the service safe?

A business continuity plan which provided information for staff about the action they should take in the event of an emergency was also in place.

Is the service effective?

Our findings

Although people had varying opinions about the food most of the people we asked told us the meals were good. One person said, "The food is very nice here." However, one person said, "The food varies. Sometimes it's alright but sometimes it's not very good."

At lunchtime we saw that people were given a choice of scampi or bacon hotpot. However, most people chose scampi and we saw there was very little waste. The meal was served quickly to prevent the food from going cold which ensured that people received a warm meal. People were offered either a cold or a hot drink and apple crumble and cream was offered as a dessert.

We observed that lunch time was an unhurried social occasion allowing people time to chat and enjoy their meal. We saw that care workers were attentive to people's needs and offered appropriate assistance and encouragement when necessary. A senior care worker told us that menus were planned in advance and rotated on a four weekly basis. Special diets and people's individual preferences were catered for. Fresh fruit was also available in order to ensure that people received a varied and balanced diet. We saw that hot and cold drinks and snacks were also available between meals.

We found that people's care records included an assessment of people's nutritional status so that appropriate action was taken if any problems were identified. This assessment was kept under review so that any changes in a person's condition could be treated promptly. People's weight was checked and recorded monthly or more frequently if weight loss or gain needed to be monitored. When necessary advice was sought from the doctor and dietician and records of food and fluid intake were kept.

A visiting dietician told us that when necessary people were given a specially fortified diet to prevent weight loss. The dietician also said that she was very impressed with the detailed records kept of people's food and fluid intake.

The kitchen had achieved the 5 star rating at their last environmental health visit which meant kitchen staff followed very good practices.

We looked round the home and found that communal areas were spacious and suitable for a variety of cultural

and leisure activities. We saw that several bedrooms had recently been decorated. The registered manager explained that people occupying those rooms had chosen the colour scheme and wallpaper. We saw that people had personalised their own room with small items of furniture, photographs, ornaments and pictures for the walls to make them look more homely. One person said, "I like my little bedroom." The registered manager said that the carpet in the hall was going to be replaced and further improvements to the premises were ongoing.

Three members of staff told us about the training they had received. This included moving and handling, health and safety, fire prevention, dementia, food safety, infection control, end of life care and nationally recognised vocational qualifications in health and social care. Although none of the staff had completed first aid training the registered manager made arrangements for this training to take place the following week. We looked at the personnel files of three members of staff and found they contained records of the training they had completed. This confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice.

New members of staff were required to complete a structured induction programme which included moving and handling, fire prevention, infection control and safeguarding training. A care worker appointed within the last few months told us that she had shadowed a more senior care worker for two shifts and then worked with experienced staff until she was confident in her role.

During the inspection we observed members of staff gaining people's consent and cooperation before any care or support was given. The care plans we looked at also included a 'consent to care' form which if possible people who used the service had signed to indicate their agreement with the care provided.

Members of staff had received training in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

Is the service effective?

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager told us that applications for authorisations under the Mental Capacity Act 2005 and DoLS had been submitted for six people using the service.

Members of staff also told us that they had regular supervision meetings and an annual appraisal with the registered manager. The three members of staff we asked said they found these meetings helpful and gave them the

opportunity to talk about anything relevant to their work at the home including training. This confirmed that members of staff were supported by the registered manager to provide effective care for people who used the service.

Each person was registered with a GP who they saw when needed. The care plans we saw demonstrated that people had access to specialists and other healthcare professionals such as dieticians, speech therapists, podiatrists and opticians. Records were kept of all appointments and any visits from health care professionals so that members of staff were aware of people's changing needs and any recurring problems.

Is the service caring?

Our findings

Throughout our inspection we saw that members of staff spoke to people in a courteous and friendly manner and addressed people by their preferred name. However, there was a mixed response from residents about the care they received. Some were very complimentary about the care workers whilst others said that the care they received varied, dependent on which members of staff were on duty. People's comments included, "The carers are smashing, they're kind and they look after me.", "The carers are good, they look after to me.", "I think the staff are great", "The staff vary, some are better than others." and "Some of the girls are good, some are not so good.". The relative of one person said, "The staff are great, we're on first name terms."

The care workers we spoke with understood the importance of promoting people's privacy and dignity. We saw that people who used the service were nicely dressed and looked smart.

The care plans we looked at contained information about people's individual likes and dislikes and their life history. This enabled staff to provide care which was person centred and promoted people's dignity and independence.

Where possible information about each person's wishes regarding end of life care and resuscitation had been discussed and documented in their individual care plan. This informed staff what people wanted to happen at the end of their life.

Arrangements were in place for the manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. This process helped to ensure that people's individual needs could be met at the home. The relative of one person said, "Before she came here the manager visited and asked questions about her."

We saw that visitors were welcomed into the home at any time. People who used the service could receive their visitors in communal areas or their own room.

Is the service responsive?

Our findings

Discussions with members of staff confirmed that they had a good understanding of person centred care. One care worker said, "They (people using the service) all have individual needs." One person said, "I am very happy here." The relative of one person said, "It's very nice here, my mum is really happy. They (staff) are really good."

The care plans we looked at included detailed information about people's life history, likes and dislikes, interests, hobbies and religious needs. We saw that people's care records were kept under review and were updated when necessary to reflect people's changing needs and any recurring difficulties. Where possible people who used the service or their representatives were involved in these reviews in order to ensure that the care and support provided was responsive to people's needs. The relative of one person said, "I go through the care plan with the (registered) manager."

Members of staff were responsible for organising leisure activities within the home usually in the afternoons. One care worker told us activities included art and crafts, jigsaws and games such as dominoes, draughts and board games. There was also a memory box which contained items that prompted discussion and reminiscence. This box was supplied by the local library and changed every month. Another care worker said, "I take some people out for meals and we go shopping." People's comments about

activities included, "There aren't many activities, but someone's coming with clothes today.", "We play dominoes sometimes. We get a memory pack every month from the library.", "There are not a lot of games, but a bit." and "I'd like to be able to go out more."

During the afternoon on the day of our inspection we saw that a clothing firm visited the home. This gave people using the service the opportunity to purchase new items of clothing if they wished.

People from a local church regularly visited the home to chat to people who wanted to talk about their faith.

People who used the service and their relatives were given the opportunity to express their views about the home at meetings held every three months. At the last meeting on 11 September 2015 menus, activities within the home and trips out to visit local attractions were discussed.

A copy of the complaint's procedure was displayed in the home. This procedure told people how to complain, who to complain to and the times it would take for a response. All the people we asked told us they knew who to complain to if they had a problem. One person said, "I've never had to complain. It's excellent as far as I'm concerned." Another person said, "I have never had to complain about anything." The relative of one person said, "It's lovely. I couldn't fault it, to be honest." There have not been any complaints made to the CQC or local authority since the last inspection.

Is the service well-led?

Our findings

The home 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. The registered manager was supported by the assistant director and the provider who frequently visited the home.

The local authority commissioning team and Rochdale Healthwatch were contacted prior to this inspection and have not expressed any concerns about how this home was being managed.

Members of staff told us they liked working at the home and the registered manager was approachable and supportive. One care worker said, "You couldn't ask for a nicer boss, she's always there for you."

People who used the service told us the registered manager was very approachable. One person said, "The manager is wonderful and the girls are very nice." Another person said "We can always talk to her."

The relatives of people using the service also expressed their satisfaction with the way in which the home was managed. Their comments included, "It's great. I think it's one of the best homes in the area. I think this would be my first choice." and "I would recommend the home to others."

Meetings for the staff team were held every four months. Minutes from the last meeting indicated that record keeping, laundry and menus were discussed. Senior members of staff also met separately to discuss issues relevant to them such as the management of medicines.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. The staff we spoke to were aware that there was always someone they could rely upon.

We saw that policies and procedures for the effective management of the home were in place. These included health and safety, confidentiality, equal opportunities, recruitment, infection control, management of medicines, record keeping and consent.

We saw that audits completed regularly by the registered managers covered all aspects of the service provided. These audits included care planning, medicines, records of the care provided, health and safety and equipment such as hoists and wheelchairs. All accidents and incidents were recorded and analysed by the registered manager every month so that any trends could be identified and addressed.

The registered manager was aware of and had sent prompt notifications to the Care Quality Commission.