Perfect Care Limited

Belmont Grange Nursing and Residential Home

Inspection report

Broomside Lane
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Date of inspection visit:
27 January 2017

Date of publication:
01 March 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 January 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Belmont Grange Nursing and Residential Home provides care and accommodation for up to 30 older people. On the day of our inspection there were 23 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Belmont Grange Nursing and Residential Home was last inspected by CQC on 7 December 2015 and was rated Requires Improvement overall and in four areas; Safe, Effective, Responsive and Well-led. Following the last inspection, the registered provider sent us an action plan. During this inspection we checked to see whether these actions had been completed and improvements made.

Accidents and incidents were recorded and analysed. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at

Belmont Grange Nursing and Residential Home. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. The service had links with the local community.

The registered provider had an effective complaints policy and procedure in place and people who used the service and visitors were aware of how to make a complaint.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. People and visitors told us the management team were approachable and accommodating.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's individual dietary needs were being met and people were supported by staff at mealtimes.

People had access to healthcare services and received ongoing healthcare support.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People were complimentary about the standard of care at the home.

Staff treated people with dignity and respect.

People's end of life wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

Care records were regularly reviewed and responsive to people's needs.

The home had a programme of activities in place for people who used the service.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the local community.

Belmont Grange Nursing and Residential 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 registered 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 27 January 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with three people who used the service and seven visiting friends and family members. We also spoke with the registered manager, home manager, a nurse, two care staff, one maintenance staff member and three visiting healthcare professionals.

We looked at the personal care or treatment records of three people who used the service and observed

how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe at Belmont Grange Nursing and Residential Home. They told us, "Yes, I'm safe" and "Very safe".

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. Additional checks were carried out for nursing staff to ensure they were appropriately registered and their registration was in date. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. We saw there were sufficient numbers of staff on duty to provide safe care to the people who used the service. This included a nurse on duty at all times of the day and night. The home manager told us they did not use agency care staff to cover absences but did occasionally use agency nurses. The home also had its own bank nursing and care staff. People who used the service, family members and staff did not raise any concerns about staffing or staffing levels. This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

The home was clean, spacious and suitable for the people who used the service. We saw a copy of the registered provider's infection control policy and procedure and saw monthly infection control audits were carried out. Appropriate personal protective equipment (PPE) was in place for staff. We looked in the laundry and saw it was clean. Weekly cleaning schedules and monthly deep cleaning schedules were in place and up to date. This meant people were protected from the risk of acquired infection.

Accidents and incidents were appropriately recorded and analysed by the registered manager on a monthly basis to identify any trends. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments included moving and handling, risk of falls, risks in the person's bedroom, medication and nutrition. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, fire risk assessments were in place, emergency lighting checks had been carried out, regular fire drills took place and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service.

Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). This meant that checks were carried out to ensure that people who used the service were in a safe environment.

The registered manager understood their responsibility with regard to safeguarding. Appropriate alerts had been sent to the local authority and CQC had been notified of any allegations of abuse. Staff received training in the protection of vulnerable adults. We found the registered provider understood safeguarding procedures and had followed them.

At the previous inspection it was identified that people were not protected against the risks associated with the unsafe use and management of medicines. At this inspection we looked at the management of medicines and saw people had completed medication assessments, which were used to gauge the person's understanding and ability to take their medicines, and the level of support required from staff. Records we saw were up to date and regularly reviewed.

Medicines were stored in a locked trolley in the treatment room. Controlled drugs were stored in a safe inside a locked cabinet. Controlled drugs are medicines at risk of misuse. Treatment room and refrigerator temperature checks were carried out daily and within safe limits.

People's medication administration records (MARs) included details of the person and an up to date photograph. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. MARs we saw had been completed accurately and were up to date. Records were also in place for the administration of PRN, or as required, medicines.

Staff who administered medicine received an annual assessment and observation, which included ordering and storage, preparation and administration, and knowledge of procedures.

Medication audits were carried out and checked staff training, the authorised list of signatures for staff qualified to administer medicines, stock checks, reportable events and documentation. This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People and visitors told us, "The carers are wonderful", "It's a lovely home", "It's like a little family in here" and "Yes, I'm well cared for".

At the previous inspection it was identified that staff did not receive appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. At this inspection we saw that staff mandatory training was up to date and included health and safety, food hygiene, first aid, dementia, control of substances hazardous to health (COSHH), fire safety, medication, mental capacity, infection control, safeguarding and moving and handling. Mandatory training is training that the registered provider thinks is necessary to support people safely.

New staff completed an induction to the service and staff new to care were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions took place approximately every two months and included personal development, timekeeping and attendance, teamwork, shift rotas and any other issues. This meant staff were fully supported in their role.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. The home had a varied menu and people we spoke with told us the food was, "Lovely" and "Very nice".

Nutritional assessments were completed on admission to the home and malnutrition care plans described the support people required with diet and nutrition. For example, one person was on a pureed diet and had thickened drinks due to the risk of weight loss. A separate 'Risk of being underweight' care plan was in place. The person had a malnutrition universal screening tool (MUST) in place and was weighed monthly. A MUST is a tool used to calculate nutritional risk. Guidance had been sought from a dietitian and speech and language therapist (SALT) and we saw the service had taken note of the guidance and included it in the person's care plan. 'Kitchen notification forms' had been completed to inform kitchen staff of people's individual preferences and dietary needs. This meant people were supported with their dietary needs.

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. 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. We saw appropriate DoLS applications had been submitted by the registered manager. Mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Staff had completed training in the MCA and DoLS. This meant the registered provider was working within the principles of the MCA.

The service had sought consent from people for the care and support they were provided with and had obtained permission for physical examinations, photographs to be taken and for care records to be made available to staff and other healthcare professionals.

Some of the people who used the service had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place, which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date and showed the person who used the service, family members and relevant healthcare professionals had been involved in the decision making process.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including GPs, district nurses and dietitians. Emergency Health Care plans (EHCP) were in place to ensure healthcare staff received accurate information about the person.

Good

Is the service caring?

Our findings

People who used the service and visitors were complimentary about the standard of care at Belmont Grange Nursing and Residential Home. They told us, "The staff are very caring" and "The nursing care is very, very good".

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way. For example, we observed a member of staff brushing a person's hair. The staff member spoke with the person in a calm and friendly manner and politely asked them to lean forward. Another staff member was observed assisting a person into the lift, giving them verbal encouragement throughout.

Care records included 'Reminiscence workbooks', which were completed by family members for people who had memory issues. These helped to build a life history of the person, for example, family, friends, workmates, school life, working life, religious beliefs, hobbies and interests, and favourite places.

Care records described how people's choices and preferences were to be taken into account. For example, people's preferred names were recorded and known by staff, and whether people preferred a bath or a shower was documented.

We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. Care records described how staff should respect people's privacy and dignity. For example, "Respect [Name]'s rights and choices regarding privacy" and "Privacy and dignity to be respected at all times". We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "Yes, very much so" and "Definitely". This meant that staff treated people with dignity and respect.

Care records described what people could do for themselves and what they needed staff to assist them with. We saw staff supported people to be independent and people were encouraged to care for themselves where possible. For example, people who could independently mobilise around the home were able to but staff were on hand to assist if required.

Bedrooms were individualised with people's own furniture and personal possessions. There were many visitors to the home during our visit and people who used the service told us they could have visitors whenever they wished. Visitors we spoke with told us they were always made to feel welcome.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocates with the registered manager who told us one of the people who used the service had an independent advocate.

End of life care plans were in place for people as appropriate and people's cultural and religious wishes had

been recorded. The registered manager told us people's end of life wishes were discussed with the person and family members at the appropriate time. This meant people had been able to be involved in planning their end of life care.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

At the previous inspection it was identified that accurate, complete and contemporaneous records in respect of each service user were not being maintained. At this inspection we saw that people's needs were assessed before they started using the service. Each person's care record included a personal care needs assessment, which identified people's abilities and dependency needs for different aspects of their care. For example, bathing and washing, dressing, using the toilet, eating and drinking, pressure ulcer care, social needs and moving and handling. We saw that this had been written in consultation with the person who used the service and their family members.

Individual care plans were in place for people and included details of the person's assessed need, the aim of the care and directions for staff to follow. Appropriate risk assessments were in place where required. For example, we saw one person was identified as being at high risk of developing pressure sores. The care plan described how the person was to be nursed in bed and receive regular turns, which were documented on a chart. Staff were advised to report any changes in skin integrity to the nurse. A skin integrity assessment had been carried out, as well as a Waterlow risk assessment. Waterlow is a risk assessment tool used to identify the level of risk for the development of pressure sores. These records had been reviewed monthly.

We saw another person had been identified as being at risk of falls due to poor mobility. The person had a 'Risk of falls' care plan in place, which stated the person always needed two staff to assist them when mobilising. The person also had a risk assessment in place and guidance was provided to staff on how to assist the person to mobilise safely around the home. These records were up to date and had been regularly reviewed. This meant that accurate, complete and contemporaneous records in respect of each service user were being maintained.

Daily progress reports recorded any important information and staff observations of the person who used the service. For example, with regard to continence, medication, sleep patterns, diet and nutrition, and any changes to the person's health. Care staff told us if any changes were identified, it was brought to the attention of the nurse.

Care records included a 'Preferred activities' record, which listed and described activities the person liked to do. We saw one person enjoyed coffee mornings at the local church, old music and musicals, taking photographs, bingo, shopping and knitting. The home had an activities timetable on the notice board. People who used the service told us there was lots to do however one visitor told us there wasn't as much going on as there used to be. The home employed an activities coordinator and we discussed their role with the registered manager. The registered manager told us the activities coordinator did various activities with the people who used the service, including baking, games and taking people to coffee mornings. External groups and entertainers visited the home regularly, including Zoolab, which is a live animal handling workshop, a pet dog service and singers. One of the people who used the service enjoyed chess and we observed staff organise a game of chess for the person with a member of staff. We found the registered

provider protected people from social isolation.

We saw there had been a number of written compliments received by the home. Compliments received in January 2017 included, "Lovely staff", "Excellent carers" and "Excellent stay. Staff great. Looked after well".

A copy of the registered provider's complaints policy and procedure was on the home's notice board. This described how to make a complaint and the procedure that would be followed by the registered manager in investigating the complaint. We saw there had been five complaints recorded in the previous 12 months. Each one had been investigated and we saw copies of written responses to complainants and a record of the outcome. People and visitors we spoke with were aware of the complaints procedure but did not have any complaints to make. This showed the registered provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been in post since August 2014.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. People who used the service and visitors told us, "[Registered manager] is a people person" and "[Home manager] is very nice. She's been very helpful".

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. The registered manager told us, "We have an open door. The staff know they can come to me with anything. Staff we spoke with confirmed this. Staff were regularly consulted and kept up to date with information about the home and the registered provider. Staff meetings took place approximately every two months. The most recent meeting had taken place in December 2016 and included discussions on mealtimes, staffing, infection control, bedroom allocations and facilities.

The service had links with the community including events arranged by staff and students at the local university and the local church, who held a weekly coffee morning.

At the previous inspection it was identified that the quality and safety of the services provided was not being assessed or monitored. At this inspection we looked at what the registered provider did to check the quality of the service, and to seek people's views about it.

The registered provider carried out visits to the home on a regular basis. These visits were recorded and included checks of the environment, a review of records and discussions with staff and people who used the service.

The registered manager and home manager completed a number of monthly audits. These included infection control, maintenance, control of substances hazardous to health (COSHH), catering, housekeeping, medication and care records. Action plans were in place for any identified issues. For example, the audit of care records looked at documentation, whether people who used the service had been involved in planning their care, charts and medication records. The most recent audit identified a monthly review had not been completed. We saw this was actioned and recorded.

Regular meetings took place for people who used the service, where they could discuss the home, activities, food and any other issues they wanted to raise. The registered manager told us one person who used the service preferred to be seen separately so the registered manager had a discussion with them in their own

bedroom. An annual survey was sent to family members and exit questionnaires were completed by people who had been staying for short term or respite care when they left the home.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.