CLS Care Services Limited

Belong Macclesfield Care Village

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

Summary of findings

Overall summary

The inspection was unannounced and took place on 15 and 20 June 2016.

This service was last inspected on 3 February 2014 where it was found to be compliant in all the areas we looked at.

Belong is a care village providing personal care and nursing care for up to 72 older people. CLS refer to the home as a village, therefore we have used this terminology throughout the report. The village opened in 2007 and is managed by CLS Care Services Limited, a not for profit organisation based in the North West of England. The village is situated on the outskirts of Macclesfield in a residential area. Local community amenities such as shops, a pub and a bus stop are within a short walking distance. The village consists of six households for either 11 or 13 people. Each household has a lounge, dining area and fully fitted kitchen. All bedrooms are single occupancy with en-suite shower and toilet. There are also communal facilities that are shared with adjoining sheltered housing apartments. These consist of a bistro, hairdressers, fitness suite, activities venue and internet room.

The village has a registered manager. 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. At the time of our inspection there were 72 people living in the village.

We found that people were provided with care that was safe, person centred, sensitive and compassionate. The village was managed and staffed by a consistent team of support workers and nurses who were well trained and well supported.

We saw that the service had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. All the staff we spoke to confirmed that they were aware of the need to report any safeguarding concerns.

We looked at staff recruitment files to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. This resulted in staff having the skills and knowledge to carry out their jobs well and provide safe and effective care.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that this was up to date and provided them with knowledge and skills to do their

jobs effectively.

People had care plans which were personalised to their needs and wishes. Each care plan contained detailed information to assist support workers to provide care in a manner that respected the relevant person's individual needs, promoting their personal preferences'. The care plans were holistic as they considered in detail people's physical as well as mental health needs to maintain a good standard of well-being.

People living in the village told us that the standard of care they received was good. Comments included, "this is a lovely place, nice staff", "it's good here" and "we have no complaints at all here".

Relatives spoken with praised the staff team for the quality of care provided. They told us that they had every confidence that their relatives were safe and protected from harm and enjoyed a good quality of life. One person told us, "we are delighted that he has settled in so well".

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that staff were able to help and support people who had difficulty in making decisions and ensured that plans were put in place in the person's best interests.

There was a flexible menu in place which provided a good variety of food to people using the service. People living there told us that the food was good and they had a wide variety of food choices as well as where they could have their meal. Food was cooked on each household in order that people could see and smell the food being prepared, following the food first approach.

Staff members we spoke with were positive about how the village was being managed and spoke about the staff team in general being very supportive and of feeling part of a family.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the village. This included audits on care plans, medication and accidents.

The village was well-maintained and clean and provided a calm, relaxing atmosphere. Each household was decorated differently and reflected the different wishes of the people living in each household. There were a number of maintenance checks being carried out weekly and monthly. These included water temperatures as well as safety checks on the fire alarm system and emergency lighting. These were audited regularly.

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.

Staff knew how to recognise and respond to abuse. We found that safeguarding procedures were in place and staff understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The provider had effective systems in place to manage risks without restricting people's activities. Risk assessments were detailed and kept up to date to ensure people were protected from the risk of harm.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicine was safe.

Recruitment records demonstrated there were systems in place to help ensure staff employed at the village were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff members had received regular training and they confirmed that this gave them the skills and knowledge to do their jobs effectively. Staff completed a comprehensive induction programme on commencing with the service.

People's nutritional needs were assessed and monitored and the food was prepared and cooked on each household. The service followed the food 'first approach' to improve people's nutritional intake and reduce the amount of nutritional supplements given to people.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were supported to live their lives in the way that they chose.

Is the service caring?

Good

The service was caring.

People living at Belong Macclesfield confirmed that they were well cared for and were treated with kindness and compassion and maintained good relationships with the staff.

Visiting relatives were positive about the standard of care, the staff and the atmosphere in the village.

The staff members we spoke to showed us that they had a good understanding of the people they supported and they were able to meet their various needs. We saw that they interacted well with people in order to ensure that they received the care and support they needed.

Is the service responsive?

Good

The service was responsive.

People's care and support was planned proactively in partnership with them and where appropriate their family and other professionals. We could see that people had been consulted and felt listened to in terms of the care that they received.

The arrangements for social activities were good and focused on providing stimulating activities for both mind and body. There were a number of structured activities and everyone had access to the fitness suite and assistance from the exercise instructors. There was also more informal, one to one activities going on throughout the village.

The provider had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaints and could see that these had been dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

The registered manager had effective systems in place to assess and monitor the quality of the service.

The registered manager operated an open and accessible approach to both staff and people living in the service and

actively sought feedback from everyone on a continuous basis in order to improve the service. The staff all said that they could raise any issues and discuss them openly within the staff team and with the registered manager.

There was an emphasis on maintaining good links with the community and local services. Many of the services were open to the public and the service had good links with the local GP and hospice.

Belong Macclesfield Care Village

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 June 2016 and was unannounced. The inspection was carried out by two adult social care inspectors. The inspection was concluded on 20 June 2016 by one adult social care inspector and the service were aware of this subsequent visit.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Belong Macclesfield. They told us they had noted some staff training and supervision was out of date and one care plan they had viewed was not up to date.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the village.

We spoke with a total of fifteen people living there, seven visiting relatives, two visiting health professionals and seventeen staff members including the general manager and the registered manager and eleven care staff. We did speak to more people living in the village but they found it difficult to tell us what they thought of the care in village due to their health conditions. Discussions with the registered and general managers identified that 72% of people living at Belong Macclesfield are living with dementia.

Throughout the inspection, we observed how staff supported people with their care during the day.

We 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 to us. We completed two SOFIs in two different households.

We looked around the service as well as checking records. We looked at a total of ten care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Good

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Belong Macclesfield was a safe environment and all family members said that they were more than happy that their relative was safely cared for. Comments included, "Sometimes I forget where I am but I always feel safe", "I feel very safe really". Relatives told us, "He has never wanted to come home with us, he thinks of this place as his home now. That is thanks to the way the staff have treated him and made him feel safe and settled" and "I feel my mum is very safe here".

We saw that staff were aware of individual needs and people we spoke with felt that they were well cared for. Comments included, "the staff treat me very well –we can joke and talk seriously but they're friendly", "they know me well, I get my tea at 7am and can ask for a drink anytime". All the relatives we spoke with stated that their relative was well cared for, comments included, "The home is brilliant, fantastic. I can't fault it. My mum has improved enormously since being here. They have her sitting out and drinking which she couldn't do before" and "It's a good place. [Name] can be a bit difficult but they understand her and ensure she has sufficient attention."

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The register manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding or incidents requiring notification at the village since the previous inspection took place had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. One member of staff told us, "I'd stop it straight away and speak to the manager". Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy in place and staff were regularly reminded in team meetings and provided with a copy of a leaflet "If you see something, say something". Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Risk assessments were carried out and kept under review so the people living in the village were safeguarded from unnecessary hazards. We could see that the village's staff were working closely with people and where appropriate their representatives and other health professionals to keep people safe. For instance we saw where risks had been identified in relation to eating and drinking, referrals had been made promptly to the speech and language team (SALT) for advice to minimise risks to the person. We could see

that the village's staff members were working closely with people to keep them safe without unnecessary restriction. For instance we saw risk assessments in all the care plans that we viewed to assess whether people could self-medicate. Relevant risk assessments, regarding for instance falls, nutrition, pain assessments were kept within the care plan folder.

Staff members were kept up to date with any changes during verbal handovers that took place at every staff change. This helped to ensure they were aware of any issues and could provide safe care. They also completed daily handover sheets for everyone on each household which included what care had been provided and whether anyone had seen a health professional on that day. Each household also had a diary where things were recorded that needed to be passed onto the next shift.

We looked at the files for four staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks has been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held a photograph of the employee, suitable proof of identity, an application form as well as evidence of references and notes from the interview showing that people had the relevant experience to carry out their roles.

We saw the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by staff who had received the appropriate training. Medicines and Medicine Administration Record (MAR) sheets were kept locked in each individual persons rooms. We saw that the practices for administering medicines were safe. We checked seven MAR sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. We saw clear records were kept of all medicines received into the village, administered and if necessary disposed of. Controlled drugs were stored securely and in the records that we looked at these were being administered and accounted for correctly. Medication fridges were being checked regularly, so any medication needing refrigeration was being stored correctly at the right temperature.

On the day of our visit, there were 72 people living in the village. Between the hours of 8.00am and 10.00pm there were six lead support workers or senior support workers and twelve support workers who were responsible for providing care and preparing meals in the various households. In addition to this there was a nurse that floated between all households who worked between the hours of 8.00am to 8.00pm. There was also a lead nurse who worked full time at different shifts across the week. At night, there were six support workers and a floating senior support worker and floating nurse who all worked between the hours of 10.00pm and 8.00am. We also saw that senior support workers worked one shift supernumerary each week in order to catch up on paperwork and on the days of our inspection, we saw a number of staff working supernumerary where they were supporting a colleague who was shadowing or were completing paperwork or training and were on a phased return to work after a period of sickness. The registered manager and general manager were in addition to these numbers. We looked at the rota and could see that this was the consistent level. The registered manager advised that they had struggled recently with a number of staff leaving and sickness, therefore they had used agency staff. However they had a recent recruitment drive and eleven people commenced on induction training on the second day of our inspection. The registered manager advised that they used dependency assessments and these were updated each week by the lead support worker on each household. These were then used to inform if additional staff were needed for instance where one household may have an increase in dependency levels if someone's health deteriorated. We spoke with staff and they confirmed that additional staff were provided if they identified that they needed additional staff to support someone.

In addition to the above there were separate ancillary staff including a bistro and catering manager, cook and four kitchen assistants on shift each day. There was a front of house manager, two administrators and one receptionist as well as a head housekeeper and four domestic assistants cleaning the village and dealing with the laundry. There was also a lead exercise instructor, two exercise instructors, an experience co-ordinator, two activity co-ordinators and the practice development facilitator who worked across the week.

On the days of our inspection, our observations indicated that there were enough staff on duty. We saw that when call bells rang they were being answered promptly, staff had time to chat with people and carry out one to one activities such as puzzles or gardening and staff were going about their duties in a timely manner. People living in the village told us, "when you ring the bell they come as fast as they can", "they come quickly if I need help" and "they come pretty quickly if you call". A visiting family member told us "A few weeks back there were only two members of staff, but that has improved as they have recruited again. It only happens every now and again. But they can borrow staff from another floor – I'm not worried that mum's not safe".

From our observations we found that the staff members knew the people they were supporting well. They could speak knowledgably about the people living in the village, about their likes and dislikes as well as the care that they needed. There was an on call system in place in case of emergencies outside of office hours and at weekends which was operated by the four managers based at the village. This meant that any issues that arose could be dealt with appropriately.

The provider had received a four star rating in food hygiene from Environmental Health on 2 June 2016. The general manager informed us that they had already put an action plan in place which we were able to view. Many of the action points related to the households rather than the general kitchen area. The village were introducing a host role for staff. Currently care staff in each household prepare the food and are trained in food hygiene and safety, however the manager advised that they want to ensure that at least one staff member on duty is given additional training in food hygiene and safety in order that they can ensure that high standards are maintained.

We conducted a tour of the village and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. The atmosphere in the village was calm and staff members were going about their roles in a professional and timely manner. We observed staff maintaining hygiene by the use of specific aprons when preparing food in the kitchen area.

We checked some of the equipment in the village, including bath hoists and saw that they had been subject to recent safety checks.

We found that the people living in the village had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used if the village had to be evacuated in an emergency such as a fire. They would provide details of any special circumstances affecting the person, for example if they were a wheelchair user. These were kept on the individual life plans as well as a copy for everyone kept securely in reception.

Good

Is the service effective?

Our findings

All the people living at the village that we spoke to and their family members felt that their needs were well met by the staff who were caring and knew what they were doing. In order to provide consistency, members of staff generally only worked on one household at a time in order that they got to know all the people they were caring for. Comments included, "we get drinks anytime we want. Sometimes if I don't fancy anything on the menu they ask me what I want and they will get it for me. They either make it themselves or order it from the bistro", "I can make myself drinks here when I want", "the food is nice. The staff know just how I like it" and "They look after me well. They always ask me what I want and make sure I get it. They make my life better because they talk to me and ask me if I want to look at newspapers or have a chat". Comments from family members included, "The staff here are really good, they know everyone, what their likes and dislikes are and treat them very well", "staff know everyone's needs really well and it's the same staff all the time" and "I'm delighted with the care here".

The provider had their own induction training programme that was designed to ensure that any new members of staff had the skills they needed to do their jobs effectively and competently. We looked at the induction record for one recently appointed staff member and could see that this included ensuring that the member of staff had access to all the core training identified by the service. Each staff member completed four days induction training in a classroom covering areas such as: ageing well, dementia awareness, end of life training, fire safety, safeguarding, marvellous mealtimes, nutrition and infection control, food safety, manual handling and first aid. In addition to this each staff member was given a workbook specific to their work area eg care or domestic. They had three months to work through this from commencement at the service and all care staff also completed the Care Certificate workbook, which is a nationally recognised and accredited system for inducting new staff. Once the classroom induction was completed and prior to starting work on shift, the practice development facilitator advised that people new to care had two weeks shadowing existing staff and where people were returning to care, it was more flexible to their needs. We could see from the staff rota that one member of staff was shadowing on both days of our inspection and they were in addition to the eighteen staff members delivering care. One staff member told us, "it was a good induction really". We spoke to the practice development facilitator for the village and they confirmed that dependent on the role, staff may be provided with additional training as part of their induction for instance medication if they would be administering medicines. Staff were also encouraged after six months with the service to complete a Diploma in their respective service area. Newer members of staff that we spoke to confirmed that they have completed this induction and that it had been useful and we saw staff completing work in relation to their diploma during the inspection.

We asked the practice development facilitator and staff about training and they all confirmed that they received regular training throughout the year, they also said that their training was up to date. The practice development facilitator advised that the training was monitored via a computer system, which flagged immediately to the manager is someone's training was about to go out of date in order that plans could be put in place to refresh that particular training need. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, moving and handling, nutrition and hydration, mental capacity and DoLS. We also saw where training was not up to

date that action plans had been put in place to ensure that this was resolved quickly.

The practice development facilitator advised that they were currently rolling out a cognisco dementia awareness programme where staff undertook an assessment and answered questions on how they would respond to scenarios. This was then analysed and the practice development facilitator worked alongside staff and coached them on any areas of weakness and the dementia awareness trainer for the corporate provider undertook observations. The assessment was then completed again to see what staff had learnt. To date this had been completed in two of the households. Staff told us, "I've been on a two day dementia awareness course and it was so good" and "If you want training you can just ask". We saw notices near the main office encouraging staff to request training or inviting them to take part in an exchange programme with staff members at the local hospice. We spoke to one staff member who had completed this exchange. They advised that it consisted of completing shifts at the hospice alongside staff there. They stated, "it was great. It was insightful to see how they provide end of life care, but made me appreciate how we do it as we provide long term care here, so we can be more personalised".

Staff members we spoke with told us that they received on-going support, supervision about three or four times a year and an annual appraisal. We checked records which confirmed that supervision sessions for each member of staff had been held regularly. One staff member told us, "they are really useful and I can get a lot off my chest as well as getting feedback on areas I can improve".

During our visit we saw that staff took their time to ensure that they were fully engaged with each person and checked that they had understood before carrying out any tasks with them. Staff explained what they needed or intended to do and asked if it was alright rather than assuming consent. Two people told us, "they are all very respectful and kind". We observed a staff member helping someone to mobilise from the chair to the table. We noted that they took their time, they did not rush the person and spoke to them during the whole time they were assisting the person and encouraged them to try to maintain their independence. This was carried out in a dignified and respectful way.

The information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We asked the people living at the village about their care plans and comments included, "They did speak to me about my life plan".
We also viewed annual reviews in the care plans that showed that relatives had been invited and attended these reviews and had been able to share their views on the standard of care. One relative told us, "I have been involved in the care plan and they communicate well with me".

Visits from other health care professionals such as GPs, physiotherapists, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why. We spoke to a visiting GP who told us that they completed surgeries here twice a week as part of the local GP enhanced scheme in order to provide consistency to the people living in the village. They said, "we have a good working relationship. I'm very happy with this home. I feel that we are making an impact". They also spoke about the work they had completed together to reduce the amount of nutritional supplements that people took by ensuring people had access to balanced, nutritional diets. In addition they had also worked with the physical exercise instructor to identify any changes in people's health so issues could be dealt with promptly. We spoke to people living in the service about whether they had access to health services. They told us, "if I need the GP or anything, they sort this. The physio comes to me twice a week and we do exercises", "they always sort out the doctor. I've improved a lot since I've been here".

The provider had policies and procedures to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation

of Liberty Safeguards (DoLS). 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 provider 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 found that the manager had applied to the supervising authority for forty people to be subject to DoLS and they had received authorisation for sixteen of these people. We were able to view the paperwork in relation to both standard and urgent DoLS applications and saw that the registered manager had a robust system in place to alert them to when applications needed to be updated and where they had not been given authorisation they had been in contact with the supervising authority to follow up. We checked care files and found where necessary mental capacity assessments and best interests decisions had been completed.

We spoke with staff. The senior staff confirmed that they had received training on MCA and DoLS. All members of staff were able to tell us about the principles of MCA and DoLS and they were all able to tell us who was subject to DoLS within the household that they were working on.

The food was prepared on site by the care staff. There was a bistro and catering manager, a cook and four catering assistants who were employed by the service, however they mainly worked in the bistro on the ground floor of the building. They provided the menu and guidance how to prepare the food to care staff as well as weighing out some of the food and preparing some ingredients, but the meals were prepared by the care staff in each of the households following the 'food first' approach. This approach focuses on improving nutrition in older people. This created a more homely feel as people living in the village were able to see and smell the food being prepared each day. The menu provided a good variety of food to the people using the service. The village followed a four week flexible menu, however people had the choice to eat in the household, go down to the bistro or have food brought up from the bistro. People were asked what they wanted at every meal time. Special diets such as gluten free and diabetic meals were provided for if needed. Staff members we spoke to confirmed that people could request an alternative option such as an omelette if they did not like the meal of the day. We saw people being offered alternatives and we also saw people being taken down to the bistro when they wanted to eat there. One of the households had also changed around when they served the evening meal in response to comments from the people living on that particular household. We saw that fresh fruit was available for people to help themselves to on each of the households. The people using the service told us, "Food is wonderful and we are all so happy", "the food is great", "the food is pretty good and I can go to the bistro, so I get a choice. I had my niece here and we can go there together, it's lovely" and "the food is pretty good".

We observed lunchtime on three of the households and tea on two households. We saw that the food looked tasty and appetising and was well prepared. The tables were set with table cloths, cutlery and flowers so the meal times were distinguished from other times of the day when the tables were used for different activities. Staff were wearing protective aprons when preparing or serving the food. We saw that staff offered people drinks and they knew people's preferences and choices, down to small details like which size cup a person preferred. Where people needed assistance with eating, staff members supported them in a patient and unhurried manner. Staff were chatting to people eating as they were moving through the dining area and prompting people and checking that people were ok throughout the mealtimes. Staff took the time to explain to people what the food was and asking permission before helping someone.

We saw that staff used the Malnutrition Universal Screening Tool to identify whether people were at nutritional risk. This was done to ensure that people weren't losing or gaining weight inappropriately. On the care files that we looked at, this was being reviewed on a regular basis. This was also monitored through the village's on-going auditing systems.

We saw staff offer drinks and that they were alert to individual people's preferences and choices in this respect. We saw in care plans that where someone was identified at being at high risk additional monitoring of fluid and food intake was undertaken. We viewed these records and found that there were some inconsistencies as staff were sometimes completing these later in the day rather than at the time that a drink had been given. When we spoke to staff they were able to tell us when people had been given drinks and how much and we could see that people were hydrated and receiving sufficient food. We raised this with the registered manager and they advised that they were in the process of reviewing the life plans in order to rationalise the amount of paperwork that staff needed to complete.

The village was very clean and maintained to a high standard and provided a calm, relaxing environment that met the needs of the people living there. Each household was individualised and reflected the differences in the households. For instance, some households had more photographs of people living there, some had decorations in relation to the Queen's recent birthday or the football championships. Each household had an open plan area with the lounge, dining room and kitchen area and there were smaller seating areas along the corridors and the general bathroom had pictorial signage. There were communal areas on the ground and first floor of the village.

The provider provided adaptations for use by people who needed additional assistance. This included bath and toilet aids, grab rails and walking frames and sticks to help maintain independence.

The laundry within the service was well equipped and there were systems in place for the care of people's clothes. They operated a one way system to try to reduce cross-contamination and it was neat, tidy and well organised.

Good

Is the service caring?

Our findings

We asked people living in and visiting Belong Macclesfield about the village and the staff who worked there. They all commented on how kind and caring all the staff were. Comments included, "they are kind and caring and they know what they are doing", "what a lovely lot of people they are. This one is special, so kind and caring", and "they have a laugh with me and treat me like family". Visiting relatives told us, "the staff are fantastic, I cannot fault the care", "the staff couldn't be kinder" and "the staff here are lovely and they like the residents –it's like a family".

It was evident that family members were encouraged to visit the village when they wished. People living in the village told us, "My real family come here every day and they are made to feel at home" and "my relatives can come and go as they please". Comments from relatives included, "I come every day". The village also had a room (the autumn suite) similar to a hotel room which was available for relatives free of charge. This meant people could stay if they were travelling some distance in order to visit their relative or if someone was ill and they wanted to remain near. We observed some relatives booking this facility at the reception desk.

We viewed cards that had been sent into the village. One person's relatives wrote, "A huge thank you to all the staff on Willow for all the wonderful care you gave to [name] over the past few months". Another person's relative wrote, "As a family we wanted you all to know how much we appreciate everything you do. You are all like an extended family to our mum and we thank you from the bottom of our hearts". The provider had a feedback system that recorded compliments as well as complaints. The village had received 33 compliments since January 2016. One person wrote, "I have always felt happy with my mum at Belong. The place is homely, relaxed and you are always made to feel welcome, you never feel that you have come at the wrong time. Staff, without exception are always friendly and welcoming. They genuinely care for my mum".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Belong Macclesfield and had very positive relationships with the people living there. Comments included, "I came to work here as my grandma was here and it felt like visiting her at home. I love it", "I'm very, very happy here. It's a nice home to work for as everyone is approachable. It's like my second family" and "I love it here. I always said I'd never put my parents in a care home, until I worked here and I would have them here".

We saw that the relationships between people living in the village and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw there was good communication and understanding between members of staff and the people who were receiving care and support from them. We saw that staff members were interacting well with people in order to ensure that they received the appropriate care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always seeking their permission before undertaking a task. We observed that staff used a dignified approach to people, for example knocking on people's door before entering. We

saw and heard that staff were attentive to small details in terms of people's preferences and all staff talked about feeling part of a family rather than working in a village. One staff member told us, "I've learnt a lot about nutrition and what can be added to a meal to make it really tasty. [name] loves spicy stuff so I add a bit of treacle to his curry and he loves it".

We undertook two SOFI observations in two of the dining rooms over lunch on the first day of the inspection. We saw that staff members were moving around the dining rooms attending to people's needs and speaking to people with respect and encouraging them to eat their lunch and seeking out whether they needed support.

We saw on the day of our inspection that the people living in the village looked clean and well cared for. For example ladies in the village had their hair styled and nails painted. Those people being nursed in bed also looked clean and well cared for. Everyone had access to an on-site hairdresser which was available to everyone living in the village as well as to the general public.

The quality of the décor, furnishing and fittings provide people with a homely comfortable environment to live in. Each household had a different feel and they were not uniformly decorated, but it was clear that staff and the residents had been able to decorate them with pictures and items that reflected who was living in the different households. Rooms were all personalised, comfortable, well-furnished and contained individual items belonging to the person. People living in the village and their residents commented that they were happy that they were able to personalise their rooms. Comments included, "Look at my room, it's great. Very comfortable".

People also talked about having choice and being able to access different parts of the village without restriction with to the bistro, communal activities areas or to other households to visit friends. On person told us, "I can go to the gym if I want".

The provider had a range of information available for people living in the village available in the reception area as well as in the entrance to each household. There were leaflets inviting complaints as well as compliments. There was information about paying for care, their vision and values, what activities were taking place that month as well as their monthly newsletter about all activities for both people living in the village and the local community. There was a trolley advertising the upcoming cycling event where residents, relatives and staff were taking part in a cycle marathon in the fitness suite. Forms were also available inviting comments on carehome.co.uk. There were leaflets about dementia and reducing falls. The provider also had a welcome guide that was displayed in the entrance area to each household including information about complaints, aims and objectives and the company vision.

We saw that personal information about people was stored securely in their rooms so they knew who was writing in the plans and they could access this whenever they wanted to. Where appropriate, people were involved in recording in their daily diaries. We observed staff sitting with people and completing this alongside them about their care and activities that they had done that day.

The registered manager advised that they had recently completed their portfolio for the Gold Standards Framework and were awaiting their validation visit. This is a nationally recognised framework for providers to follow good practice and ensure that everyone has a 'good death'. The provider also had close links with a local hospice and conducted exchanges between staff to encourage learning between the two services in end of life care.

We were able to view the file of one person who was at the end of their life and could see that they was a

good level of detail about the person's wishes about what they wanted to happen at the end of their life. An advance decision had been recorded. An advance decision to refuse treatment allows people to refuse treatment in advance of a time when they don't have the capacity to make a decision for themselves. They had liaised closely with the GP and medication was also in place with detailed instructions as to when this may be needed for pain relief.

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place on six of the care files we reviewed. We saw that either, the person, or where appropriate, their relative or health professional had been involved in the decision making process. We found that the records were dated and had been reviewed and were signed by a General Practitioner.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where cardio pulmonary resuscitation (CPR) would not be successful. Making and recording an advance decision not to attempt CPR may help to ensure that the person dies in a dignified and peaceful manner.

Good

Is the service responsive?

Our findings

Those people who commented confirmed that they had choices with regard daily living activities and that they could choose what to do, where to spend their time and who with. Comments included, "What a smashing place, it's fun to be here. I can go out with my family if I wish", "Seriously I cannot live in my own home anymore but the people here make this my home" and "I can stay independent and I like the activities". Relatives told us, "She loves plants so they make sure she has plants in her room" and "his room is personalised and he enjoys the activities for instance watching the football in the venue and having a pie and a pint".

Everyone in the village at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. We looked at the pre-admission paperwork on the care plans that we viewed and could see that assessments had been completed. We did find that a number of the plans had not been signed and dated which we asked the registered manager to address.

We looked at the care plans (Belong call these life plans) to see what support people needed and how this was recorded. We saw that each plan was personalised and captured the needs of the individual. We also saw that the plans were written in a style that would enable a staff member reading it to have a good idea of what help and assistance someone needed at a particular time. Everyone who came into the service was offered a physical assessment with the lead exercise instructor and we could see where exercises had been put in place help people maintain mobility. We noted on two of the care plans that we viewed that where someone's health needs had changed, this had been recorded on a variation sheet, but the main care plan had not been updated. For instance one file stated that someone could swallow and eat every day food, but we could see on the variation sheet that they were on a pureed diet and staff had appropriately referred and taken advice from the SALT team on a regular basis. We spoke to staff regarding this and they stated that they worked from the variation sheet and all the staff we spoke to were aware of everyone's current health needs and what they needed to do to keep someone healthy. We raised this with the manager to address. Whilst current staff were aware of people's needs, it was potentially confusing for any new staff or agency staff and could impact on someone's care. We could see that care plans were being reviewed regularly.

The ten care plans we looked at contained detailed information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the food the person enjoyed, where they had lived, holidays they had enjoyed, what they preferred to be called, preferred social activities, people who mattered to them and it was recorded on each care plan what people like in their room. We asked staff members about several people's choices and the staff we spoke with were very knowledgeable about them. We were also able to see that people's preferences were respected, for instance someone who was being nursed in bed, it was important that their nails were painted, that they had fresh flowers and a particular radio station on in their room. On visiting them in their room, we could see that all these things were in place.

The provider employed an experience co-ordinator and two experience support workers. Their job was to help plan and organise social or other events for people coming into the village for experience days as well

as the people living in the village. Experience days were when people could come into the village and do activities and have lunch. People living in the village were also welcome to attend these activities. The co-ordinator advised that they spoke with people when they came to live at the village and regularly attended household meetings to gain feedback and ideas for activities and encouraged staff to gain feedback regularly on this. We saw from the activity programme displayed in reception and around the households that a variety of organised activities were arranged twice a day including church services, singing and dancing events, gardening club, poetry club, art afternoons as well quizzes and games. People also had access to the fitness suite and the internet room where staff could support them to use the computer if necessary.

The lead exercise instructor and two exercise instructors also worked in the village. They worked alongside people within the household or in the fitness suite to carry out physical activities or stretching with them to maintain mobility or assist with recovery from an operation or injury. They told us that they worked closely with the GP and physiotherapists to ensure that people continued to mobilise to the best of their ability. The exercise programme had won a global award in 2013 for excellence in care services and the lead instructor was now working across other Belong villages to implement the programme there as it had been so successful in this village.

We saw newspapers and magazines according to people's preference available in all the households as well as books and puzzles and games in the lounge areas for quieter activities. On the day of our inspection we observed the organised activity which was bingo, but we also saw one to one activities going on in the households. We saw members for staff doing gardening with one person, completing a puzzle together and reading a book together.

The registered manager told us that the ethos of Belong was to have strong links to the community, so many of the events were open to the public along with the bistro and the hairdresser. This also helped people who attended the village or the experience days if they later came to live in the village as they were familiar with the setting. She advised that a number of people had made this transition.

The village had a complaints policy and processes were in place to record any complaints or compliments received and to ensure that these would be addressed within the timescales given in the policy. Copies of leaflets were available in the reception area and the entrances to the household and the policy was also set out in the welcome documentation. We saw that 28 complaints had been received in 2016. However when we looked at these, only one related to the care village, the others were in relation to the maintenance issues in relation to the independent flats that are adjacent to the village. We could see that all the complaints had been dealt with appropriately. One person we spoke to and two relatives said that they had raised complaints in relation to minor issues and these had been resolved and dealt with promptly.

Good

Is the service well-led?

Our findings

There was a registered manager in place and they had been in post since May 2015 and they were responsible for the care provided in the village. There were also other managers to support her in the running of the village including the general manager, the front of house manager and the bistro and catering manager. The manager told us that information about safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They 'walked the floor' regularly in order to check that the village was running smoothly and that people were being cared for properly. The manager and the practice development facilitator conducted regular night spot checks. We asked the people living in the village how it was managed and run. Comments included, "I have no complaints at all", "head office have asked me what I think of staff and I tell them that everything is fine", "I know that if something did go wrong I could tell someone and it would be sorted out but I have not ever had to do that" and "we have a house meeting and we can grumble or whatever. They do listen to us".

We spoke to relatives and they told us, "I have no concerns and I can talk to the staff on duty if I have any concerns", "we are very pleased with it so far" and "I'm delighted with the care".

People living in the village and families told us residents' and relatives' meetings were held in each of the households by the lead support worker and the registered manager would attend if there were any specific issues raised that she needed to respond to. We were able to view the minutes from one of the households held on 13 May 2016. Issues discussed included, staffing, food, menus and activities. We could see from the minutes that people living in the household had asked to receive their larger meal at lunchtime rather than later and this had been trialled. Since everyone agreed this was much better, the household agreed that they would continue this way.

In order to gather feedback about the service being provided, the provider completed a residents' survey annually. We looked at the draft resident report for 2016 and could see that it contained a number of questions such as 'do you feel safe?', 'do you find our staff to be caring and attentive and do they tailor support to your individual needs?', 'do our staff make your family and friends feel welcome?' and "do you have confidence that our managers would respond to your concerns in a timely manner?". People and their relatives were asked if they would recommend Belong, 100% said that they would. People were also encouraged to say the best thing about Belong as well as what they could improve. Comments included, "Everything! The staff are lovely and very friendly, the food is good and there is always something to do". Improvements included requesting a back up generator and allowing people in the garden after 8pm. The general manager had responded to these comments explaining that a generator was being sourced and people were allowed into the garden but for security reasons the doors were closed and access was via fob or a member of staff.

Belong Macclesfield had its own internal quality assurance system in place. Lead support workers completed medicine audits each week and monitored accidents and incidents each month. The registered manager completed quarterly audits of medication, care plans and full household audits. The household

audits looked at a number of different areas such as safeguarding, nutrition and hydration, environment and equipment, dignity and respect, choice, staffing, accidents and complaints. Any actions coming from the audits were then written in the household diary for the staff to act upon. We checked a household diary to see whether this system was working and could see the notes from the manager to staff recorded in the diary and the subsequent actions that had been taken to address any issues. The service also carried out first impression audits every two months which focused on maintenance issues both inside and outside the building. Audits were also completed of the kitchen, general cleanliness of the village and of the general dining experience. CLS have a marvellous mealtimes policy which aims to provide a positive mealtime experience for people living in the village. Audits were completed to ensure that staff were delivering mealtimes in accordance with this policy.

The provider produced a corporate dashboard report which reported each month on areas such as staffing, training, life plan reviews and any actions were discussed with the general manager and registered manager. The operations director carried out regular visits to the village and again would highlight any areas for concern. We were able to view a sample of their comments on areas for improvement over the last year.

In addition to the above, there were also a number of maintenance checks being carried out weekly and monthly. These include the water temperature, equipment such as wheelchairs and bedrails as well as safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, any lifting equipment such as hoists and the lift.

The manager told us that they were in the process of employing another member of staff to provide additional activities specifically for people who were being cared for in bed. This was based on the 'namaste' programme which is a programme for people who are at the end of their life and have dementia. The aim was to ensure that everyone living in the village had access to activities.

The service had good links with the community and other services. They operated an exchange programme with the local hospice in order that staff from both services could improve their knowledge of end of life care. The service had a good working relationship with the local GP and they carried out regular surgeries at the village twice a week which provided consistency to the people living at Belong Macclesfield. Many of the activities and facilities were open to the community to try to integrate the village into the area.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the village was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the registered manager. Comments from the staff members included, "we get good support and good team work", "we get good support and are encouraged to maximise the life for the people who live here", "Cheryl is very approachable. Everyone helps everyone" and "Caroline and Cheryl are always there and really helpful".

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and/or raise concerns. During our inspection we viewed minutes from past staff meetings and saw that these were being held on a regular basis. Staff had opportunity to discuss a variety of topics including staffing, annual leave and upcoming activities in the village. They were given reminders about safeguarding and recording. There were also regular meetings for the nurses, night staff, senior support workers and lead support workers. We were able to view a sample of all of the meetings and could

see that the meetings provided an opportunity for information to be passed to staff on areas to improve as well as allowing staff an opportunity to raise any issues they may have.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team prior to our inspection and there stated that supervision and training was not up to date on their last visit. We viewed these on our inspection and could see that these were now up to date.

As part of the inspection, all the folders and documentation that were requested were produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.