

Extel Limited

# Bells Court

## Inspection report

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Date of inspection visit:  
21 December 2015

Date of publication:  
29 March 2016

### 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 21 December 2015 and was unannounced. The previous inspection was in June 2014 where we found that regulations had been met. The home was providing accommodation and personal care for three people with learning disabilities and /or autistic spectrum disorders.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were assisted to understand potential risks to their safety including abuse. Staff knew how to recognise signs of abuse and who to raise concerns with. People had assessments which identified actions staff needed to take to protect people from risks associated with their specific conditions and challenges to themselves and others. People were supported to accept their medicines. Medicines were appropriately stored and managed and this helped to keep people well.

People were supported by enough staff to keep them safe and to receive support when they wanted. There were recruitment and induction processes in place to ensure new members of staff were suitable to support the people who were living in the home. People were happy with how staff supported them. Staff demonstrated skills and knowledge to ensure people were supported effectively and safely.

The registered manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing support and people were in control of the support they needed. People's rights were protected as they had control over their lives unless action had been taken to legally restrict their liberty.

People were supported to have a choice of suitable food and drink that met their health needs. Where necessary arrangements had been for people to have extra support with their nutrition. Staff supported people to access to routine checks from health professionals to keep people physically and mentally as well as possible. In addition staff acted quickly when people's health deteriorated.

People were happy about the relationships they had with the staff that supported them. Staff spoke about people as being part of their family. Staff knew how to communicate with people and how to allow people to have privacy, control and confidentiality when supporting them.

People did not have any complaints about the support they received. People, relatives and a social care professional told us that the home was well led by the registered manager. The registered manager and staff provided calm, professional and person centred care for the people who lived in the home. There was evidence that people's capacity and opportunity to enjoy new experiences had improved. There were systems in place for the registered manager to check the quality of the service day to day and monitor for

any trends in how the home was operating over a longer period.

## 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

People were assisted to understand how to keep themselves safe from abuse and the registered manager and staff knew how to report and keep people safe from harm and lessen harm.

There were enough well recruited staff to provide support and guidance for people.

People were supported to accept their medicines and medicine administration and storage was safe.

### Is the service effective?

Good ●

The service was effective

Staff received appropriate induction and training to develop skills to support people well.

Peoples rights were upheld and protected and their consent was obtained by staff before they provided care and treatment.

People had a choice of appropriate food and drink to meet their needs and people were supported to have health needs met.

### Is the service caring?

Good ●

The service was caring

Staff supported people in a kind and caring way.

People were given information and were supported so they could make decisions and choices about their life.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

Relatives and a social care professional confirmed that the

service had ensured improvements in the lives of all of the people who lived in the home.

The management and staff involve people in determining their support and their educational and leisure activities.

Arrangements were in place to regularly check that people were happy with their care and support and that they could raise concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

The manager ensured that the people who lived in the home were at the heart of how the home operated

Staff were motivated and supported to continually look at ways to enhance people's lives

Systems were in place to monitor the quality of the service from day to day and over a period of time.

# Bells Court

## **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 21 December 2015 and was unannounced. The inspection was carried out by two inspectors.

As part of the inspection we reviewed all of the information we held about the home. This included statutory notifications received from the provider about accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. This helped to inform us where to focus our inspection.

During our inspection visit we spoke with the three people who lived at the home about aspects of their care. We spoke to two relatives of people and with a social care professional following our visit as part of the inspection. We spoke with three care staff, the deputy manager and the registered manager of the home. We spent time during the visit observing people's care in the communal areas of the home and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience how people experience the support they receive.

We looked at parts of two people's care records and two people's medicines and medicine records to see if they were accurate and up to date. We also looked at staff employment records, quality assurance audits, complaints and incident and accident records to identify the provider's approach to improving the quality of the service people received.

# Is the service safe?

## Our findings

We spoke with two of the three people who lived at Bells Court about feeling safe and they both told us that they felt comfortable and happy living at the home. One person said, "I feel that I'm listened to and I can talk to the staff if I'm upset." Relatives we spoke with told us they felt they could really relax knowing their loved ones were being cared for in a very safe place. One relative said, "He is safe there and he's happy. I like the way they are with him, they understand his behaviour and treat him right."

The registered manager told us that during staff and residents' meetings, role play was used to increase people's understanding of situations they might find themselves in. This was a creative way of helping people understand their rights and keep themselves and others safe.

In the quiet room we saw posters detailing the procedures to keep people safe. They informed people and staff about action that would be taken if abuse was suspected. There was also a poster that could be easily read by people living in the home. The service also had a whistle blowing procedure that staff were aware of, and it was displayed in the home in a public area for all to see. It included the various telephone numbers of the different agencies who staff and people could contact in the event of suspected abuse or poor practice.

All the staff we spoke with said they were actively encouraged to raise any issues immediately to the registered manager. Staff told us this made them comfortable to raise concerns. Staff knew what agencies were involved in safeguarding and knew what to look for if someone was experiencing abuse. Staff we spoke with confirmed they had undertaken very detailed safeguarding of vulnerable adults training and they could tell us about the different types of abuse that could occur in residential homes.

Other training included the sorts of physical interventions staff could use if needed. Staff also had knowledge about medicines they could use that were prescribed if people were upset. However, we saw that these were rarely used. We observed that the staff had underpinning knowledge regarding challenging behaviour and were well trained to really understand what unsafe practices were and the impact they could have on people. This indicated that people were kept safe by staff who understood their role and responsibilities.

Risks were managed well within the home. One person told us, "I had burnt my mouth once on a hot drink and now staff put extra milk in." A member of staff told us, "We have risk assessments for the person; we help them make their hot drinks."

We saw the accident and incident recording for the home. We saw some people's records that identified their potential risks and there were detailed plans in place to minimise these risks. We looked at one person's records that showed the home responded quickly to a potential risk of harm to the person, and that they had sought immediate advice from health professionals to identify the best way to keep the person safe and had then taken practical steps to implement the recommendations. All the records we saw concerning risks were comprehensive and had been recently reviewed; these included behavioural management plans and community risk assessments.

A social care professional told us that one person had been supported so well within the home that they were now presenting a much lower risk of injury to themselves and others. They said: "Interacting with secure and regular people [staff] has really helped." People knew staff well and had been able to develop meaningful and positive relationships with people to keep them safe. We saw from the records that this improvement had been sustained over a period of time. The registered manager said that they were always looking to improve a person's life, including minimising risk.

We looked at the home's emergency procedures and found that the home had a robust fire procedure in place and that people were supported to leave the building safely during planned fire drills. This reduced the risk to people during a fire emergency or any emergency when they might arise when they would have to leave the building.

During our inspection we saw that there were plenty of staff to support the people at the home and keep them safe. People were being supported to go out into the community when they wanted to, and planning had taken place to make sure that people were safe away from the home. The registered manager told us that staff from other parts of the organisation were called into the home if it was needed. Staff said, "[The registered manager's name] is always on the phone if we need him and there's a 24 hour emergency on call."

The registered manager and staff told us that checks were completed before staff began working at the home. These included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and a minimum of two written references had been obtained. These checks would help to ensure that the service provider made safe recruitment decisions. All the staff we spoke with confirmed that these checks had taken place before they started work at the home.

The registered manager informed us that they looked for potential staff who displayed very caring qualities and for those who expressed the willingness to develop these skills. A member of staff told us, "A new member of staff didn't 'gel' with the people here and so we ended their trial period." This would imply that the choices and preferences of the people living at the home were taken into consideration in the recruitment process.

People told us that they were given their medicines in a way they liked. A person told us, "I take my medicines straight away, I don't mind them." All the people who lived at the home were able to consent to take their medication. We saw that one person had a new care plan written when they no longer needed their medication to be covertly administered. A member of staff told us, "There's no covert medication administered, we have stopped that now." The care plan carefully detailed how the person liked to take that medication and what to do should they refuse. Staff told us they had encouraged and enabled a person to accept their prescribed medicines.

We looked at the medication records for two people and their medicines. Their medicines were safely ordered, stored, administered, recorded and disposed of. Safety of administration of medicines was enhanced as a photograph of the relevant person was on their medication administration record (MAR) and the packaging of their medicines. Two staff signed to say that the right medicines had been given to the right person. This was checked at the next administration of medication. Staff confirmed that anyone who administered medication had undertaken training. These steps helped to ensure that medicines were given safely and should any errors could be identified quickly.



# Is the service effective?

## Our findings

When we spoke with relatives they told us that staff knew about the care their relatives needed. One relative told us: "They know about and understand [person's name]'s behaviour and they treat [person's name] right." Staff told us that they had enough training. One staff member we spoke with told us about achieving a recognised care qualification and specific training they had undertaken to meet the needs of people who lived in the home. Another staff member told us: Staff member said: "I have learnt so much more here than I have done at any of the previous places I have worked." During our observations we found that staff supported people with skill and enabled their independence. We looked at the training records and found that staff were given routine training and training to meet people's needs.

Staff told us and records showed that staff had regular supervision and opportunities to meet as a group to discuss their work and training.

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 found that DoLS applications had been made but had been refused. People living in the home had the ability to make decisions unless there were any temporary changes in their physical or mental health or physical conditions. Risk assessments were undertaken at that point to determine if people wanted to do something that was unsafe. People we spoke with were happy to go out with staff and saw this as supportive and not restrictive. One person said: "Every Monday I like to go the shops. I go with staff because of my [named health condition]." We saw that staff managers spoke with people and involved them in making day to day decisions about their care. They worked to help people increase their capacity to understand safe choices and this was within the principles of MCA.

People told us they liked the food that had to eat, were asked to devise the menus each week and that they always had a choice of two meals at each meal time. One person told us: "They always ask me 'would I like a drink' and I get hot chocolate and marshmallows, it is delicious. I love all the food here." Staff we spoke with were aware of the types of food and drinks people liked. Staff were knowledgeable about choices that helped to maintain individual's people's health as well as what helped people make healthy choices such as being offered decaffeinated drinks. Staff monitored people's weights so that any concerns could be acted upon quickly. People who had specific dietary needs received the necessary support.

We looked at how people's health care was managed. A person told us that when their health changed they were supported to be checked at hospital and staff were very good and stayed with them overnight. We saw that information went with people when they needed to go into hospital. This helped people receive care in

the way that they were used to. We found that people had a range of health checks every year from their GP, opticians, chiropodist and dentists to keep people as well as possible. Records showed that when people's health changed appropriate health professionals were consulted quickly. A relative told us: "When my relative is poorly they don't mess about, they are on the ball."

## Is the service caring?

### Our findings

During our inspection we saw there was a friendly, caring and relaxed atmosphere in the home. People we spoke with told us: "It is alright here, the staff are okay" and "All of the staff are really nice and lovely. One [member of staff] worked with me I didn't like them they don't work here now." The two relatives we spoke with told us: "[Person's name] is happy living in the home. They [the staff] really love him" and "I am happy with care my relative is looked after really well." A social care professional told us: "Bell's Court provides a homely environment with secure and regular staff and people." We saw during the inspection that the staff and the registered manager listened every time a person wanted to speak with them and responded appropriately. We met all three people who lived at the home and who had lived together for some time and knew each other well. People told us that they liked the other people who lived in the home.

We saw that information was available to people and was displayed in the quiet lounge. This included, for example, information in an easy read format about safeguarding people from abuse and some communication aids for one person. The provider's whistle-blowing telephone number was also displayed so it was accessible to people, their relatives as well as staff.

Records showed that care plans were signed by people and reviewed with them. We saw a member of staff discussing the money one person had spent on Christmas gifts. They asked if they were happy with their purchases and whether family would like them, as well as showing them records of their spending, how it was recorded in their accounts and getting the person to sign for it as correct. Another person told the registered manager about their intended purchases and their determination that they were going to limit the buying of one specific item as they didn't need any more. It was clear that discussions about the person's buying habits had been discussed with them. This indicated to us that people being involved in day to day decisions was routine practice in the home.

People told us how they were involved in the day-to-day tasks in the home. People's comments included: "I like to help with the cleaning and gardening" and "I like washing up." People were supported to keep their bedrooms clean, tidy and organised. We heard one person saying that needed more storage and staff supported the person that day to get more storage boxes for their belongings. We saw that one person was involved in discussions with staff about what food to buy for an impending Christmas buffet.

We saw that people had been encouraged to manage their personal care and were dressed in clothes that reflected their age, culture, gender and the weather. One person told us: "We can have baths and showers when we want." Two people had en-suite shower facilities which meant they could attend to their own personal care when they wanted. Another person used the communal bathing facility; they and staff told us that support was given when the person requested it. They said: "The staff are polite and help me nicely." All of the people had keys to their bedroom doors so they could have privacy when they wanted. One person told us: "I used to have my bedroom door open but I have a monitor now and I can have my door shut. It is better." We saw records where this was discussed with the person and professionals involved with their care. We saw that staff were sensitive to signs or indications when people wanted to have quiet or private time. People received the care they needed and their privacy and dignity was respected.

## Is the service responsive?

### Our findings

We found that the care and support provided was individual to each person and that people received the support at the time and in the way they preferred. For example, we looked at the care and support provided for one person. Strategies had been developed to support the person when they became upset so as to lessen the need to restrain the person for their safety and that of other people. One staff member told us: "We are using the tactics in the care plan and it is really improving things." Another member of staff told us: "I cannot remember when we have had to restrain this person in last 18 months." A social care professional told us that the person had made: "massive improvements both physically and psychologically as the staff had worked well with medical professionals to secure good outcomes for the person." They said, "It is the calmness of staff around him that has really helped." We found evidence of this improvement in the person's care records. This indicated to us that good care plans had been developed and staff had been given the skills to respond any incidents in a calm professional way.

Care plans were reviewed monthly with the person to make sure they were still correct. When people's needs changed then the staff and management ensured that professionals were consulted and the support provided was changed to meet emerging needs. A relative told us about extra support provided to a person when another relative had been poorly and how appreciative they were of the extra help.

People were supported to have aspirational goals as well as care plans to meet their social and healthcare needs. For example, some people's goals included developing some independent living skills such as safety and competence in the kitchen. People were supported to maintain their interests and hobbies and to access further education. One person told us: "I go to college now. It is good. I play cricket and badminton." One relative of another person told us: "I never thought [my relative] would be able to but they are going to college now. They are doing a lot of new things." One staff member told us: "We think about how we can enhance each person's life." This showed that people were not only being supported with known interests but being encouraged to develop new ones.

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We saw that people were involved in regular meetings to ask them about their leisure activities. We found that action was taken when people made suggestions about any aspect of their life in the home. One record we looked at showed that people had requested a trip out and a person had requested shelving. We found evidence that the trip had happened a week later and those shelves had been bought in a timely way.

People were supported to maintain contact with family members. Systems were in place for people to be reminded about their important people's anniversaries and to act as part of their family at significant occasions. We saw staff talking to one person about what would be happening at their family Christmas helping them to prepare for this event. One relative told us about the helpful staff support to attend a sad family occasion.

People we spoke with told us that they were listened to and were able to say if they had any concerns. One person told us: "I feel I am listened to and I talk to staff if I am upset." The two relatives told us they were confident that the manager would deal with any concerns. One relative told us that felt confident that the manager; "...wouldn't drag his feet."

There were appropriate complaints policies and procedures in place. Staff were aware of the response needed if a complaint was made. They told us they had regular key worker meetings with individual people so they could see if people needed something or were unhappy and deal with this straight away. A social care professional told us that management would and had made a complaint on behalf of a person who lived in the home.

## Is the service well-led?

### Our findings

People and relatives thought the home was well managed. One person told us proudly: "[The registered manager's name] likes the things I do. He has meetings and meetings." Relatives' comments included: "The management are good at listening and they get back to me" and "They are very good indeed." One social care professional told us that the service had improved over the years under the management of the registered manager and that they were very impressed with their approachable and professional manner. We found if there were any incidences the registered manager was quick to report them to us when they had been identified. Staff had been aware of provider's whistle-blowing telephone number that was displayed and they told us that they were confident to use it but felt unable to speak with the manager or with the representative of the provider when they visited. This indicated the management of the home was open and responsive.

We saw that the registered manager spent time with all of the people and prioritised being available to listen to them. We heard the manager telling a new member of staff about the ethos of the home as being a family and that staff needed to bond with the people who lived there and put their needs first. Staff talked about the good team spirit in the home. One staff member said: "It is a lovely place to work as all of the staff have the interest of the guys [people who live in the home] at heart." One staff member told us: "It is phenomenal; on day one I was welcomed as if I was part of the team. I have seen that staff treat people as they would treat a member of their own family; professional, polite and gentle." There was a clear vision held by all staff and the registered manager that people came first.

The manager of Bells Court had been the registered manager since October 2013 for this home and had previous experience of managing other services. The registration requirements for the home were met.

Staff we spoke with told us that the home was well led. Comments included: "I have worked in other care settings and the manager is the best I have ever worked with" and "He listens to staff views and is fair." Staff told us there were systems in place to ensure ideas to enhance people's lives were in place. One staff member said: "We have a staff communication book where we can put in our ideas, they get talked about and they can be put into action quickly as well as having staff meetings." Another told us: "We can ask the manager for items or repairs and as long as the manager agrees it is sorted quickly. For example a washing machine was not working, it was all sorted we had a new one delivered within four days."

Staff said they had regular training and supervisions so they could raise issues and develop skills. The provider also ensured the registered manager had training to develop their skills in managing the home and the wider business. The provider gave two monthly individual supervisory support to the manager and there were systems for the manager to meet with other managers in the business for mutual support. Staff told us that they found these meetings useful. Staff were enthusiastic about the service they provided and the support the manager offered.

The manager was determined that the day to day expected quality of care was delivered and that it was focused on people living in the home. People who lived in the home were involved in checking that the support that was planned in respect of meal choices and activities were what they received. There were

meetings with people on monthly basis and people had individual meetings with key workers so planning for their group and individual needs and preferences could be met. Records we saw showed that any suggestions were met.

We found that records were up to date and well organised. We checked how the manager identified any trends or issues of concern, in for example in incidents and accidents, and found there were comprehensive systems in place. The representative of the provider visited the service and asked people who lived there about their care and this meant that people knew him. He also talked with staff and staff confirmed that this happened. Periodically the provider arranged for the quality and compliance with regulations of the home to be reviewed by another manager in the business. Actions plans were there drawn up where necessary to ensure continued improvement and compliance.