Nadam Care Ltd

Belamie Gables Care Home

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

This was an unannounced inspection which took place on 8 February 2016. At the last comprehensive inspection undertaken on 7 November 2014 the service was rated as requires improvement. At the follow up inspection completed on 12 May 2015 the provider had made the improvements we had asked for but had not had time to demonstrate they could sustain them.

Belamie Gables Care Home is registered to provide care (without nursing) for up to 20 older people. Some people were living with varying degrees and types of dementia. There were 14 people resident on the day of the visit, one person was in hospital. The house offers accommodation over two floors in 19 rooms. One room is a 'double' currently used for a couple. Individuals have their own bedroom and one is en-suite. The shared areas within the service have limited space but the staff team make best use of them to suit the needs and wishes of people who live in the home.

There is a registered manager running the service. 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.

Staff were trained in the safeguarding of vulnerable adults and health and safety and were consequently able to keep people who use the service, visitors and themselves safe. They were able to describe their responsibilities and methods for keeping people safe from all forms of abuse and harm. The service took health and safety issues seriously to ensure people, staff and visitors to the service were kept as safe as possible.

People received safe care because there were a sufficient amount of staff, effectively deployed on duty. A robust recruitment procedure helped to ensure that staff employed were suitable and safe to work with people who live in the service. People were given their medicines in the right amounts at the right times by properly trained staff.

People's human and civil rights were acknowledged. The staff team understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provides a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The staff team took any necessary action to uphold people's rights and the registered manager made the appropriate DoLS referrals to the Local Authority.

The service made sure that people's health and well-being needs were met. People were supported to obtain any healthcare from appropriate professionals, as necessary. Staff were trained in all relevant areas, so that they could meet the variety and diversity of needs of the people in their care.

People were recognised and treated as individuals. Staff had built strong relationships with them and were knowledgeable about and knew how to meet their particular needs, in the way people preferred. The service respected people's views and encouraged them to make decisions and choices for themselves. People were treated with dignity and respect at all times.

The service was well managed. Meeting people's needs was the priority for staff and the registered manager. The registered manager was described by staff as very supportive and approachable. The service had ways of making sure they maintained and improved the quality of care provided. Improvements had been made as a result of listening to the views of people, other professionals, the Care Quality Commission, people's relatives and the staff team.

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 protect people from abuse or harm and did so. People felt they were safe living in the service.

Health and safety or individual risks were identified and action was taken to keep people as safe as possible.

Medicines were given to people correctly by appropriately trained staff.

There were enough, properly recruited staff to make sure people were cared for safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had been trained in ways to meet their needs effectively.

Staff helped people to take all the necessary action to stay as healthy as possible.

Staff understood people's human and civil rights and took appropriate action to ensure they were upheld. People were encouraged to make as many decisions and choices as they could.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and dignity at all times. Staff interacted positively and patiently at all times.

People were helped to keep in touch with their families and other people who were important to them.

Staff developed strong, positive relationships with people and their families.

Is the service responsive?

Good

The service was responsive.

People's requests and needs were responded to quickly by the care staff. They were flexible and listened to people with regard to their daily choices.

People were cared for in the way that suited them best. They were involved in reviewing and developing their care plans, wherever possible.

People had a variety of activities they could choose, which included being involved in the local community.

Is the service well-led?

Good

The service was well-led.

The registered manager was highly thought of and made sure that staff displayed the behaviours and attitudes expected of them.

The service regularly checked it was giving good care to people. Changes to make things better for people who live in the home had been made.

People's records were of good quality, used as working tools and were accurately completed.

The service had developed good working relationships with other professionals and worked co-operatively with them.

Belamie Gables Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 was a routine unannounced inspection which took place on 8 February 2016. It was completed by one inspector.

Before the inspection we looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events, such as safeguarding incidents, which the service is required to tell us about by law.

We looked at seven care plans, daily notes and other documentation relating to people who use the service, such as medication records. In addition we looked at samples of auditing tools and reports, health and safety documentation and staff recruitment records.

We spoke with four people who live in the service. Additionally we spoke with four staff members and one of the directors of the service. 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 with us. We looked at all the information held about seven people who live in the home and observed the care they and others were offered during our visit. After the inspection visit we received written information from two local authority professionals and relatives of people who live in the service.

Good

Is the service safe?

Our findings

People told us that they felt safe in the home. One person said, ''yes we're safe, of course we're safe ". Another person told us, ''I feel very safe" and, ''they definitely keep me safe''. Local authority professionals told us they were happy that people were safe and had never seen anything they were uncomfortable with.

People were protected from any form of abuse or poor practice by staff who were fully aware of and able to clearly explain their responsibilities with regard to keeping people safe. Care staff had received safeguarding training to enable them to recognise any signs of abuse or distress and take appropriate action. They were able to describe what they would do if they identified safeguarding concerns, including reporting issues to relevant authorities outside of the organisation, if necessary. The service had a whistleblowing policy that staff were aware of. Staff were confident that the registered manager would take any necessary action to protect people. There had been one safeguarding incident reported since the last inspection in May 2015. The management team had reported the incident to the appropriate authorities and taken all necessary actions.

People's individual care plans included risk assessments in the relevant areas of care. These were individualised and included behaviour, eating and drinking and mobility. The assessments described the risk to the person and instructed staff how to support people as safely as possible. The service used recognised assessment tools for looking at areas such as nutrition and skin health.

People were helped to take their medicines safely. The service used a monitored dosage system (MDS) which meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MAR) were accurate. Written guidelines for when individuals should be given medicines prescribed to be taken as necessary (PRN) were kept in their care plans. Medicines were stored safely in a locked trolley, which was kept in a locked room and chained to the wall when not in use. The temperature of the room and medicines fridge was checked daily. The room temperature was controlled with fans, as necessary.

Some staff were trained in the administration of medicines. Only those who had completed the training and had been competence assessed undertook these duties. Staff's competency was assessed a minimum of four times a year. Controlled medicines were properly recorded, administered and stored. The service had reported no medicine administration errors over the past 12 months.

The service had robust health and safety systems which kept people, staff and visitors as safe as possible, whilst in the home. There were up-to-date generic risk assessments which included violence against staff, the kitchen and pregnancy. Maintenance checks such hoists (10/09/15), Portable electrical appliances (07/12/15) and the nurse call system (17/12/15) were completed as necessary. People had personal emergency evacuation plans detailing the support they required should they need to be evacuated from the building. The service had an emergency contingency plan and an emergency generator and additional boiler available to use in the event of electric or heating failures. The service had received a five star (very good) environmental health rating for their kitchen cleanliness and food handling in September 2015.

People's safety was improved because the service 'learned' from any accidents and incidents that occurred. Accident and incident reports recorded the incident, described what action was taken and any further action or learning needed. Body maps recorded any unexplained bruising or injuries. However, these were not always cross referenced with incident forms or individual care plans. It was not always clear what investigations had been done to try to establish the cause of the injury. The service had taken actions such as refreshed lifting and handling training and made referrals to the GP with regard to unexplained bruising but these were not always clearly noted. The director agreed to improve recording in this area. A monthly audit was undertaken by the registered manager to identify any 'trends' or recurring issues. Actions such as pressure mats by people's beds and provision of mobility equipment had been taken to minimise the risk of falls as a result of such audits.

People were looked after by staff who were suitable and safe to work with people because the service had a robust recruitment procedure. These procedures included requesting and validating references, criminal records checks, ensuring candidates had permission to work visas (if relevant) and checks on people's identity. Application forms were completed and included a full past employment history. An explanation for any gaps in employment history was generally noted on the file. However, two files had some queries with regard to employment gaps which the director corrected on the day of the inspection.

There were enough staff to provide people with safe care. Staff told us that they sometimes felt 'stretched' but this did not compromise the safety of people, it just meant that they were very busy. In the case of shortages, staff worked additional hours or the two permanent bank staff were used. There were a minimum of three staff during daytime hours. Two waking staff were available during the night. Staff confirmed there were never less than three care staff per shift. They were supported by a team of ancillary staff, the registered manager and an administrator (who was also a director of the service). Rotas for January 2016 showed that the staffing levels did not drop below those stated as minimum. The service did not have a specific formula for calculating staffing numbers with dependency levels. However, the registered manager calculated individuals' dependency levels and needs on a daily basis and staffed the home accordingly.

Good

Is the service effective?

Our findings

People told us they received, ''good care''. People told us that staff met all their needs. Staff told us that they provided people with good care.

People's needs were met by staff who were properly trained to enable them to provide effective care. Staff told us they had good opportunities for training, their training was up-to-date and they were supervised regularly. Staff received one to one recorded supervision at approximately six to eight week intervals. However staff told us the registered manager was very supportive and was always available to assist or advise them. Staff told us and records showed that they completed an appraisal each year. Specific training was provided so that staff could meet any special or diverse needs people may have. Staff gave examples of catheter care, positioning people in chairs and dementia training. Training was completed by a variety of methods which included other professionals and computer based training. Staff completed induction training developed to meet the standards of the care certificate. They described their induction as, ''very good' '. Nine of the 16 care staff had completed a Quality Care Framework level 2 or above qualification and others were completing their training. Senior care staff were completing care and management qualifications at level 5.

People's rights were upheld by staff who understood consent, mental capacity and DoLS. Staff had received mental Capacity Act 2005 (MCA) training and demonstrated their understanding of the principles of the ACT. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service made appropriate DoLS referrals, seven applications had been made and authorised by the local authority (the supervisory body). The provider was complying with the conditions applied to the authorisation. DoLS authorisations were renewed every 12 months, as required by the Act.

Staff encouraged people to make as many decisions and choices for themselves, as they were able to. People's consent to care being given was noted in their care plan along with other relevant areas such as information sharing. Staff understood how people's capacity to make choices could vary dependant on matters such as time of day, health and mood. People's care plans noted when people were best able to make decisions and the methods to use to help people make particular choices. Staff explained how they encouraged people to make choices about their daily lives.

People told us that the food was, "good'' or ''very fair''. The menus had recently been amended after an exercise to gain people's opinion of the food provided had been completed. Menus included fresh food, were well balanced and included people's preferences. People were provided with snacks and drinks

throughout the day. Nutritional assessments, weight, food and fluid charts were completed for individuals, if necessary. Referrals were made to dieticians or other appropriate professionals if there were any concerns about people's nutritional intake. People interacted socially with each other at lunch time. People were offered an alternative meal if they did not want or eat what was being offered. Staff were on hand, for the duration of the meal, to assist people and meet their requests.

People were helped by staff to keep as healthy as possible. People's healthcare needs were described in their care plans. Health care records included visits by and to other professionals such as district nurses and GPs. Hospital and specialist appointments and referrals were noted in detail and follow up appointments completed. A hospital transfer form was in place so that staff could easily access any vital information which would be necessary to send with someone if they needed admission to hospital. The service worked closely with health professionals who provided specialist training or guidance in the care of people with specialist conditions such as diabetes and end of life care.

The service did not admit people with behaviours that may cause harm or distress to themselves or others. However, some people had developed and were living with conditions that could cause behaviour disturbances. The service sought the assistance of the appropriate professionals, when these were identified. The service had developed detailed positive behaviour guidelines to instruct staff how to support people with their behaviour. The staff were not trained in and did not use any form of physical restraint. They used positive verbal encouragement and distraction techniques to support people.

People told us they were, ''comfortable'' and, ''cosy''. The service had completed some refurbishment of the house and was continuing with the redecoration and renewal programme. The staff made best use of the limited space available in the house. Adaptions, such as rails in corridors, had been made to meet people's current physical needs. There was a lift to enable people to access the first floor. Specialist bathing and mobility equipment was provided as necessary. The service supported some people living with dementia. Whilst the service was not 'dementia' friendly it met the current needs of the people who lived there. The director told us they were researching ways of making the environment more suitable for people who were increasingly living with dementia of various types and severities.

Good

Is the service caring?

Our findings

People described staff as, ''very kind ''. They told us that staff always treat them, ''with respect''. One person said, ''they care about me and my family'' and another said, ''I'm well treated and happy here''. A professional commented, ''the staff are caring'' and, ''resident feedback is that they like living there''. A relative told us, ''Belamie is truly my [relatives] home. She is very comfortable there and we have every confidence in the care they provide''.

Staff had developed strong relationships with people. They explained one of the ways they did this was by getting to know people's preferences and choices and finding out about them as individuals. Staff were knowledgeable about people's individual needs and personalities. The service understood the importance of family and friends to people. Individuals were helped to maintain relationships with those who were important to them. People told us that their friends and relatives visited regularly and were welcomed to the home. There were no restrictions on times or lengths of visits. Families and friends were kept up to-date with any developments or deteriorations of people's health or well-being, as appropriate and agreed with individuals.

People were treated with kindness and compassion. Staff displayed kindness and patience when supporting people with complex needs and behaviours. Staff accepted that people were unable to control some behaviour, such as abusive language, and they were not aimed at them personally. They followed the care plan with regard to ignoring the behaviour or using gentle persuasion or distraction techniques to influence the behaviour. Physical touch was used appropriately to give people comfort and confidence.

People's privacy and dignity was maintained. Staff gave examples of how they made sure they respected privacy and dignity. These included ensuring people were supported by the staff of the gender people were most comfortable with, particularly for intimate tasks. People's preferences were recorded on care plans. Staff spoke discreetly to people to ask if they needed assistance with any personal care tasks, such as going to the toilet. For example they knelt down beside people so that they could speak quietly to them. Staff had received dignity and respect and equality and diversity training to help them understand how they were expected to treat people.

People were given choices and supported to make as many decisions as they were comfortable with, throughout the day. These included choosing meals, activities and where they wanted to spend their time. Staff described what they were doing and why and people were asked for their permission before staff undertook any care or other activities. People's emotional, cultural, life choices and spiritual needs were noted in their care plans. Staff described how they made sure people received person-centred (individualised) care and respected people's differences.

People were encouraged to keep their independence and control as many areas of their life as possible, for as long as they were able. Care plans described how staff should encourage and support people to do as much for themselves as they could. An example included people going to bed and rising at the times that suited them. Staff described how they encouraged people to complete as much of their personal care

routines as they were able.

People's end of life wishes were recorded and care plans for people who required end of life care were put in place, as necessary. The service worked closely with community health services to ensure people could remain at 'home' until the end of their life with appropriate medicines and in relative comfort. Staff were very aware of people's needs at the end of their life and completed fifteen minute checks or stayed with them if they were alert and awake. Do not attempt resuscitation (DNAR) forms were in place if people chose to have them.

Good

Is the service responsive?

Our findings

People told us that staff were always around if they needed help. They said that call bells were answered quickly. The senior staff member organised the team on duty, prioritised work and ensured that call bells were answered as quickly as possible. Staff responded to people when they identified that they may need attention. They were able to interpret people's communication and respond appropriately to their needs, even when assistance was not verbally requested. People were very confident to ask care staff for help or attention.

People's care was individualised (person-centred) to meet their specific needs. People had detailed, individualised care plans which included areas such as a 'this is me' which was a document which gave an overall description of the person and their personality. It described people's previous life, choices preferences and interests. The care given to people followed the care described in their care plan. However, people told us the staff were flexible and would listen to them and respond to their immediate needs.

People were involved in planning and reviewing their care if they wanted to be. A relative told us the service worked co-operatively with them and they were very involved in the care being given. Care plans included records of when people's families were advised of any information regarding their family member. Care plans were signed by people, if they were able, and were reviewed by senior staff every month. Monthly reviews were recorded and noted any changes made such as, changes in people's health and well-being and any up-dated risk assessments.

People were provided with a range of activities to suit their needs and preferences. There were a limited amount of organised activities, which could be cancelled if staff were busy with other duties. However, people told us they were not bored and always had enough to do. Other people told us they preferred to entertain themselves. They often watched their own televisions, listened to their radios or read books. The care staff offered people opportunities to participate in community activities, often on a one to one basis, as often as possible. The service had worked with an external organisation to improve the range and quality of activities. People, staff and one of the directors of the service told us that activities had improved since the last inspection.

Comments on the way care was being offered were welcomed by the service. There was a robust complaints procedure in place. People and their relatives told us they would be comfortable to complain and would do so if necessary. The service had not recorded any complaints since 2014 and the director confirmed that they had not received any. Eight compliments had been recorded in the same time frame.

Good

Is the service well-led?

Our findings

People told us they liked the registered manager (who they addressed by name). Staff told us, ''the manager is very supportive, she listens to us and takes immediate action, if necessary''. Staff described an incident when they had cause for concern about a particular aspect of care practice. They reported that the registered manager promptly brought the situation to a satisfactory conclusion by providing additional training and supervision, as necessary. Staff described the service as a good place to work and said it had, ''an extremely good and well led staff team''. Staff told us the registered manager would assist them if they needed additional staffing and, "models good care".

The service regularly reviewed and monitored all aspects of their work to ensure they offered people the best quality of care possible. The registered manager regularly worked alongside care staff and ensured that staff attitudes and values were in line with the provider's expectations and code of practice. The registered manager completed staff competency assessments on all staff covering all areas of care, on a regular basis. Staff displayed the stated values and attitudes of the service during their work with people. Various audits and checks were completed. These included monthly falls, risk assessment and pressure damage records. However, it was not always clear what action had been taken as a result of identifying an issue from the audit process. For example the monitoring of incidents and accidents. The director undertook to improve recording in this area.

The views of people, staff and other interested parties were listened to by the service. Staff and residents meetings were held approximately every six to eight weeks and minutes were kept. Quality assurance surveys were sent to people and their families every year, the last one was sent in 2015. Staff told us they could discuss anything at staff meetings and with the registered manager. Improvements were made as a result of listening to people and the various quality assurance and monitoring and reviewing systems. These included providing people with the food they most enjoyed, improving the number and variety of activities offered (especially access to the community) and refreshment of the environment.

The service worked co-operatively with other healthcare and well-being professionals to ensure people were properly cared for and they improved their standards. A professional commented, ''they worked really proactively with us'' (to make improvements) and, ''the management work co-operatively with us''.

Records relating to people who lived in the service were accurate and detailed. They gave staff clear directions about how to meet people's needs safely and in the way they preferred. Records relating to other aspects of the running of the service were well - kept and up-to-date.