

Bellstone Residential Care Ltd

# Bellstone Residential Care Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Bellstone Residential Care Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Bellstone Residential Care Limited accommodates up to 22 older people in one adapted building. There were 20 people living in the service when we inspected on 12 January 2018. This was an unannounced comprehensive inspection.

At our last inspection of 8 February 2016 the service was rated Good. At this inspection we found the service remained Good.

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

The service continued to provide a safe service to people. This included systems designed to minimise the risks to people, including from abuse, in their daily living and with their medicines. Staff were available when people needed assistance. The recruitment of staff was done safely. The service was clean and hygienic.

The service continued to provide an effective service to people. People were supported by staff who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to assess and meet people's dietary and health needs and for people to maintain good health and have access to health professionals where needed. The environment was well maintained and suitable for the people living there.

The service continued to provide a caring service to people. People had good relationships with the staff. People were consulted about the care and support that they received.

The service continued to provide a responsive service to people. People received care and support which was planned and delivered to meet their individual needs. People were supported to participate in meaningful activities. A complaints procedure was in place. There were systems in place to support people at the end of their life.

The service continued to provide a well-led service to people. The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Bellstone Residential Care Limited

## **Detailed findings**

### Background to this inspection

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

This unannounced comprehensive inspection was carried out by one inspector on 12 January 2018.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with seven people who used the service and two relatives. We observed the interactions between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the registered managers and four members of staff, including care, domestic and catering staff. We also spoke with a visiting health professional. We looked at records relating to the management of the service, three staff recruitment records, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our last inspection of 8 February 2016 the service was rated Good. At this inspection we found the service remained Good.

People told us that they felt safe in the service. One person said, "I am very safe." One person's relative commented that they felt that their relative was safe living in the service.

There were systems in place designed to keep people safe from abuse. People received support from staff who were trained and understood how to recognise and report abuse. Where a safeguarding concern had arose, discussions with the registered managers and records showed that they were learned from and used to improve the service. This included advising staff of their roles and responsibilities.

Risks to people continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with pressure ulcers, mobility and falls. Where people were at risk of pressure ulcers developing there were systems in place to minimise risks. This included the support from health professionals, pressure relief equipment and repositioning. Where people were at risk of falls, there were systems in place to analyse them for trends and develop ways of reducing future incidents. Risks to people were minimised in the service because electrical, mobility and fire safety equipment was regularly checked to ensure they were safe.

People told us that they felt that there were enough staff to meet their needs. One person said, "If I need help I just have to ask, they [staff] are always around." The systems in place continued to be appropriate to ensure that there were enough staff to meet people's needs safely. Discussions with one of the registered managers and records showed how the service was staffed each day. Staff vacancies were actively being recruited to and interviews for prospective staff were planned. The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service.

Medicines continued to be administered safely. People told us that they were satisfied with how the staff supported them with their medicines. One person said that they had recently been prescribed a cream. We saw that a staff member had given this to the person who told us, "I put this on myself, they [staff] bring it to me and check if I need any help." Another person commented, "I like the staff to take care of my medication, they make sure I take my pills when I should." Staff were trained in the safe management of medicines and their practice was observed in competency checks to ensure that they were working safely. Records showed that medicines were given to people when they needed them and kept safely in the service. Audits supported the management team to identify any issues and take action to address them.

People told us that they felt that the service was clean and hygienic. One person said, "It is always spotlessly clean. They [domestic staff] do a very good job." One person's relative said that the service was, "Very clean, never smells." Staff were trained in infection control and food hygiene. The service had achieved the highest rating in a food hygiene inspection in October 2017. There were systems in place to reduce the risks of cross

infection. There was a notice in the entrance hall to the service advising visitors of the risks of spreading flu and asking them to call the service before visiting if they had symptoms and requesting that visitors use the hand sanitiser provided. All bathrooms and toilets provided hand sanitiser and disposable paper towels. There were gloves and aprons around the service that staff could use to limit the risks of cross contamination. We saw that staff used the disposable gloves and aprons, for example, when preparing to support people with their personal care.

## Is the service effective?

### Our findings

At our last inspection of 8 February 2016 the service was rated Good. At this inspection we found the service remained Good.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. One visiting health professional told us that the staff kept them updated with any changes or concerns about people's wellbeing. In addition referrals were made appropriately.

There were systems in place to support people to move between services effectively. For example, if people required admission to hospital. There were folders in people's care records which included important information about people which were provided if a person was admitted into hospital.

People told us they were supported to access health professionals when needed. One person told us how they had recently seen a doctor and what the outcome to this was. People's records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into their care plans. This ensured that people continued to receive consistent care.

The service continued to support people to maintain a healthy diet. People told us that they chose what they wanted to eat and drink and where they wanted to eat. One person said, "We have a choice every day, if we want something else they [staff] sort it out. Food is always good." Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals. In addition records were kept to allow the staff to monitor if people had enough to eat and drink, where people required assistance to gain weight high calorie items such as drinks were provided. One of the service's three cooks told us that they were kept updated with any changes in people's dietary needs. They were knowledgeable about what people needed and preferred in relation to food.

People told us that the staff had the skills to meet their needs. One person said, "They [staff] all know what they are doing, they look after me well." Staff told us that they were provided with training and the opportunity to achieve qualifications relevant to their role. The service continued to provide staff with training and support to meet people's needs effectively. Training provided to staff included safeguarding, moving and handling, fire safety, and dementia. The certificates of qualifications that staff had achieved were displayed in the service with photographs of the staff who had achieved them.

Records and discussions with staff showed that they continued to be supported in their work role. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. In addition to the one to one meetings, staff were observed by management in their work practice to check their competence and attended staff meetings.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had been trained in MCA and DoLS and continued to demonstrate they understood the MCA and how this applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service. People's records included mental capacity assessments and a DoLS checklist which identified if people were being deprived of their liberty in any way.

People were complimentary about the environment that they lived in. One person said, "It is easy to get around in here. My room is lovely. I like coming down here [communal lounge] during the day to see my friends. It is all very comfortable. Look at the garden, it is lovely sitting out there in the summer." Improvements had been made in the service since our last inspection. Including the installation of a wet room, which increased people's personal care choices. One staff member said, "They [people using the service] love the shower room." One of the registered managers told us that a new kitchen was to be installed in the next few months. Where needed the service was redecorated, including when new people moved into the service, their bedrooms were decorated in line with their choices.

## Is the service caring?

### Our findings

At our last inspection of 8 February 2016 the service was rated Good. At this inspection we found the service remained Good.

People told us that they felt that the staff were caring and respectful. One person said, "The staff here are all very nice." Another person told us, "They [staff] are very caring." Another person commented, "They [staff] look after us and care about us." One person's relative said, "Everyone here is blessed to live here, all the [staff] are lovely, very caring." A visiting health professional told us that the staff were caring. We saw letters and cards received by the service from people's relatives thanking them for the care they had provided. One relative in a card said, "Thank you for looking after [person] and for your kindness."

Staff spoke about and to people in a compassionate manner. One staff member said about the people who used the service, "They are lovely people, I miss them when I am not here." We saw caring interactions between staff and people. They spoke with people at their eye level and listened to what they said. One person was upset and we saw that the staff spoke with them in a caring manner. They supported the person and chatted with them until the person smiled and said that they felt better. One staff member was finishing their shift, they told people that they were leaving, said goodbye and told them when they were next on shift.

People's independence continued to be promoted and respected. We saw staff assisting a person to move from a wheelchair to an arm chair. The staff encouraged the person's independence and talked the person through what they needed to do to move safely. For example, "Put your foot there and hold onto here. That's it well done." Once the person was sitting comfortably they asked the staff how they had done and they praised the person, which made them smile. People's care records identified the areas of their care that they could attend to independently and where they needed assistance from staff.

People's privacy continued to be respected. We saw that staff closed bedroom doors when they were supporting people with their personal care needs, which respected their dignity and privacy. We saw that staff provided people with their mail and assisted them if they needed help. This showed that their privacy and independence was respected.

People told us that they made decisions about their care and that staff listened to what they said. One person said, "I am asked about what I want and [they] do it, I never feel pressured to do something I don't want to do." People's care records identified that they had been involved in their care planning and where required, their relatives. This included people's usual routines, likes and dislikes, and preferences. People had signed documents to show that they agreed with the contents. People's bedrooms were personalised with pictures, photographs and ornaments, which reflected their choices. One person told us, "I chose how I wanted my bedroom, all my things are around me."

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships. There were areas in the service where people

could entertain their visitors, in private if they wished. This included the main lounge and a quiet lounge. We saw people receiving their visitors and telephone calls from their relatives during our inspection. One person's relative told us that they were always made to feel welcome when they visited the service.

## Is the service responsive?

### Our findings

At our last inspection of 8 February 2016 the service was rated Good. At this inspection we found the service remained Good.

People told us that they were satisfied with the care and support they were provided with. One person said, "You cannot fault it." We explained to a person why we were in their home and they responded, "It is lovely, I'm alright, looked after well." Another person commented, "We are all so very well looked after here, I have got no worries at all." They told us that they had a bath and that the staff that supported them was, "Very good, I feel very refreshed." One visiting health professional told us that they felt that people were well looked after.

The systems in place continued to assess, plan and meet people's individual needs. This included a needs assessment to ensure that the service could meet the person's needs. Records identified that, where they were able, people had visited the service such as for a meal and made decisions about if they wanted to move in. People's care records showed that people's needs and preferences continued to be assessed, planned for and met. Care plans included guidance for staff about how people's needs were met and included information about their conditions, including dementia and diabetes, and how they affected people in their daily living.

People told us about the activities provided in the service. We asked a person what they had planned for their day and they said, "Not sure yet, the staff ask us what we want to do, not decided." One person told us about the pantomime that they had recently been to which they, "Loved." One person's relative commented, "There are lots of activities." There was an activity programme displayed in the service, which identified the activities that were planned. This included visits from entertainers and outings, for example at the theatre for a pantomime. During our inspection people did various activities, including listening to the radio, chatting with each other and staff and playing games including cards and I spy. People chose what they wanted to do and the staff acted in accordance with their wishes. There were photographs in the service of people enjoying activities, including petting animals.

People told us that if they had a concern about the service they would report them and were confident they would be addressed. There was a complaints procedure in place and information posted in the service about how people could raise a complaint. There was also a book in the entrance hall where people could record their complaints, comments and suggestions. Records showed that there had been no complaints received in the last 12 months. Records of previous complaints were addressed and used to improve the experiences of people using the service.

People's care records included information about the choices that people had made regarding their end of life care. This included if they wished to be resuscitated, and where they wanted to be cared for at the end of their life. We saw letters and cards received by the service from people's relatives thanking them for the end of life care they had provided. One relative said in a card, "You are a wonderful team, diligently looking after all [person's] needs right to [their] final days." Another relative stated in a card, "Thank you for being there at

the end. It was lovely to know [person] wasn't on [their] own." A third said, "I must thank you for supporting the family at the funeral service...your presence was greatly appreciated."

## Is the service well-led?

### Our findings

At our last inspection of 8 February 2016 the service was rated Good. At this inspection we found the service remained Good.

There were two registered managers in the service. The registered managers told us how they kept updated with changes in the care industry, including attending recent training in best interests and attending the red bag launch held by the clinical commissioning group. This is a system where information is made available to other health professionals when people were admitted into hospital.

People and relatives were complimentary about the management in the service. One person pointed to one of the registered managers and said they were, "Very good, and the other one [registered manager]. I can speak to them when I want." A visiting health professional told us that the registered managers were, "Brilliant," and that they would have no hesitation letting a member of their own family live in the service.

The registered managers promoted an open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included in meetings attended by people using the service and relatives and satisfaction questionnaires. Where comments from people were received the service continued to address them. One of the registered managers told us how they addressed comments and suggestions from people. For example, a comment had been made about the exterior of the service; in response improvements had been made.

The minutes of staff meetings showed that they were kept updated with any changes in the service and people's needs and they could share their views and comments to improve the service. Staff told us that they were happy working in the service. One staff member said, "I love it here. We are a big family."

The registered managers continued to undertake a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management, health and safety, care records and the care provided to people. We saw that these audits and checks supported the registered managers and provider in identifying shortfalls which needed to be addressed.

Where incidents and accidents had happened, there were systems to analyse these to check for any trends and to learn from these and reduce the risks of future similar incidents happening.

The registered managers told us how they had arranged a visit from a health and safety consultant the month of our inspection. This was to undertake a health and safety audit and to check that they had appropriate systems in place. There were planned improvements being made to the ways that the service maintained their human resource records. A new electronic system was planned which would also enable care workers to access policies and procedures. This showed that the service continued to improve.