Bellstone Residential Care Ltd

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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 provides accommodation and personal care for up to 22 older people, some living with dementia.

There were 20 people living in the service when we inspected on 8 February 2016. This was an unannounced inspection.

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.

There were procedures and processes in place to ensure the safety of the people who used the service. There were sufficient numbers of staff to meet people's needs. Recruitment processes checked the suitability of staff to work in the service. There were arrangements in place to ensure people were provided with the medicines in a safe way.

Staff were trained and supported to meet the needs of the people who used the service. The service was up to date with the Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People were provided with personalised care and support which was planned to meet their individual needs. People, or their representatives, were involved in making decisions about their care and support.

A complaints procedure was in place. People's comments, concerns and complaints were listened to, addressed in a timely manner.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were identified and addressed promptly. As a result the quality of the service continued to improve.

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.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

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 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 8 February 2016, was unannounced and undertaken by two inspectors.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We also looked at information we held about the service including notifications they had made to us about important events.

We spoke with nine people who used the service and three relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We spoke with the two registered managers, the provider, the company secretary and five members of staff, including care and catering staff. We looked at records in relation to five people's care. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I feel safe."

Staff had received training in safeguarding adults from abuse. Staff understood their responsibilities to ensure that people were protected from abuse. They knew how concerns were to be reported to the local authority who were responsible for investigating concerns of abuse. There had been no recent safeguarding referrals made about or by the service.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using mobility equipment, pressure ulcers and falls. These risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment and lifting equipment had been serviced and regularly checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

Outside of the service there was decking and action had been taken to reduce the risks of people slipping on this. There was no written risk assessment in place even though the service had taken action to reduce the risk. When we spoke with a registered manager about this they immediately completed a risk assessment and said that they would do the same for other areas in the service where risks had been identified. The risk to people had been reduced because the service had minimised the risks but these had not been formally recorded.

People told us that there was enough staff available to meet their needs. One person said, "If I use this [call bell], they [staff] come pretty quickly I am never left waiting." Staff were responsive to people's needs and attended to requests for assistance promptly.

One of the registered managers told us about how the service was staffed each day to make sure people's needs were met. This included ensuring that the busier periods of the day, such as the mornings, were staffed appropriately. This was confirmed by records, our observations and discussions with staff. Staff told us that they felt that there were enough staff on each shift to meet people's needs safely.

We looked at the recruitment records of three staff members which showed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that their medicines were given to them on time and that they were satisfied with the way

that their medicines were provided. We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Staff had been trained to administer medicines safely and they were observed to ensure that they were competent in this role.

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were kept safely but available to people when they were needed. Each person had a secure medicine cabinet in their bedroom and their medicines were stored in a dossett box in each.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. We asked one person for their permission to watch a staff member administer their medicines, they said, "Yes, but it is not often [staff member] gets it right," they laughed when they said this and this resulted in some light hearted chatter between the person and staff member. The person then said, "No really, they are all very good and know what they are doing."

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. A registered manager told us that a staff member had started working on the new care certificate as part of their induction. This showed that they had kept up to date with changes to training requirements in the care sector.

Staff told us that they were supported in their role and had one to one supervision meetings and staff meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One registered manager told us that there had been no applications made under DoLS to the relevant supervisory body, this was because people living in the service had capacity to make their own decisions. They told us about examples of this and the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and the requirements relating to MCA and DoLS.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as where they wanted to be in the service and if they needed assistance with their mobility.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Records included information which showed that were the service were concerned about people's capacity and support they were providing, they had discussed this with relevant professionals to ensure that they were not unlawfully being deprived of their liberty. In staff medicines competency checks they were required to satisfy that they, "Understand the need for consent when giving residents medication."

People were supported to eat and drink sufficient amounts and maintain a balanced diet. One person said, "We get plenty of good food, if you don't want it they take it away and bring something else." Another person commented, "We have a very nice cook," and said that the quality of food was, "Good."

During lunch people who chose to eat in the communal dining room sat together in their own friendship groups and chatted. This provided a positive social occasion. Those who ate in their bedrooms told us that this was their choice to do so. We heard a staff member assisting a person to eat their meal in their bedroom. This was done at the person's own pace and in a caring way.

People were provided with a choice of drinks regularly throughout the day. One person showed us the water fountain and jugs of squash in the lounge and listed the times when they were brought hot drinks, "If I want one anytime I just have to ask."

Discussions with a registered manager and people's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with drinks to supplement their calorie intake. Following lunch we saw that all people were offered milkshakes, which showed that all people had a choice. We spoke with a member of the catering staff who understood people's specific dietary needs and any guidance provided by health professionals. They told us that the care staff always kept them up to date with any changes in people's dietary requirements.

The records of one person who had diabetes identified that their favourite foods were high in sugar content, staff were guided to ensure that the person's choices were respected but to encourage healthier options. This meant that people's choices were respected whilst taking into account their health needs.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person's relative told us, "They get less district nurse visits here than anywhere else, that is good isn't it?"

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. A registered manager told us that the service was visited on a weekly basis by a health practitioner. This meant that they could refer people to be seen during these visits if there were concerns about their wellbeing. They told us that this worked well and that people were provided with timely treatment when needed.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "I am treated like a queen." Another person said, "All of them [staff] are very nice." One person's relative commented, "Staff are lovely."

Staff talked about people in a compassionate way. We saw that the staff treated people in a caring and respectful manner. People were clearly comfortable with the staff, they responded to staff interaction by smiling, laughing and chatting with them. We heard a staff member speaking with a person about what was for lunch, the person asked the same question several times and each time the staff member responded to them in a caring manner and in a calm tone of voice. One person had said they were going to their bedroom to lie down after lunch, the staff member said, "Go on then, lie on the top and I will bring your snuggly blanket to cover you up."

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. The records included detailed information about people's history including things that were important to them. Also included in the records were people's perceptions of their current life and their aspirations for the future. One person's care plan gave compassionate details about how they could best be supported following a recent bereavement which demonstrated an understanding of the person's feelings during a difficult time.
This provided staff with an insight to people and terms of reference they could use in discussions. Staff confirmed that the records gave them good information about people. When we spoke with a registered manager they had a very good knowledge about people and how their needs were met.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. We saw that staff respected people's privacy and dignity. For example, staff knocked on bedroom doors before entering. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way which could not be overheard by others. A bedroom which was shared by people had a curtain which could be drawn across the room to ensure their privacy. One person walked using their walking frame and a staff member walked with them. Their interaction was caring and respected the person's independence, "That's it take your time, are you okay? Have a little rest if you are getting tired."

Care plans provided guidance for staff to ensure that people's privacy and dignity was respected at all times. This included people's choices of if they wanted doors locked.

People's bedrooms were personalised with items of memorabilia. One person showed us things in their bedroom which they had brought in from their former home which they said they wanted to keep. Another person talked about their bedroom and how they had chosen what they had in it, "I've got a big double bed and a big television and a nice chair, I like it." A card sent to the service thanking them for their care stated, "I

would like to say that I am very impressed by the way that [Registered manager] arranged [person's] room at Bellstone. [Person] didn't feel at all strange because everything was where it was when [person] was at home." This showed that the registered manager had recognised the potential anxieties people may face when moving into residential care and had taken steps to ensure a smooth transition for this person.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, "I am very happy here. I do what I like when I like." Another person said, "I like living here." One person's relative said, "We visited four places before we came here, this is the most homely. [Person] loves it here, well looked after."

A relative had commented in a thank you card, "I'm so happy I found a home for [person] with you. It's wonderful not to have to worry and know that [person] is happy and being so well looked after."

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes. This was reflected in the way that they interacted with people and the discussions they had.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. Where changes in people's needs were identified these were included in the records. The records included information about people's preferred routines and how these were to be respected. This showed that people received personalised support that was responsive to their needs. The minutes of a meeting attended by people who used the service showed that when people had requested changes in the support they were provided, for example, putting their clothing away because the person could no longer independently do this, the service had responded to their request and they were told this support would be provided.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "We have prize bingo and play skittles, I never get fed up." Another person told us that they liked the entertainers who came into the service. There were posters in the service where people could put their name down for a theatre trip and when the entertainers were due to visit. There were photographs of people participating in activities including the opportunity to touch and see animals and an outing for fish and chips on the sea front.

During our inspection we saw people participating in several activities, on an individual and group basis. For example sitting in their friendship groups and chatting, entertaining visitors, knitting, going out for a walk, feeding the service's cat and watching television in their bedrooms. One person said, "I have got everything I need here (in their bedroom). I go down sometimes but like it up here." A staff member told us that they did games with people during the afternoon, this was always organised on people's choice. On the afternoon of our inspection most people had gone to their bedrooms, for example one person said, "I am going for a lie down." The staff member said that they visited people in their bedrooms to ensure that they got some one to one time.

People could have visitors when they wanted them. Records identified who people had relationships with,

such as family and friends, the records also noted the friendships people had with the others living in the service. This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

People told us that they knew who to speak with if they needed to make a complaint. One person said, "You won't find fault here." Another person commented, "I have never made a complaint but can speak with anyone if I am worried about anything." One person's relative commented that they had not needed to complain but knew that they could if they wanted to.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. In meetings attended by the people who used the service, they were asked if they had any concerns or complaints they wanted to discuss. There had been no formal complaints received in the last 12 months but records of previous complaints showed that they were investigated and responded to in a timely manner. One registered manager told us that they spoke with people and relatives on a daily basis and any concerns were addressed immediately which prevented people being unhappy enough to raise a formal complaint. They shared examples of how they had addressed concerns including replacing furnishings. One registered manager also told us that they maintained regular contact with people's relatives who did not live near to the service to ensure that they were kept updated and could share any concerns.

Good

Is the service well-led?

Our findings

There was an open culture in the service. People gave positive comments about the management and leadership of the service.

People were involved in developing the service and were provided with the opportunity to share their views. A registered manager showed us the satisfaction questionnaires that people had received in 2014. However they had not received many of these back. They told us that now they encouraged people to complete their comments about the service on a website where these could be done anonymously if needed. They checked this website and told us that if any areas of concern were received action would be taken to address them. There was a comments book in the entry to the service where people could record their suggestions or comments about the service, no one had written in it. There were also meetings held for people, the minutes showed that they were encouraged to share their views and ideas for improving the service, such as with the menu and activities. Where people had requested specific items on the menu we saw that these were now included. These minutes included the actions taken and showed that people were kept updated with changes in the service such as the plans for a walk in shower room. The minutes showed that people's comments were valued and used to improve the service.

The service was a family owned company who took pride in making sure people were provided with a good quality service. They sought to continually improve the service provided to enhance people's quality of life. One of the registered managers told us that they felt supported by the providers, who were present in the service on a daily basis.

Staff told us that they felt supported and listened to and that the registered managers and provider were approachable and supported them when they needed it. One staff member who told us that they, "Loved," working in the service and, "It is like family." The majority of staff had worked in the service for several years showing that they felt valued. This was confirmed by a person's relative who said, "Some of them have worked here for 16 years, that says it all." Staff understood their roles and responsibilities in providing good quality and safe care to people. A registered manager told us that the staff always reported concerns and issues, such as in the environment and if they were worried about people's wellbeing. This enabled them to take action to address them. Staff meeting minutes showed that the staff discussed any changes in people's needs. They were asked for their views how people were best supported. This showed that the service had an open culture and the views of staff were valued.

The registered managers had kept updated with changes within the care industry, included with regulation and the new care certificate.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls and records. Records showed that incidents such as falls were analysed and monitored to identify any trends and actions were taken to reduce the risks of them happening again. A registered manager and a staff member told us that the call bell system allowed them to monitor the times it took staff to answer call bells to ensure people were provided

with support in a timely manner. In addition to this they used it as a tool to identify if people's needs were changing, for example if people increased their calls during the night. A registered manager and staff told us how they regularly checked the environment to check it was safe and clean. This was also confirmed in records which showed regular mattress and wheelchair checks were completed and action was taken to reduce risks to people, for example by replacing bedding. There were plans in place to continually improve the environment, this included a shower room on the ground floor and redecoration. They recognised the limitations of the environment due to it being an older building but they made sure that people were provided with a homely and safe environment to live in.