

Belmont View Limited

Belmont View

Inspection report

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Date of inspection visit:
21 March 2017
22 March 2017

Date of publication:
30 May 2017

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?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 21 March 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting. A second day of inspection took place on 22 March 2017 and was announced.

Belmont View is a residential care home situated in Guisborough. The home can accommodate up to a 50 people over two floors and offers care for older people and individuals who are living with a dementia. At the time of the inspection 49 people were using the service.

The service had a registered manager in place and they had been in post since January 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in January 2015 the service was rated Good. At this inspection we found the service remained Good.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Plans were in place to support people in emergency situations. People's medicines were managed safely. Procedures were in place to safeguard people from the types of abuse that can occur in care settings. There were enough staff deployed to keep people safe and the registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received training considered mandatory by the registered provider in a number of areas to help them provide effective support and were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 were protected. People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health.

People spoke positively about staff at the service, describing the support they provided as kind and caring. Relatives also spoke positively about the support people received at the service. Staff treated people with dignity and respect. Throughout our visit we saw numerous examples of kind and caring support being delivered. People were supported to access advocacy services where needed. Procedures were in place to plan and support people with end of life care.

People and their relatives told us the service provided personalised care and support and care plans reflected people's needs and preferences. People were supported to access activities they enjoyed. Procedures were in place to investigate and respond to complaints.

Staff spoke very positively about the culture and values of the service. People and relatives spoke very highly

of the service, speaking positively about the registered manager and registered providers. The registered provider and registered manager placed great emphasis on developing links with other care agencies and community groups to help improve care delivery at Belmont View. People using the service were empowered to maintain their own links with community bodies and agencies. The registered manager and registered provider carried out a number of quality assurance audits to monitor and improve standards at the service. Feedback from people and their relatives was sought and acted on. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications.

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 Outstanding.	Outstanding ☆

Belmont View

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 March 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting. A second day of inspection took place on 22 March 2017 and was announced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Belmont View. The feedback we received did not raise any concerns about the service.

During the inspection we spoke with 14 people who used the service. We spoke with 6 relatives of people using the service. After the inspection we received feedback from a further 2 relatives and two external professionals.

We looked at five care plans, medicine administration records (MARs) and handover sheets. We spoke with 11 members of staff, including the registered providers, the registered manager, and care, catering and housekeeping staff. We looked at three staff files, which included recruitment records.

Is the service safe?

Our findings

People told us staff kept them safe. One person we spoke with said, "They are always asking if I'm ok and if I need anything." Another person pointed to their call alarm which had been clipped on their chair and told us, "Oh they (staff) do that every day and on a night it's put back over by the bed. I don't need help getting up but they do it anyway."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, one person was assessed as being at high risk of falls. This led to specialist equipment being arranged to help them stay safe when moving around the building. Assessments were regularly reviewed to ensure they reflected people's current level of risk. Regular checks were made of equipment and premises to ensure they were safe for people to use, and required test and maintenance certificates were in place. The registered manager monitored accidents and incidents to see if any improvements could be made to help keep people safe. The premises were clean and tidy and housekeeping staff told us they received all of the cleaning materials they needed.

Plans were in place to support people in emergency situations. Each person using the service had a personal emergency evacuation plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. A business contingency plan contained guidance on providing a continuity of care in situations that disrupted the service, such as loss of utilities.

People's medicines were managed safely. Each person using the service had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We reviewed five people's MARs and saw there were no gaps in recording. Medicines were safely and securely stored, and stocks regularly checked to ensure people always had access to the medicines they needed. Protocols were in place for people using 'as and when required' medicines to ensure staff would recognise when these might be needed. One person using the service was given covert medicines. Covert medicines are given in disguised form, usually in food or drink. As a result, the person is unknowingly taking the medicine. Records confirmed this had been appropriately authorised by the person's GP. Two people at the service were using prescribed controlled drugs, and these were appropriately monitored and securely stored. Controlled drugs are medicines that are liable to misuse.

Procedures were in place to safeguard people from the types of abuse that can occur in care settings. Staff received safeguarding training and said they would not hesitate to raise any concerns they had. One member of staff told us, "I would be confident to raise any issues or concerns." There had not been any safeguarding alerts raised since our inspection but the registered manager was able to describe how concerns would be investigated and referred to the relevant external agencies where appropriate.

There were enough staff deployed to keep people safe. Throughout the inspection we saw people were assisted without delay, and staff said there were enough staff employed. Staff also told us sick leave and holidays were always covered. The registered provider's recruitment processes minimised the risk of

unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions.

Is the service effective?

Our findings

Staff received mandatory training in a number of areas to help them provide effective support. Mandatory training is training the registered provider thinks is necessary to support people safely. This included training in areas such as emergency first aid, infection control, food hygiene, moving and handling, health and safety, fire training and safeguarding. Staff administering medicines received medication training. We saw from training records that training was either up-to-date or planned. There was a training room at the service containing learning resources and a library of dementia materials for staff to access in between training courses. The registered manager shared articles on new research from professional journals and magazines with staff to help ensure they were aware of the latest best practice. The registered provider employed a training manager to help oversee training and staff spoke positively about the training they received. One member of staff said, "Training here is great." One person we spoke with told us they thought staff had all of the training they needed to support people effectively.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff spoke positively about supervisions and appraisals, saying they were a useful forum to raise any questions or issues they had or to request additional support. One member of staff told us, "We're asked how we're doing. If we're having problems we can always ask (for support)."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection 18 people were subject to DoLS authorisations. These were clearly recorded so that the registered manager knew when to submit applications for reauthorisation if appropriate. Where people lacked capacity to make decisions we saw care plans did not always contain information on how staff make best interest decisions for them. The registered manager told us the service was reviewing how best interest decisions should be recorded, and a recently appointed trainee manager with a background in MCA assessments was leading this. Staff we spoke with were knowledgeable about the principles of the MCA and described how they supported people to make decisions for themselves.

People were supported to maintain a healthy diet. People's dietary needs and preferences were assessed when they started using the service and clearly recorded in their care plans. The cook was knowledgeable about any specialist diets, including soft and high calorie foods. There was a four-week rolling menu in place but the cook said people could ask for anything they wanted. People confirmed they had choice over their meals and spoke positively about food at the service. One person we spoke with said, "They ask you the day before what you want but it's ok if you change your mind. I sometimes do. There always seems to be plenty to go round."

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as GPs, district nurses, Parkinson's nurses, podiatrists, opticians and local wheelchair services. An external professional told us staff at the service were,

"Very professional" and, "Always carry out my recommendations."

Is the service caring?

Our findings

People spoke positively about staff at the service, describing the support they provided as kind and caring. One person we spoke with said, "I like everything about this place. The staff are great. They can't do enough for you." Another person told us they were happy living at Belmont View and said, "I didn't have to worry about a thing." Another person we spoke with said, "It's lovely here and there's always something to do."

Relatives also spoke positively about the support people received at the service. One relative told us, "I've been very impressed by everyone. They all look very professional and have a smile for you. When I visit [named person] I just feel happier about him when I see the way they go on with him." Another relative we spoke with said, "As a family we are very happy with [named person's] care and have recommended the home to others."

Staff treated people with dignity and respect. Staff knocked on people's doors and waited for a response before entering their rooms. Where people indicated that they needed assistance staff approached them and asked quietly and discreetly how they could help. Staff completing paperwork did so away from communal areas so that people's confidential information was not on display. One person we spoke with said they liked to sit in their room with their door locked for privacy, and that staff did not object to them doing this. Staff completed dignity training, and there had been a recent 'Dignity Day' at which people using the service ran cake stalls to raise money for charity.

Throughout our visit we saw numerous examples of kind and caring support being delivered. For example, one person was celebrating their birthday and staff and other people at the service had helped to plan and host a party for them. We saw the person and their relative enjoying some birthday cake, with the relative telling us, "This place is amazing" and, "They do absolutely anything they can for [named person]." Throughout the inspection we saw staff stopping and chatting with people as they moved around the building. Conversations we saw were professional but friendly and relaxed, and it was clear that staff knew the people they were supporting well. People were happy and relaxed at the service, and staff worked hard to create a homely atmosphere.

People were supported to access advocacy services where needed, though at the time of our inspection nobody was using an advocate. Advocates help to ensure that people's views and preferences are heard.

At the time of our inspection no one was receiving end of life care. Care records contained evidence that people's final wishes were discussed with them and plans were in place to support them and their families should end of life care be needed. The trainee manager had recently completed some additional end of life care training at a local university. As a result the service was considering new policies and procedures for end of life care, including bereavement support for staff and relatives and a remembrance day and garden. The service had achieved the Gold Standard Framework for end of life care.

Is the service responsive?

Our findings

People and their relatives told us the service provided personalised care and support. One relative we spoke with said, "The staff are hardworking and always attentive [named person's] needs." Another relative told us, "They (staff) have all taken the time to get to know [named person] and make her feel secure and happy."

Before people started using the service their needs were assessed in a number of areas, including mobility, skin care, eating and drinking and medicines. Where a support need was identified a plan was drawn up based on how people wanted to be supported. For example, one person's care plan set out in detail how they liked to be assisted with showering and shaving and set out the things they liked to do for themselves. Another person's care plan set out in detail how their mobility could be improved through the use of different pieces of equipment. Care plans were regularly reviewed to ensure they reflected people's current needs and preferences. People and their relatives told us they were involved in care plan reviews. One relative we spoke with said, "Staff are good at keeping in touch with any changes. I've been asked to care plan reviews."

People's care plans also contained personal details such as their life history and their likes and dislikes. This helped staff to help understand what was important to the person. Staff we spoke with during the inspection were able to tell us about people's life history and preferences, which they said helped them to provide personalised support.

People were supported to access activities they enjoyed. The registered provider employed an activities co-ordinator, who was a visible presence at the service. The activities co-ordinator said the registered provider and registered manager were very supportive of activities at the service. When people started using the service the activities co-ordinator spoke with them about their interests and used this information to help plan activities they would enjoy. They also kept records of people's participation in activities and whether they enjoyed them, which they said helped them to tailor activities to people's individual preferences. The activities co-ordinator used a specialised tool to obtain feedback on activities from people living with a dementia to ensure their views were heard.

We saw evidence of numerous activities at the service, including pet therapy, spa sessions, horseracing days, musical afternoons and arts and crafts. During our visit an entertainer was performing for people at the service, which they clearly enjoyed. The registered provider was developing some land at the service so a gardening club could be organised. People and their relatives spoke positively about activities at the service. One relative told us how the activities co-ordinator had spent one to one time with a person carrying out arts and crafts to help them settle into the service. The activities co-ordinator also helped people to use the internet to keep in contact with family who did not live nearby.

Procedures were in place to investigate and respond to complaints. The registered provider had a complaints policy, which was given to people and their relatives in a service user guide when people started using the service. The registered manager had also developed an easy read complaints policy for people living with a dementia. One complaint had been received since our last inspection, and records confirmed

this had been dealt with in line with the registered provider's complaints policy.

Is the service well-led?

Our findings

Staff spoke very positively about the culture and values of the service. One member of staff we spoke with said, "It's excellent. Excellent at providing care. I would be happy for my own family to come here." Another member of staff said, "I would recommend it to anyone. All the staff get on, and get on well with the management. It's nice place. Everyone gets on well." The majority of staff at the service had worked there since it opened over 10 years ago, which they told us was down to the positive and caring approach of the registered provider and registered manager.

People and relatives spoke very highly of the service, speaking positively about the registered manager and registered providers. A relative we spoke with told us, "We cannot sing it's praises high enough." Staff said they felt very supported by the registered provider and registered manager, who were visible presences around the service. One member of staff told us, "The registered manager is always supporting staff and is happy to solve any problems you have. I would be happy to go and speak with her about anything." Another member of staff said, "The registered manager is great, as are the owners. You can go to them about anything, no problem. They're always there for you. You can go to any of them and they are always considerate. I have a high regard for them, as they have for us. They're always thanking us." Staff meetings took place regularly and staff told us they found these useful as opportunities to raise any issues they had.

The registered provider and registered manager placed great emphasis on developing links with other care agencies and community groups to help improve care delivery at Belmont View. The service offered local schools and colleges placements for health care students, and sponsored a 'Health Care Student of the Year' award at a local college. The registered manager was also a course supervisor for health and social care students at a local university, which she said helped her monitor current best practice in the care sector. The registered manager was also a trustee of a local charity aimed at tackling loneliness among older people, and the registered provider provided safeguarding training at Belmont View for people working for the charity. A 'dementia cafe' was held that staff and people living with a dementia were encouraged to attend. This was used as an informal setting for staff, people and their relatives to discuss dementia-related topics and participate in dementia friendly activities together.

People using the service were empowered to maintain their own links with community bodies and agencies. For example, some people were supported to organise donations to a charity they had been involved with before they started using the service. In another example, people were helped to keep in contact with a student who had completed a placement at the service and to make a donation from the resident fund to a charity event they were completing. The service offered a 'spare seat on a Sunday' during which older people living in the local community were invited to enjoy a meal with people using the service. This helped people at the service to maintain their links with people living in the local area.

The registered manager and registered provider carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included checks of areas including care

plans, medicine documentation, activities, health and safety and people's levels of dependency. Where these audits identified an issue records confirmed remedial action was taken quickly and with an emphasis on continuous improvement. For example, an audit had identified that due to changes in some people's support needs staff would benefit from de-escalation training and this was arranged. De-escalation techniques help staff to support people to avoid conflicts.

The service was working towards or had obtained recognised quality accreditation schemes. It had already obtained the ISO2009 award and Gold Standard Framework for end of life care, and was working towards the Investors in People Award. The registered manager was constantly looking for new training opportunities or professional accreditations to improve standards at the service. This included the registered manager recently completing training to be a deafblind assessor and sitting on a multidisciplinary group to help streamline hospital admission and discharges. The registered provider was a member of the 'Workplace Wellbeing Charter', which is an accredited scheme whereby employers demonstrate their commitment to the health and wellbeing of their employees. Health and fitness classes were offered to all staff, and the registered provider was in the process of negotiating a discount scheme for them in local shops and businesses.

Feedback from people and their relatives was sought and acted on. An annual survey was carried out at which people were asked about the support they received. The latest year for which results were available was 2016 and we saw the survey resulted in positive feedback. External professionals were also asked to complete feedback surveys. We saw an example of this from October 2016 and this contained positive feedback on the quality of care provided by Belmont View.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.