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Bell Lodge

Inspection report

Bell Lodge
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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

Overall summary

This unannounced inspection took place on 5 November 2014. Bell Lodge is a care home providing accommodation and personal care for up to 15 people some of whom are living with dementia. There were 11 people living at the home at the time of this inspection.

At the last inspection on 15 May 2013 we asked the provider to take action to make improvements to staff training and this action has now been completed.

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.

Summary of findings

People who used the service were well looked after by a staff team that had an in depth understanding of how people wanted to be supported. Staff encouraged people to be independent and treated them with dignity, respect and compassion.

There was sufficient staff on duty to keep people safe. The managers were also available to cover at short notice if required.

Equipment used to assist people's mobility and safety requirements was regularly serviced and maintained in good working order.

The procedures to manage risks associated with the administration of medicines were followed by staff working at the service.

People were supported to have sufficient to eat and drink to maintain a balanced diet.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had knowledge of the MCA 2005 and DoLS legislation and knew how to make a referral for a DoLS authorisation so that people's rights would be protected.

Staff received Induction, training and regular supervision and appraisal.

Management audits were in place to monitor the quality of the service, and improvements had been made to the environment following feedback from relatives.

Summary of findings

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 was safe.

Medicines were stored and administered safely.

Staff knew how to identify abuse and what action to take to keep people safe.

There was enough staff on duty to keep people safe and to provide care and support to people when they needed it. Effective recruitment practices were followed.

Is the service effective?
The service was effective

Staff had the knowledge and skills to carry out their role

Regular supervision and appraisal systems were in place for staff.

People had sufficient to eat and drink to maintain a balanced diet

Staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards

Is the service caring?
The service was caring

People's dignity and privacy were respected and upheld by all the staff.

Staff were confident in their knowledge of peoples care requirements and how to deliver their care and support

Is the service responsive?
The service was responsive.

Peoples care plans were individualised and had been completed with the involvement of people and family members.

The provider sought the views of people and their family members. Changes were made as a result of this feedback.

Referrals were made promptly to healthcare professionals when assessments or treatment was required.

There was a complaints process and complaints were dealt with promptly and thoroughly.

Is the service well-led?
The service was well led.

The service has a registered manager in post

Quality assurance systems were in place and improvements to the service had been made as a result of these.

Audits had been completed by the manager to check that the service was delivering quality care to people.

The managers provide visible leadership to staff. Staff understood the philosophy of the service and how they can contribute towards this.

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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 unannounced inspection took place on 5 November 2014 and was carried out by one inspector.

Before the inspection we asked the provider to send us 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.

Prior to the inspection we also contacted three health and social care professionals and Local Authority contract monitoring staff that were involved in monitoring the care of people who used the service. We did this so we could obtain their views about the quality of care provided at the service. We also reviewed the data we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we undertook general observations in communal areas, we spoke with people and we looked at how people were supported during meal times. We spoke with six staff including nurses, care staff, and the cook. We also spoke with three people who used the service, four relatives or friends of people using the service. We reviewed the care records of four people and looked at the personnel files of three members of staff.

Is the service safe?

Our findings

People told us that they felt safe, relatives of people we spoke with told us " I have no doubt [xxxx] is in the right place, [xxxx] had several falls before coming to live at Bell Lodge, now I have no worries."

Staff were able to tell us confidently what they would do if they suspected that abuse was occurring at the home. They were able to tell us who they would report safeguarding concerns to outside of the home, such as the Local Authority safeguarding team or the Care Quality Commission. Safeguarding referrals had been made when concerns were raised.

People were cared for in an environment that was safe. There were procedures in place for regular maintenance checks of equipment such as the stair lift and fire fighting equipment. People had emergency evacuation plans which detailed their needs should there be a need to evacuate in an emergency. Staff told us that the managers lived on site and were available for staff to call upon if an emergency situation arose.

Staff told us that some people were at risk of falls, we saw that the care records gave instruction for staff to support people safely. For example the manager told us that they used a 'trigger mat' which was linked to their nurse call system. This alerted staff when people who were at risk of falls moved from their chair or bed. The home also had three 'falls champion' who had received training in how to reduce the risk of people experiencing falls. The staff member we spoke with told us their role was to increase staffs awareness of the risks of falls within the home. As a result of this weekly checks were made to ensure that any mats/carpeting was not causing a trip hazards.

Medicines were managed safely. People told us that they got their medicines when they needed them. The registered manager showed us how they managed medicines and we saw that there was a record kept to show that all medicines were obtained, dispensed and accounted for. Staff we spoke with were knowledgeable about people's medicines including medicines that were prescribed 'as required'.

Staffing levels were adequate for the number of people living at the service. We noted that agency staff were not used, and that regular 'bank' staff were called upon to fill additional gaps in the rota. It was evident that the bank staff we spoke with knew what people needed to keep them safe such as supervising people when they were walking with a frame or using the star lift. Staff recruitment was satisfactory. The employment checks completed by the provider before staff commenced work at the home ensured that the staff were suitable to work with people living at the home.

Is the service effective?

Our findings

At the last inspection we found that staff had not received all the training that would help them to carry out their role effectively. The provider completed an action plan to set out how they would make improvements. We found that satisfactory staff training was now in place. We spoke with staff who told us that they had received a good induction to the service and that they had received training before they were able to commence working with people. We spoke with staff that had received training in dementia, and had experience in working with people living with dementia. They told us that the dementia training helped them to care for people. One member of staff said that they "got into the world" of the person with dementia, and talked to them about what they were currently experiencing and were often able to find out information which they could use in a later conversation with that person. It was clear from our observations of staff that they had the skills and knowledge to meet people's needs.

Staff told us that they received regular supervision meetings and annual appraisals; they said that during supervision meetings they could discuss their future training and development needs with the manager. Some members of staff told us that they had recently achieved an additional qualification in health and social care which gave them additional knowledge to carry out their role. The manager told us that they reviewed staff supervision documents to check the quality and to provide feedback to the supervisor or staff if needed.

People told us that the staff knew how to look after them very well and family members were very complimentary about staff's knowledge of their family member's requirements. We observed the staff handover where information was passed onto the next shift coming on duty. We noted that staff gave a good handover of people's needs and communicated any changes to people's routines for example, one person had a reduction in appetite, which indicated that additional encouragement by staff to take foods may be required during the rest of the day.

People told us that the food was good and well cooked. We observed meal's being taken by people. We saw that a vegetarian option was available for people that did not eat meat. Some people required their foods to be 'fortified' with ingredients of a high calorific content to assist with weight gain as this had been recommended by a dietician. We spoke with the cook and they were knowledgeable about the methods to 'fortify' foods. Nutritional assessments were in place to identify people that were at risk of not eating and drinking sufficient amounts to maintain a balance diet. We saw that staff encouraging people to eat and provided assistance where necessary. Food options were available for example for people that did not wish to eat meat. We noted that the manager had arranged a separate dining area for one person that preferred to take their meals in a quieter environment.

There was a 'best interest' procedure for staff to follow when people did not have the capacity to make some decisions for themselves. The best interest meetings that had been held had included people's GP, social worker, and relatives. This meant that discussions were held and a decision could be made in the person's best interest.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and is required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to ensure that people are looked after in a way that is least restrictive to their freedom. The manager knew how to obtain an urgent authority to request a deprivation of Liberty Safeguards (DoLS) when it was necessary to restrict people's liberty to keep them safe.

Is the service caring?

Our findings

People told us that the staff were very kind to them. Relatives were very complimentary about the managers and staff. One person said, "[xxxx] is very well looked after; she is treated as a friend." They also said, "I have never had anything except complete satisfaction with [xxxx] care." People also told us that staff often just called in to their rooms to have a chat and see how they were. The manager told us that they encourage staff to pay social visits to people as well as to provide care and support to people.

We observed staff interacting with people and we saw that they did this in a kind and caring way. It was also very clear that staff had known some people for a number of years, as they were very familiar with their likes and dislikes such as what music they preferred to listen to if they were cared for in bed. One member of staff said, "I remember when [xxx] came to live at the home [xxx] was able to talk to us and tell us about their life and their interests, now [xxx] is unable to communicate, I know how they like things to be done."

Some people were able to tell us that they were involved in planning their own care, for example how they wanted to be supported and what time they wanted their support to be given. Relatives of people that were unable to communicate their support needs told us that staff had involved them as much as possible so that their family member's views were respected and acted upon.

People's privacy and dignity was respected. All the bedrooms were single occupancy and people were able to spend time in private if they wished to. One person we spoke with said they liked to listen to their music and read in their bedroom. We observed that staff knocked on people's door and gained people's permission before entering.

Staff spoke with people in a respectful way and we observed staff discreetly asking people if they wanted to go to the toilet. Staff told us that when they provided personal care to people that were in bed; they always ensured that their body was covered to preserve people's dignity. They also said they talked to the person and explained to them what they were going to do next when providing their care.

Is the service responsive?

Our findings

People told us that staff responded to their needs in a timely manner. Relatives also said that they felt that staff were very prompt when dealing with their family member's needs especially those related to their health and wellbeing. We observed that referrals had been made promptly to the GP and dietician when people's needs had changed.

People and their relatives had been involved in the discussions and planning of their care and support, we noted that care plans were signed by people or their relatives to show their agreement with their family member's plans of care. We observed in people's records that their care plans had been reviewed on a monthly basis and changes made when people's needs had changed. For example, we saw that one person was no longer able to eat and drink independently and that staff support was now in place, which ensured people had enough to eat and drink at mealtimes.

Due to their condition one person was not able to watch television or read. The manager liaised with that person's family to find out what entertainment and music they were interested in and could listen to and enjoy. The daily recordings that staff had made about peoples activities were very informative and included conversations about people's pets, and what songs they liked to sing. Staff knew about peoples past interests and they told us that they used this information when talking to people for example, about the work they used to do and this helped them to make conversation. We observed staff talking with people about past events and it was clear that people were smiling and enjoying the conversation with staff.

People's care was individualised. Relatives told us that the staff had known their family member's for many years. This enabled staff to recognise and respond to people's needs. For example, one person's 'call bell' was positioned under their pillow on their right hand side as staff knew this was where they would look for it if they needed assistance. The manager and family members had started the process for one person to learn how to use a mobile telephone so that they could keep in touch with family members on a regular basis and this helped to avoid social isolation. Peoples choices were respected, people told us they could choose what clothes they wanted to wear and when they wanted to have a bath.

Staff told us that they had changed the layout of the lounge area into small separate seating areas. This provided areas for people to relax if they wanted some time away from other people. One person said, "I prefer it as I can get a bit of peace and quiet in here."

People we spoke with said they would talk to staff if they had a complaint. One person said, "I don't have any complaints." Another person said, "I am happy with the staff and how they look after me." Relatives of people who used the service told us that they knew the managers very well and if they had any concerns they would discuss this with them. The provider had a system in place to manage complaints and concerns about the service. We saw that the complaints that had been raised had been investigated and resolved in a timely way with the outcome clearly communicated to the complainant.

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service. The manager's completed regular audits of medicine management, care records and health and safety. The manager's evaluated the audits and produced action plans for improvements when improvements were needed. Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as health and safety.

Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. Staff told us that they liked working at the home and that they felt able to discuss any issues with the manager's. The manager's worked in the home and gave a clear sense of direction about the care and support given to people. The manager's also led by example as they provided 'hands on' care to people. Working alongside staff in this way the manager's told us that they were able to continually monitor the quality of care people received and make any changes or improvements as a result of their observations.

Staff told us that, "the management are very understanding, they are supportive of staff and our training needs." One of the manager's told us they had taken staff out for a celebration meal as they had recently achieved a qualification in health and social care.

Staff were clear about whistleblowing- whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. Staff told us that they felt confident to whistle blow if they had any concerns about the management and practice at the home.

The manager told us that they talked to people on an individual basis to find out if they were satisfied with their care or if there were any changes people wanted. One person told us that the manager had arranged for them to take their meals in a separate room as a result of this discussion.

Changes had occurred as a result of feedback from relatives of people that used the service. The manager told us that as it was a small home that resident and visitor satisfaction surveys were on-going. We were told that as a result of feedback from the satisfaction survey that improvements have been made to the front hall, bathrooms and the smaller lounge. People and relatives were given the opportunity to add further comments, we saw that one of the comments on the feedback forms from relatives stated 'we are very satisfied with all aspects of care this is [xxx] home and [xxx] is loved and cared for beautifully.'