

Nadam Care Ltd

# Belamie Gables Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 04 January 2018.

Belamie Gables is a residential care home which is registered to provide a service for up to twenty older people. Some people were living with other associated conditions such as dementia and physical and sensory difficulties.

At the last inspection, on 08 February 2016, the service was rated as good in all domains. This meant that the service was rated as overall good. At this inspection we found the service remained good in all domains and overall good.

Why the service is rated good.

There is not a registered manager running the service, currently. However, the service has been managed to a good standard by an interim and acting manager since the registered manager cancelled their registration. 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 provider and managers ensured people, staff and visitors were protected from harm and the service remained as safe as possible. The staff team were trained to maintain and promote people's health, well-being and safety.

People were protected by staff who understood how to protect the people in their care and knew what action to take if they identified any concerns. They made sure that people were not subjected to any poor practice or abuse.

The service continued to identify general risks and risks to individuals and appropriate action was taken to reduce them, as far as possible.

People benefitted from adequate staffing ratios which ensured there were enough staff on duty to meet people's diverse, complex and individual needs safely. Recruitment systems were in place to make sure, that as far as possible, staff recruited were safe and suitable to work with people. People were supported to take their medicines, at the right times and in the right amounts by trained and competent staff. They were encouraged to take some responsibilities for their own medicines, as was safe and appropriate.

People continued to be cared for by trained staff who were supported to make sure they could meet people's varied and sometimes complex needs. Staff dealt effectively with people's current and changing health needs. They worked closely with health and other professionals to ensure people received the best

care possible.

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.

People continued to be supported by a caring and committed staff team who continued to meet people's needs with patience and kindness.

The service was person-centred and responsive to people's needs and preferences. Activity programmes were designed to meet people's needs and interests. Care planning was individualised and regularly reviewed which ensured people's needs were met and their equality and diversity was respected.

There was no registered manager in post, currently. However, the service was being managed by an acting manager who had worked in the home for a number of years and was beginning the registration process. The acting manager was supported by a strong and experienced team of senior staff. Staff described the manager and management team as open, approachable and supportive. The manager and staff team were committed to ensuring there was no discrimination relating to staff or people in the service. The quality of care the service provided was assessed, reviewed and improved, as necessary.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Belamie Gables Care Home

## Detailed findings

### Background to this inspection

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

Belamie Gables is a care home (without nursing). People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Belamie Gables accommodates up to twenty people in one adapted building, over two floors.

The inspection was unannounced and took place on 04 January 2018. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for six people who live in the service. This included support plans, daily notes and other documentation, such as medication and financial records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the home and used a method called the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with four people who live in the service, three staff members and the acting manager. We spoke with two professionals who were visiting the home and requested information from a further three professionals including the local safeguarding team. We received responses from one of them. We received written comments from two relatives of people who live in the home.

## Is the service safe?

### Our findings

People remained safe and continued to be protected, as far as possible, from any form of abuse. Staff continued to receive safeguarding training and were able to describe how they would respond to any safeguarding issues. They told us they were confident the management team would respond immediately to any concerns about safety. People told us they felt safe and well-looked after in the home. One person said, "Of course I feel safe here." Another said, "Yes I'm safe." The local safeguarding authority told us they had no known concerns or complaints about the service.

Professionals told us, they believed people were, "safe and well-cared for." A relative told us they raised a concern with management regarding, "an employee in a senior role (this person was on probation) in her choice of words and frustration dealing with our [family member]. My concerns were very well received and dealt with by the utmost urgency and professionalism." Another said, "I am very satisfied that my [relative] and other residents are safe within Belamie Gables and are well treated."

People, staff and visitors to the service continued to be kept as safe from harm as possible. Health and safety training was provided regularly. Maintenance and safety checks were completed at the required intervals. There was a robust fire safety policy and procedure and a fire log book which recorded fire maintenance checks and drills which were completed regularly and were up-to-date.

Other safety systems included generic health and safety safe working practice and individual risk assessments. People had individual risk assessments which were incorporated into care plans. These included areas such as eating and drinking, falls and the use of hoists. Personal emergency and evacuation plans were tailored to people's particular needs and frailties. The service continued to learn from accidents, incidents and near misses.

The service supported some people to look after their own finances and others with their personal allowances. However, those people who were not able to deal with their own finances were supported by family or the local authority. Families of those people who lacked capacity to deal with their finances held a lasting power of attorney which meant they could legally act on behalf of their relative. Records of personal allowances were accurate and up-to-date. Families and the local authorities were free to check them whenever they chose to.

The service supported some people who had developed anxious, agitated and distressed behaviours. Behaviour plans and risk assessments were developed by the management team and other behavioural specialists, as necessary. Care staff were instructed in how to deal with people's individual distressed behaviours. However, people did not display high level distressing behaviours and staff did not use any form of physical intervention or formal 'challenging behaviour' techniques.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested annually. The service continued to use a safe administration system. There were detailed guidelines/protocols to identify when people should be given

their medicines including those prescribed to be taken when needed. One medicine administration error had been reported in the previous 12 months. This was dealt with appropriately.

People's assessed needs continued to be met safely by adequate staffing ratios. There were a minimum of three care staff during the day and two waking night staff. Care staff were supported by administration and management staff during the day and there was an on-call system when management were not available in the service. The service continued to check the safety and suitability of staff prior to their employment.



## Is the service effective?

### Our findings

People's individual identified needs continued to be met by an effective staff team. Care plans provided staff with all the necessary information to meet people's needs. Information was up-to-date and relevant.

People continued to be supported to meet their health care and well-being needs. Care plans included all aspects of healthcare and well-being needs. Referrals were made to other health and well-being professionals such as the G.P, specialist nurses and community mental health teams, as necessary. Professionals told us the staff responded to any concerns they had. A relative said, "Doctors are always called should any problems medically arise and I am contacted immediately."

One professional felt there sometimes appeared to be a shortage of staff and there was, on occasion, a delay in finding a staff member to help visiting professionals to transfer people to their bedrooms for private treatment. This view was not supported by other professionals who told us there were always staff available to assist them, if required. A relative told us that there were always staff around to discuss their family member's care.

People continued to be supported by the acting manager and staff team who fully understood the issues of mental capacity and consent. 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The service made appropriate applications for DoLS and held best interests meetings as necessary. A DoLS professional told us, "The staff work co-operatively with me to make sure everything is being done to meet any conditions on the DoLS authorisations."

People continued to be assisted to eat and drink enough to keep them as healthy as possible. Any specific needs or risks related to nutrition or eating and drinking were included in care plans and support was sought from relevant professionals as necessary.

People were cared for by staff who continued to receive relevant training and who were encouraged to develop the skills, knowledge and understanding needed to carry out their roles. The training identified by the service as mandatory was completed by all staff at the required intervals. Six of the 15 care staff had a qualification in health and/or social care. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used when new staff (without qualifications or experience) were appointed.

Staff remained well supported and continued to receive regular supervision and guidance to ensure they continued to fulfil their roles and provide appropriate care to individuals. Staff felt they were well supported by the management team and each other. They told us they were encouraged to develop their skills, achieve a professional qualification and were provided a career structure to recognise their development.

The environment was 'tired' in places and space was limited. However, the acting manager and provider were pursuing a programme of refurbishment which included increasing communal areas and making the home more dementia friendly. Concerns we received about cleanliness and safety of the environment were not evidenced on the day of the inspection. Professionals told us they had always been, "Happy with the cleanliness and infection control." Relatives told us in their opinion and experience the home was always clean and tidy.

## Is the service caring?

### Our findings

People were supported by staff who remained kind and caring when fulfilling their roles. People told us, "Staff are always kind and very patient with me." Another said, "Yes indeed they're very kind, you feel they care." One person noted on the annual survey in 2017, "I am happy here and everyone is caring." Another wrote, "Staff are chatty and make you laugh." A professional commented, "Staff are very good and caring." Another said, "Staff attitudes are very caring and efficient." A relative commented, "[Family member] is settled and comfortable and when my visits end I leave knowing [family member] is in very caring hands and safe."

People were treated with dignity and respect. A relative told us, "Staff are very caring and respectful, they always take time to respond to mood swings and deal with the utmost dignity." A professional said, "They treat people with respect and dignity." Another said, "They are careful and respectful of the clientele." People were spoken to respectfully and were assisted gently and carefully to perform any necessary tasks. Daily notes were written respectfully and ensured people's dignity was maintained.

Staff continued to develop strong relationships with people and their families and friends. This was made easier because it was a small care home with a consistent core of staff. People were supported to maintain relationships and keep in contact with people who were important to them.

People were able to verbally communicate but methods of non-verbal communication and the ways people expressed their feelings were noted in care plans, as appropriate. People were involved in resident meetings where their views and opinions were asked for and their responses were recorded.

People's diverse physical, emotional and spiritual needs continued to be met by staff who knew, understood and responded to each individual. The acting manager and staff team were aware of people's sexual orientation which, along with other protected characteristics, were noted on needs assessments. Staff were committed to supporting people to meet any specific special needs and received equality and diversity training. Individual care plans noted, for example people's religious beliefs and how they chose to pursue them, any family cultural beliefs and any lifestyle choices.

People's records were kept securely and the staff team understood the importance of confidentiality.

## Is the service responsive?

### Our findings

The service remained responsive and met people's changing needs. Staff intervened quickly if people were showing any signs of anxiety or becoming distressed. People were comfortable to ask staff for attention or support throughout the day of the inspection. Staff responded as quickly as possible to people's requests and explained why if people had to wait for a staff member's full attention. A relative commented, "[Staff are] always available and most professional and supportive."

Some concerns were reported to us that people were prepared for bed early because of staff shortages. However, we did not find any evidence of this on the day of inspection. People told us they could get up and go to bed when they chose. The acting manager and staff told us they responded to people's wishes which sometimes included preparing for bed just after the evening meal. Some people preferred to bathe in the late afternoon. They did not want to re-dress. They therefore put on their night attire and used an appropriate cover up to access communal areas. Some people chose to stay in their rooms to watch television or listen to the radio. Individual care plans reflected people's general preferences and staff responded to people's requests on a daily basis.

The service continued to assess people's needs and well-being regularly and a multi-disciplinary review was held if their needs changed. Individual care plans were reviewed every month and as necessary by the key worker and/or senior staff. For example in response to accidents, incidents or near misses.

The service provided person centred care. A professional said, "People always come first." People told us staff listened and responded to them. People had personalised care plans which ensured care was tailored to meet their individual and diverse needs.

Discrimination was understood by the acting manager and the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity. The acting manager was knowledgeable about the protected characteristics and staff training covered these principles.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. There was good communication between staff and people who understood each other very well.

People continued to be given opportunities to participate in a number of internal activities. People told us they had enough to do and could spend time on their own or in their rooms if they chose to. Professionals, a complainant and some staff felt there were not always enough staff to prioritise the activities programme. However, Community and external activities and outings had improved over the past few months. The acting manager was aware that this was an area that could be further improved and was considering how best to do this with limited resources.

There was no-one in the home receiving end of life care at this inspection. However, the service had a death, dying and bereavement file and policy. This informed staff how to care for people at the end of their life and support those who were bereaved. A specific detailed end of life care plan was put in place as and when required.

The service had a complaints procedure but had received no complaints since the last inspection and none were noted on the annual quality survey completed in 2017. People told us they could talk to the staff or their families if they weren't happy. Compliments noted on the annual quality survey in 2017 included comments such as, "staff are polite and meet my needs" and "Staff are enthusiastic." Families comments included, ""The staff are attentive and caring." "My family are very satisfied with the home. My relative is settled and content." "I know she is in good hands, thank you for looking after [relative]"

## Is the service well-led?

### Our findings

People continued to benefit from good quality care provided by a well-led staff team. There had been no registered manager in post since they cancelled their registration at the end of September 2017. An interim manager had taken up the post but had left prior to registering. The current acting manager had been in post for approximately two months and had started the process to register as the manager. The acting manager was supported by experienced and qualified senior staff and a knowledgeable staff team.

Staff told us that there had been improvements in the past two months such as increased activities and more organised shift patterns. People said they knew who was in charge and could talk to them or other staff members at any time. People interacted with the acting manager confidently throughout the inspection visit. Staff told us the management team were supportive and encouraging.

People continued to be provided with good quality care. The quality of the service was assessed and monitored by the acting manager and the staff team to ensure the standard of care offered was maintained and improved. Professionals told us, "I am happy people receive good care. There is a good standard of staff and people are very happy with no issues." Another said, "People, in general are well cared for." A relative commented, "We are very happy with [family members] care." Another said, "Belamie Gables is a small home, run as a family for the elderly. There are no frills but it is a clean, tidy and caring home. The staff ... spend time with them [people who use the service] and cater for their needs with lots of love."

The service continued to have a variety of auditing and monitoring systems in place. For example regular health and safety audits were completed at appropriate frequencies. Weekly and monthly audits of various aspects of the service took place.

The views and opinions of people, their families and friends and the staff team were listened to and taken into account by the management team. People's views and opinions were recorded in the two monthly resident meetings and the annual quality survey. The analysis of the last survey was completed in November 2017. The service had received positive responses from 12 relatives, four professionals and seven people who use the service. One of five professionals (who responded noted the quality of care as fair whilst four others said excellent. Staff meetings were held regularly and minutes were kept. A relative told us, "We do have regular feedback forms to complete and all feedback is addressed."

Actions taken as a result of listening to people and the various auditing systems included reviewing activities particularly in regard to external outings. The refurbishment of areas of the home and tidying up the front of the home (external drive).

People's records remained reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences and choices. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

The acting manager and senior staff team understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent, when necessary, in the required timescales. The acting manager was knowledgeable about new and existing relevant legislation. For example the Accessible Information Standard and the Duty of Candour.