Commission for Social Care Inspection

Making Social Care Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Bellstone Residential Care Ltd
Address:	23-29 Beach Road West Felixstowe Suffolk IP11 2BL

The quality rating for this care home is:	two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	**Date:**							
Jill Clarke	0	5	0	3	2	0	0	9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Information about the care home

Name of care home:	Bellstone Residential Care Ltd
Address:	23-29 Beach Road West Felixstowe Suffolk IP11 2BL
Telephone number:	01394278480
Fax number:	01394276597
Email address:	
Provider web address:	

Name of registered provider(s):	Bellstone Residential Care Ltd
Name of registered manager (if applicable)	
Mrs Amanda Laine King	
Type of registration:	care home
Number of places registered:	22

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	22
Additional conditions:		

Date of last inspection								

Brief description of the care home

Bellstone Residential Care Home is situated close to the sea front in Felixstowe. The home is registered to provide care for a maximum of 22 older people. The home has a condition of registration to provide care for one named resident with Dementia.

The home has a range of communal areas consisting of a television room at the front of the house with a sun lounge to the rear, through which the garden can be accessed. There are two dining rooms. The garden is small yet attractive with a lawn, seating and borders with plants and a water feature. There are sixteen single rooms and three shared rooms. Each room is furnished and centrally heated. There is a call bell system throughout the home. Access to the first floor is by two staircases, which have stair lifts. There is wheelchair access into and around the home. A mobile library and church representatives regularly visit the home.

Brief description of the care home

A detailed statement of purpose, colour brochure and a service user guide provides detailed information about the home and access to local services. Each resident has a contract of terms and conditions; which is reviewed annually and describes what services are included and sets out their individual agreed fee.

Fees as given in the service Users Guide:

Range from £405 - £475 per week
Respite Room (short stay) Room Rate + 10%

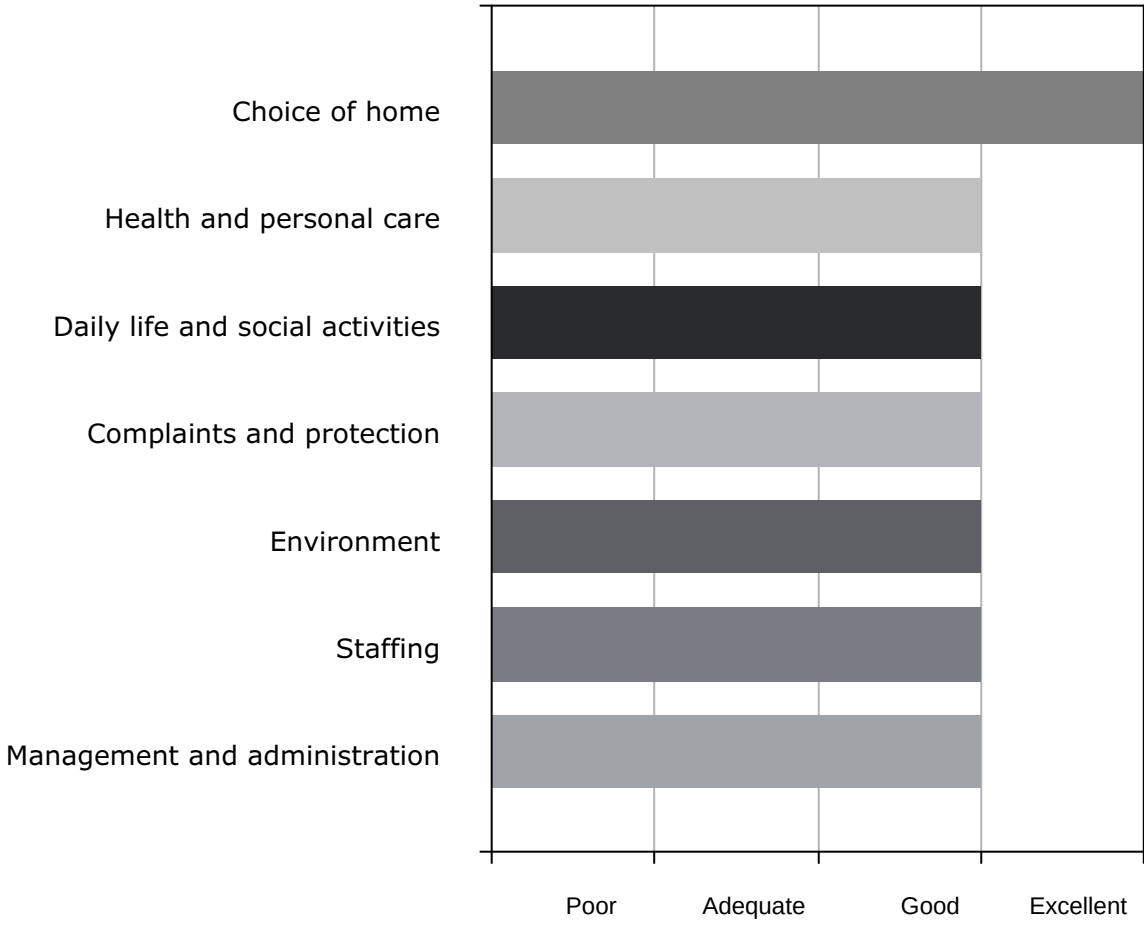
The fees do not cover additional services such hairdresser, chiropodist and personal items such as toiletries and receipt of daily newspapers.

Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:	two star good service

Our judgement for each outcome:



How we did our inspection:

Prior to the inspection the home was asked to complete an Annual Quality Assurance Assessment (AQAA). This provides the CSCI with information on how the home is meeting/exceeding the National Minimum Standards. It also provides us with any planned work they are intending to undertake during the next 12 months. Comments from which have been included in this report.

Although we arrived on a day that the Registered Manager was not at the home, their Deputy Manager, who was covering, was able to answer any questions, and provide records to support work undertaken at the home. We spent time talking to 3 residents in the privacy of their bedrooms, as well as gaining general feedback whilst meeting residents during the day. We also spent time talking to a member of the catering and

care staff.

We looked at a sample of records held at the home which included care plans, staff recruitment paperwork, minutes of meetings, training records, menus, staff rotas and medication administration records. By doing this we can see whether staff are keeping their records up to date, and reflect current practice, to ensure the safe running of the home.

Everyone we met during the day was very helpful and participated in the inspection by giving us feedback and providing information when asked.

People living at the home prefer to be described as residents; therefore this report reflects their wishes.

What the care home does well:

The management is committed to working in the best interests of the people living at the home, and ensuring staff receive the training and support to be able to provide a good level of care.

Staff take time to ensure a smooth transition for people moving into the home, which helps address, any anxieties prospective residents, or their advocates may have.

Residents told us that they like the staff, and felt the home had a friendly atmosphere, where their visitors are always made to feel welcomed. Comments included "I'm quite happy here", staff are "pretty good - not bad at all" and "find the food very good myself".

The care plan, which gives staff guidance on how a resident wishes to be looked after, gives a good level of information, looking at the whole person, not just focusing on their physical needs.

Regular meetings are arranged so residents can feedback their views on what they think of the service provided, and any ideas for improvements.

What has improved since the last inspection?

The requirement made following our last inspection has been addressed, by ensuring residents are receiving their prescribed medication, and staff are completing medication records accurately.

The home has continued to develop the range of activities they provide, to include work undertaken on an individual basis, for those residents who prefer to spend time in their bedroom, and not join in with group activities.

What they could do better:

When recruiting new staff, the management needs to ensure that they are completing their application form correctly, by supplying a full employment history. By doing this, it enables the home to discuss any gaps in employment, and where they have worked with vulnerable people before, confirm (where possible) with that employer, the reason why they are no longer working for them.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

Contents

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents are provided with all the information they will need to support them in deciding, if the home is able to offer the standard of care, and environment, they are looking for.

Evidence:

When we arrived at the home, their registration certificate was displayed in the hallway, to inform people who they are able to provide care for. A copy of our last report (so visitors can read what we have said about the home), as well as a copy of the Statement of Purpose and Service Users Guide was located near the visitors signing in book. The Service User Guide has been produced by the staff to provide prospective residents, their family and friends, with information on the level of service and facilities they can provide. It gives people an insight on the aims of the family run home, and how to apply for a place. It informs the reader that most of the current residents 'are in their 80's and 90's. They also mention their 'fairly rigid assessment

Evidence:

criteria for admission to Bellstone', in order to 'maintain a balance between those residents requiring minimal assistance, to those requiring all care'. To obtain this balance, and taking into account their 'present residents and staff morale', they 'aim that any new residents will require minimal assistance', which reflected the needs of the 2 new residents we met.

When we asked the new residents if they had been given information on the home, and if any of the staff had visited them, prior to moving in, they replied "yes". Their comments included "Amanda (Registered Manager) came and told me all about it at the hospital", whilst their next of kin "came and vetted the home".

We looked at the pre-assessments undertaken prior to the residents moving in. We found them to be very comprehensive. In doing this it enables staff to gain a good insight on the level of help, and support, the person is looking for. The quality of the information gained also helps staff to get know the about the person. This includes previous occupations, interests, family, friends and support network, and the reason why they now feel/need to move into a care home. The quality of the information shows that residents, their families, and if applicable friends, social and health professionals had all been involved in supplying information.

The only time the home has not undertaken their own pre-assessment, is in an emergency situation, where a person is needing a bed quickly, and the timescales involved do not allow for a full assessment by the home. In these cases the home relies on the information gained from the social and health care providers who know the person. However, the AQAA under 'what we could do better', identified that this had changed, and that the home no longer takes 'emergency admissions' where they have been unable to complete their own pre-assessment. They had come to this discission after they felt they had been 'misled' by the information they had been given on the person, which 'unfortunately' resulted in 'the placement' breaking down. During the inspection the Deputy Manager gave us more details about the placement, which had led to them excepting a resident who they later found to have mental health issues which the home is not registered to look after. Discussions on what action the staff took to ensure the wellbeing and safety of the person concern. This included seeking support from the community mental health team, until the resident was moved to a more appropriate care setting.

All new residents receive a 'pre-admission contract', following the initial care assessment being undertaken. The contract seen, informs the prospective resident if the home will be able to meet their 'assessed physical, psychological, and social needs'. The contract also enables the staff to comment on any 'reservations' they may have, and why. The person can then take this information into account when deciding

Evidence:

if the home is suitable and able to meet all their physical, emotional and environmental needs. The AQAA also tells us that 'all residents whether private or funded have a copy of their terms and conditions of residence'. This ensures people clearly know how much they will need to pay, and what they are paying for.

The terms and conditions of residency, also informs the reader that their 'first four weeks' at the home will be 'on a trial basis'. This is to enable the resident to decide if the home lives up to their expectations, and for the staff to further confirm that they are able to meet all the person's needs.

When we asked the new residents how they are settling in, they told us that they "were quite happy here" and "it's pretty good - not bad at all". When we asked having got to know the home would they recommend it to others, they answered with a resounding "yes".

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents can expect to be fully involved in saying how they wish to be cared for, and be treated with respect and dignity.

Evidence:

During the inspection we looked in detail at 3 resident's care, to gain an understanding of how the home supported them prior to moving in (see choice of home section of this report), and what life is like for them now. For example do they feel they are being given the level of care and support they expected, in a way that they want it to be given. We read their care plans, and where possible spent time talking privately to the residents to hear their views.

The detailed information taken by staff during the pre-assessment, shows their commitment in talking to the resident, to find out as much as possible about the person, and not just focusing on their physical needs. The information gained from the pre-assessment forms an 'initial' care plan, which 'runs for no more than 4 weeks'. This gives staff information on the resident, and guidance on how they wish for their

Evidence:

care and support to be given. The reason staff do not go straight into producing a full care plan, is because assessments undertaken up to the point of moving in, may have been following a period of illness, or time in hospital. This could have affected the person's abilities, therefore the staff will gain a greater insight on their mobility and what people are able to do them self, once they have moved into the home. Comments we found in the early days of residents moving in included '(resident's name) says they have 'settled into the home, walking well with frame - needs supervision as goes too fast and gets a wobble on' and 'regaining their health and confidence slowly. Detailed comments show that staff are observing all aspects of the resident's life when they move in, including how much they eat, sleep, behaviours, orientation, and emotional well-being.

By the end of the 'trial' period at the home, we found the 'initial' care plan holds sufficient detailed information, obtained by observing the new resident's daily routines, talks with the resident, family and people involved in their care to be able to produce a full care plan. This gives staff guidance on how residents like to spend their day, which includes information on how much support a person requires with their personal care 'will need prompting to dry and dress' following their bath. In doing this it ensures that staff promote the residents to maintain their independence by not 'taking over' tasks that people can do themselves.

Care plans held information on resident's religious/faith, cultural and communication needs. There is also information on when a resident last saw a health or social care professional, the outcome of these visits/meetings. Residents are supported to access visiting services such as Opticians, Chiropodist, and we were also advised that the residents will soon receive the services of a visiting community dentist.

At our last inspection we raised concerns over the wording of some of the daily communications records between staff, which forms part of the information held in the care plan, which we felt could be more appropriately written. We asked the home to monitor the quality of entries made, taking into account that it should give clear details of any interaction staff have, and is written in a respectful way, that would not cause offence to the resident if they wish to read it. Minutes of the recent staff meeting shows that this is still be monitored by the management, with staff being asked to be more informative. For example if a resident did not want to go to bed, staff were asked to say what action they had taken to ensure the resident was kept safe and warm during the night. The Deputy manager said that they will continue to develop staff's knowledge of writing in the care plans.

We asked a resident if they were able to have extra baths during the week if they wished, and were told "once a week is enough". Feedback from other residents

Evidence:

confirmed they were being given as much support as they needed to maintain their personal hygiene and appearance.

The Service Users Guide, informs the reader of their 'end of life care', and how staff will work with residents in a sensitive way, so they are able to know their wishes in this subject. Care plans held copies of 'advanced care planning for end of life care', where staff work through a series of questions, taken at the residents pace. This helps staff identify the resident's views on pain control, where they would prefer to die, who they want informed, if they have a 'living will', or pre-paid funeral plans, and if there any other special requests they may have. Residents are informed that although they are being asked these questions within the first 2 weeks of their admission, it remains a flexible document, which can be reviewed, and changed at any time.

During the residents meeting, minutes show that they were asked if when staff were giving them their tablets, did they ever feel they were being 'rushed'. They were also asked if staff were giving them 'enough water' to help them swallow their medication. The general feedback from the residents was that everything was 'fine'.

Our last inspection identified that the home was not always following safe practise to ensure residents received their medication as prescribed by their Doctor. This had affected the overall rating given to the home. Following the inspection, the home contacted us to say what action they had taken to address the requirement made (see key inspection report dated 10/12/07). This was also detailed in their AQAA stating that 'medications are now stored' in the resident's own bedrooms, and that each resident has a 'medicine Administration Record (MAR) chart showing all current medication, amounts received and destroyed, and any allergies'.

This is what we found to be happening, when we visited. The individual lockable medicine cabinets are made of metal and have been fixed to the wall. They are of a size, which merges in with the room. We asked a member of staff to go through their new procedure with us, and we checked the amount of medication a resident should have in their room, with the amount listed on the MAR chart, which was correct.

We did not carry out any more checks, as we were shown a recent pharmacist report, completed during their visit to the home on the 10/2/09, which checked all areas of their handling of medication (ordering, storage, administration, disposal), linked to our National Minimum Standard (number 9) criteria. The report showed that they were complying with safe practise. Part of the home's admission procedures is to ensure that they have an up to date list of all medications residents are on, and why they are taking them. They also ask when the resident last had their medication reviewed by their 'local pharmacist or GP'. In the care plan we looked at, this had been undertaken

Evidence:

whilst the person was a patient in hospital, prior to moving to the home.

Staff told us "the new system was much better then the old system" especially the "new MAR charts". They also told us that the management "have put a lot of work" into the new system to ensure it works right.

Medication was discussed during a recent staff meeting, where they were reminded 'not to do care jobs' while they 'are doing a drug round because it makes the round longer then it needs to be, and that staff can become distracted which could lead them to making a 'error' when giving out the medication.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff liaise with residents to ensure they are offered a choice of home-cooked meals, which meets their preferences. Residents are able to choose if they want to take part in organise social activities, which includes trips around the local area, and are supported to keep in contact with their family and friends.

Evidence:

Prior to a new resident moving into the home, staff gain an insight into their hobbies, interests, family involvement and network of friends, which is recorded in their care plan. The AQAA tells us that 'we offer a variety of activities which are open to all residents, e.g. board games, quizzes, card making, flower arranging and musical entertainment' and have a visiting shop, and library. They also have a visiting 'Christian support worker who takes short services in the home and who will liaise with churches of other denominations to arrange spiritual support, transport to church and in-house visits.' Where people living at the home choose not to join in with group activities, we are told 'staff are also visiting those residents who do not come out of their room and spend time with them chatting, reminiscing, manicures, crosswords etc'

When we asked residents if there was sufficient going on in the home to occupy their

Evidence:

day, they felt there was for them, as their family visited regularly, and they often went out together. The atmosphere after lunch in the lounge was relaxed, with residents chatting with each other, and staff.

In the minutes of the resident's meeting, under 'activities', it mentions that the residents are 'happy' with the activities going on. Comments made showed that some wanted 'a few more bingo sessions', where others were not so keen. A suggestion from 1 resident about having a 'pub lunch again', received a good response, which led to further discussions about which pub, if there is wheelchair access, and comments on the quality of food.

The AQAA tells us that the home has 'open visiting and encourages residents to see their visitors in their own rooms, and they always offer refreshments'. The minutes of the staff meeting shows that staff are being reminded to 'offer all visitors a drink'. Residents we spoke with confirmed that their visitors are always made to feel welcome, and they can join in with any functions going on in the home.

Holding regular resident's meetings, and keeping a record (minutes) of what is said enables the people living at the home to voice their opinions, promoting more control and choice over their lives. A good example of this is where residents at the March meeting were asked by staff if 'the care being provided is okay', and people were also asked if they 'were going to bed too early' as they had noticed some residents going up earlier lately. Feedback from residents included 'no', they 'were fine', and another resident who was 'happy' with the care but identified that sometimes they didn't always get their hands and face cleaned every time. There was further information on resident's individual preferences over their bedtime routines, including enjoying their 'night cap' and watching TV.

By staff being given guidance in the care plan on how the person likes to spend their day, also supports them in identifying that each resident likes to have/follow their own daily routines. This supports the comments written by the management in their AQAA 'we work hard to ensure that routines within the home are ultimately for the benefit of the residents and not the staff'.

In the dining room each table has a menu booklet, which sets out the lunch and teatime choices for each day over a 4-week period. Choices for lunch on the day we visited was 'Chicken Casserole served with seasonal vegetables, or a choice of salad served with a choice of boiled or jacket potatoes'. Followed by a choice of 2 desserts. For tea the menu stated 'beans on toast or ham, jam or cheese sandwiches, bread and butter, cakes, tea or coffee'. We asked resident who just finished eating what they thought of the meal and they replied "lovely". Another resident when asked if they felt

Evidence:

the Cooks were good at their job, replied "yes they are very good cooks - love them both". They went on to tell us that their favourite meals were "egg and chips" and the "roast on Sunday". Residents told us that they have their "breakfast in their bedroom". To encourage residents to take plenty of fluids during the day, besides being offered regular drinks, and having drinks assessable in their bedrooms, they have recently installed a 'cold and chilled water dispenser', in the sun lounge.

The Cook on duty referred to the meals provided as being "traditional home cooking - just like they would have at home". Residents are asked to "order the day before", which reflected the conversation we had with a resident who told us they had just ordered "fish and Chips" for lunch the next day. The Cook informed us that when they look at the menu choices, as they know the residents likes and dislikes so well, they will offer other alternatives to the day's menu, its completely "flexible". We asked if they had to work to a restricted budget, they felt they weren't, saying if there is something a resident wants we "can get it", and they aim to use as much fresh and local produce as possible. Other comments from residents about the meals provided included "I'm satisfied" and "find the food very good myself".

We asked staff if the residents were involved in producing the menus, and were told this was discussed during the resident's meeting. We looked at the minutes for the meeting held 2 days previous, which showed that 13 residents had attended. When asked about the catering at the home, residents had said that they were 'happy with the food and menus', with 2 of the residents saying they 'would prefer some more home made cakes, less Swiss rolls and occasional diabetic cakes'. There was also a discussion about the choice of salads, with 1 resident feeling there 'wasn't enough', and another saying they found there 'was plenty'.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents and their advocates can expect any concerns they have to be listened to, and acted on in an appropriate manner.

Evidence:

The home's complaint procedure is displayed on the wall near the front door, for people visiting the home to read, and informs people how to make a complaint, and the timescales they can expect the home to acknowledge (within 2 working days), and investigate (within 28 days) their complaint. It then goes on to say if the complainant is 'dissatisfied with the result the complaint will be referred to the National Care Standards Commission (NCSC)'. The Commission for Social Care Inspection superseded NCSC in 2004, therefore the home is not keeping their procedure updated to reflect the current regulatory body. Also, by saying 'the complaint will be referred to us, it indicates that we would investigate their complaint ourselves, which is not within our remit. However, the home would be right in saying that people can contact us to seek further advice on how their complaint has been handled.

Although the complaints procedure on display, contained some out of date information, we did find the copy enclosed in the Service Users Guide, had been updated to reflect the correct name of the regulatory body. We discussed with the management, taking into account that there would be further changes to the regulatory body, when it merges on the 1st of April 2009, and becomes the Care Quality Commission; it may be

Evidence:

best to wait until then, to change any of their required regulatory paper work (Statement of Purpose, Service Users Guide, Complaints procedure). In doing this it will ensure that people using and involved with the service are being given the most up to date information.

At the time of completing their AQAA, the home had made no referrals to the vulnerable adults safeguarding team, and had received 1 complaint (covering management, hygiene and training), which had been made anonymously to us. We forwarded the complaint to the home asking them to investigate using their own complaints procedure. They did this within the 28 days, and gave a detailed report of their findings and what action they had taken where they had upheld an area of the complaint. In their AQAA, the management felt that 'having the opportunity to investigate the issues raised and respond appropriately', that they had found this 'a positive learning experience'.

Feedback from the residents we spoke with, confirmed that they knew who to raise any concerns with "the Boss", and felt comfortable to do so.

Since completing their AQAA, the home has made 2 safeguarding referrals, following money going missing from 2 residents bedrooms. The police were involved, but did not find sufficient evidence to be able to identify who had taken the money. To reduce any risk of it happening again, further security measures have been put in place, and residents have been asked not to keep large amounts of money in their rooms, but use the safekeeping facilities. Whilst the thefts were being investigated, the management acted appropriately, in seeking the advice of the local Community Safety Officer and keeping us updated of the situation. They also ensured that the residents concerned were not out of pocket, by reimbursing them. There have been no further reports of money going missing.

The pre-admission contract shows, that staff advise prospective residents of the advocacy service they can contact, so they can gain further support and advice on moving into a care establishment. From the records we saw, 1 resident had taken up the offer, and had been contacted by the advocacy service.

The AQAA also tells us that 'a booklet about adult protection, covering types and definitions of abuse, is issued to all staff and used as part of their induction training'. Records we looked at, confirmed this was happening and staff were also receiving refresher training to keep their knowledge updated. Recruitment records also showed that the home does not start staff until they have validated their identity, and checked that they are allowed to work with vulnerable people.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home offers residents a well-maintained, clean, comfortable, homely safe environment that meets their range of mobility needs.

Evidence:

When we spoke to 2 residents, who did not know each other prior to sharing a bedroom, it was clear they were comfortable with the arrangement, and enjoyed each other's company. Discussions with staff identified that they handle situations, such a terminally ill resident who shares a bedroom (who is not their partner), during their final days, by offering the well resident another bedroom to use during this time, if they wish. This ensures the privacy and dignity of both parties. Shared rooms, which there are 3, all have a 'dividing' curtain, to ensure their privacy whilst undertaking personal care, dressing etc.

The AQAA also tells us that the 'home is clean and bright with no unpleasant odours'. This reflected our findings as we walked around the communal areas, and spent time talking to residents in their bedrooms. However, we did point out to staff that the way they were storing wet mops, did not allow for them to dry out, increasing the risk of bacteria growing on the strands. The owners took action straight away, by putting holders on the wall, which would allow the mops to dry naturally.

Evidence:

The minutes of the resident's meeting showed that residents 'all said that they were happy with the washing', with 1 person just commenting that some of their 'jumpers were coming back creased on the sleeves and could theses be ironed', which staff at the meeting said they would pass it on to the other staff.

Cleaning issues were also discussed during the March 2009 staff meeting, topics covered included 'Senior carer to check rooms are tidy for residents and visitors', and tea trolley 'needs checking and cleaning on a daily basis'. We asked staff if they were supplied with enough disposable gloves and aprons, liquid soap and paper towels, needed to ensure staff can follow safe infection control procedures, and was told "yes".

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff receive training to support them in meeting the individual needs of the residents they care for.

Evidence:

To ensure the home is following safe recruitment practise we looked at paperwork for 2 members of staff employed since we last inspected. The home had undertaken checks to validate the identity of the prospective members of staff, and that they are able to work with vulnerable people, prior to them starting work. The AQAA informs us that the home operates 'a thorough recruitment process' and 'all gaps in previous employment are now investigated'. However, we found their application forms, did not give a full employment history. Without this they would be unable to validate, where possible, the reason why they had left any previous jobs which involved working with vulnerable people. Where the staff had given details of previously working for care providers, the home had only undertaken confirmation of that employment, if the person had put their name down as a reference.

When we brought this to the management's attention, they contacted 1 of the 2 people concerned, as the second person no longer worked at the home. They then made arrangements for the member of staff to provide the home with all the missing information. They also said that they would put systems in place to check that they

Evidence:

have been given all the required information on the applicant's application form.

Information held on file showed that staff are given a job description so they are aware of what is expected of them in their role, and a contract setting out their terms and conditions of employment.

The AQAA informs us that 'all staff have a training folder which evidences that training begins from the start of employment'. We looked at these training files, and it showed that staff receive training during their induction to give them the skills and knowledge to be able to get them started in their role. As the AQAA states this includes moving and handling, health and safety, fire safety and protection of vulnerable adults. We were shown a diary, which holds details of all planned 're-fresher' training, to update staffs knowledge and skills, planned for the next few months.

The staff's training folder showed that out of the 13 carers listed, 9 already hold a National Vocational Qualification (NVQ) level 2 or equivalent, and 2 members of staff were working toward the qualification. In undertaking this course it supports staff in developing their skills and knowledge in caring for the residents.

Residents were asked at their meeting if staff were answering their 'buzzers promptly', both during the day and night. A resident said that they were 'very impressed that carers had come running' in response to another resident falling over. Many of the residents felt that they couldn't really comment about the nighttime 'as they hadn't needed to use it'. Answering of buzzers was also discussed at the staff meeting, where staff were reminded that it is 'the responsibility of ALL carers to check buzzers', and not to 'assume that someone else is getting it', as they would rather see all '3 carers' answer, then 'none at all'.

The AQAA informs us that their current staffing levels for the 22 residents are 1 senior carer and 2 care staff on between 7-2.30 pm, 1 senior carer and 1 carer from 2.15 to 9.30pm, 'supported by an additional member of staff from 3-8pm. At night they have 1 'awake night staff supported by 1 sleep-in staff from 9.15pm to 8am'. In addition there is a member of the management on duty during the day and 'share an on call rota for emergencies'. The AQAA shows that at the time of completing they had 3 residents who 'two or ore staff to help with their care' during the night'. We asked 2 members of staff if they felt the current staffing levels are sufficient. Their responses were "yes - just a matter of organising work routines to ensure carers are available when needed" and "it is adequate - 3 on is enough".

In addition to the care staff, there is also '3 Housekeepers working from 8-11.30am in the morning, and a Cook from 8.30 - 1.30pm.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents can expect the home to be managed by experience staff, who are committed to working in the best interests of the people using the service.

Evidence:

Bellstone Residential Care Ltd is a family owned and managed care home founded by the present owners in 1978. When we arrived we met the Company Director who has their own private accommodation on the second floor, and was helping out with some maintenance tasks. Residents told us that they have regular contact with the owners, who take an active interest in their welfare.

The anonymous complaint we received last year (see complaints and protection section of this report), informed us that the Registered Manager was not always at the home, as they had a second job. As we stated in our last inspection report we are 'aware that the manager works at a local hospital' to maintain their nursing registration'. The AQAA confirms that they are 'currently working 2 days a week' at the

Evidence:

hospital, and they also use this link, to access further training to support them in their role as manager.

When the manager is not on duty, their Deputy, who also holds the Registered Managers qualification, (to support them in having the skills to undertake a management role), is in-charge. Time spent with the Deputy Manager showed that they were up to date with all areas of running the home, and was able to provide us with any information as, and when required during the inspection. They made their own notes throughout the day, so they could give feedback to the manager.

Discussions with staff confirmed that there is the same consistent, supportive "don't get told off" they take time and "explain to us" style of management, regardless if it is the Manager or their Deputy on duty. Residents were also positive about the approachable management team and owners, and felt that their was a relaxed atmosphere. This reflected our findings during the inspection, with residents joking with staff, and people happy to speak to us and share their views.

The AQAA informs us that the staff, who work closely with the management team has asked for their 1 to 1 supervision, to be undertaken every 3 months, instead of the recommended 2, as they found they had nothing to say. This was due to the open door policy of the management team, who they could contact at any time, if they needed to discuss issues earlier. Staff we spoke with confirmed, "they get enough supervision". A record is kept of all the topics discussed during supervision on the member of staff's personal file. The staff notice board also held information-reminding staff when supervision will be taking place.

Where concerns have been raised about a new member of staff's practise, information held on file showed what action/support had been given to the member of staff, which included extending their temporary contract. This ensures no staff are given a permanent contract, until the home is confident they have the right skills and abilities they are looking for.

Although the home has left out their own quality assurance surveys for people to complete, they have not had a good response, which reflected our findings. However, minutes of meetings care reviews, and feedback from residents and staff during the day showed that there are systems in place to ensure their voices are heard.

The home has policies and procedures, which gives staff guidelines on safe ways of working, which the AQAA shows are being kept updated. The home is ensuring that any equipment used (such as hoists and fire alarm systems) are being serviced and kept in good working order. They have linked up with another care home, located close

Evidence:

by, where they could 'evacuate' residents to safety, if ever a serious incident such as a flood or fire happens at the home.

Although we found the shortfall in the recruitment records (see staffing section of this report), overall the standard of record keeping was good, and was being kept updated to ensure it reflected current practise. Staff are aware of their responsibilities in ensuring information held on residents is kept safely.

This includes resident's monies held for safekeeping by the home. The system in place ensures there is a record kept of any deposits or expenditure made by, or on behalf of a resident. We checked the totals of 2 resident's cash held against what the home said they were holding, and found them to be correct.

Are there any outstanding requirements from the last inspection?				
	Yes	☐	No	☑

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations

Helpline:

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Textphone: or
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

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