

Black Swan International Limited

Belamacanda

Inspection report

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Date of inspection visit:
03 July 2017

Date of publication:
26 September 2017

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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 inspection took place on 3 July 2017 and was unannounced.

Belamacanda provides accommodation and personal care for up to 22 people who may have physical or mental health needs. At the time of our inspection there were nineteen people living in the service.

At the last inspection, the service was rated good and at this inspection we found the service remains good.

There was a registered manager 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.

People received a safe service and were protected from the risk of harm. There were enough staff who had been safely recruited to help keep people safe and to meet their needs. Medicines management was good and people received their medicines as prescribed.

The service supported people to have as much choice and control over their lives in the least restrictive way possible.

People had a choice of balanced, healthy and nutritious meals and were able to eat their meal where and when they wanted. Nutritional assessments were in place which identified what food and drink people needed to keep them well and what they liked to eat.

People received support that was personalised to them and met their individual needs and wishes. They are encouraged to be as independent as possible. Additional support was provided respectfully. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner.

Care plans had been regularly reviewed to reflect people's changing needs and people were involved in the review process. People were encouraged and supported to participate in a range of activities to suit their individual interests. Complaints were dealt with appropriately in a timely way.

People were positive about the quality of the service. The registered manager and the staff team were committed to providing people with good quality person centred care that met their needs and preferences.

There were effective systems in place to monitor the quality of the service and to drive improvements.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Belamacanda

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 July 17 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with information we held about the service such as notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with nine people living at the service. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We spoke with the registered manager, the area manager and four other members of staff.

We looked at a range of records which included five people's care records, three staff recruitment files, training records and records in relation to the safe management of the service, such as audits and environmental checks.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating remains good.

People were protected from protected from abuse and told us that they felt the service was safe. One person said, "I feel safe here, I feel alright." Another person told us, "I trust these carers with my life, they do a good job." Staff we spoke with had a good understanding of safeguarding procedures and how to raise concerns if they needed to.

Risks to people's health and welfare were well managed and management plans were in place to minimise the risks to people's health, safety and welfare. Staff described how they kept people safe and gave examples of how risk was assessed according to people's individual needs and mental capacity. For example, the risks associated with the use of social media and one person's choice to pursue this activity.

People told us there were sufficient numbers of staff to meet people's needs. One person said, "[Staff] are always there if you need them." Staff also told us that there were enough of them to care for people safely. One member of staff said that they were, 'Never' short staffed. The service had a robust recruitment process in place where all of the appropriate checks had been carried out before staff started work. We saw that staff were attentive to people's needs and requests for assistance were responded to promptly.

Medicines were well managed. We found that the system was in good order with clear completed records and we saw that medicines were administered appropriately. We saw that people received their medicines at the required time and that staff didn't rush them. People were offered their medicines which had been prescribed to be taken 'as required' and able to make their own decisions about whether they wanted to take them. We heard a member of staff ask a person, "Do you need any paracetamol at the moment or are you alright." Staff had been trained and had their competence to administer medicines regularly assessed. People received their medicines as prescribed.

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support as they did at the previous inspection and the rating remains good.

Staff told us, and the records confirmed that they had regular supervision and appraisals. Staff said, and the records confirmed that they had received a range of training appropriate for their role which had been regularly updated. One staff member said, "[Management team] are really supportive. Any [training] you want to do, you can do."

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 if the provider was working within the principles of the Mental Capacity Act (2005) when supporting people to make decisions about their care, and found that they were.

Staff had been trained and understood the importance of gaining consent from people. Records identified people's capacity to make specific decisions and how they would demonstrate this. Staff told us about how they were able to understand people's choices and act on them. For example, one member of staff said, "[Person] has an accurate sign for yes and no so we offer choices on that basis".

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Staff had a good understanding of people's dietary needs and preferences and people could choose where to eat their meal and this choice was respected. One person told us, "The food's alright but I prefer sandwiches most of the time." We saw that this person was eating sandwiches for their lunch." Where people required support to eat, this was provided in a polite, kind and sensitive way,

Information reviewed during the inspection showed the involvement of health and social care professionals. Advice and guidance provided by external health and social care professionals were reflected in people's care records. This meant staff had the correct information available to work with professionals to ensure the individual needs of the people were met.. One person told us, "I see the district nurse on Mondays, Wednesdays and Fridays for my dressing."

Is the service caring?

Our findings

At this inspection we found that people were still cared for by kind, caring and compassionate staff and the rating remains good.

People were complimentary about the care provided by the staff team. One person told us, "The staff are lovely." Another person said, "I get help when I need it, they'll answer any of my questions."

The atmosphere within the service was welcoming, relaxed and calm and staff had developed positive and caring relationships with the people they supported. One person commented, "It's marvellous." People were happy and we saw that staff had a good rapport with the people they were supporting. One person told us about their keyworker and said, "I like [staff member], [they're] good to talk to." Staff provided people with a supportive and caring place to live.

People told us that staff knew them well. One person told us, "[Staff member] is really nice to me. [Staff member] knows what I like." Staff told us that care plans contained detailed information to enable them to provide support in line with people's wishes. They were given time to read these as the information changed and was updated regularly. This enabled staff to get to know people well.

People were encouraged to make choices and express their preferences. One person told us, "I've got everything I need in my room and I can choose how to spend my day." People were involved in decisions regarding their care and support. One person told us about the reviews of their care which also involved their family, "I find my reviews interesting. I get to talk about what I'd like to achieve." This ensured that those being supported were at the centre of any care and support that they received.

People's care plans provided good information about their preferences and described how they wanted staff to care for them. Staff promoted people's independence and encouraged and supported them to do as much as they could themselves.

People's privacy and dignity was promoted and respected. A member of staff told us, "We ensure that curtains are closed and doors shut where appropriate." They added, "We don't leave care plans out, we try and respect confidentiality."

Is the service responsive?

Our findings

At this inspection we found that people still received personalised, responsive care that met their individual needs and the rating remains good.

Care plans were personalised and sufficiently detailed to provide guidance to the staff team on the level of care and support each person needed. They described people's likes and dislikes and provided information about their background to help staff to care for people in a way that they preferred. A member of staff told us how the care plans were easy to use, "They are quick to flick through, I don't struggle to find the information I need."

Many people had lived at the service for several years and it was clear that staff knew people well and understood how to support them. However, there were some areas of the care plans where additional information would be useful to ensure that care was delivered consistently and in line with people's current support needs. For example, in relation to dietary needs and preferences.

Changes in people's support needs were quickly identified and action taken in response. For example, one person showed us how new grab rails had been fitted in response to their deteriorating physical condition. They told us, "I've only got to ask."

Staff knew the best way to communicate with people effectively and we observed staff communicating well with people by responding to signs and body language. One staff member gave an example, "We show [person] things and [they] can indicate a choice by touching them."

Staff adapted the support that they provided to ensure positive outcomes and that people's preferences were respected.

People were supported to participate in activities which were important to them. One person told us that they found there was always plenty to do. They told us, "The TV helps me relax. This morning we had music and movement. I like [dance class], that's tomorrow." A member of staff told us about the trips out and holidays they supported people with. They also told us about the activities available to people throughout the week and gave an example, "We set up a salon on a Friday. It's been a real hit. They got us foot spas and nail things. [People] love it."

People were observed occupying themselves with activities or being assisted by staff when additional support was needed. For example, one person was enjoying putting together a model aeroplane with a member of staff. We observed that there were a few people who did not appear to take part in any form of activity throughout the day. Although we were told by staff that these people did get involved in a number of activities this was not indicated by their records. We discussed with the management team the importance of recording how these people were being supported with their emotional and social needs to ensure these were being met by staff.

People and the staff team told us that the registered manager took any concerns seriously and resolved

matters quickly. There was a good complaints process in place and although people told us they didn't have any complaints they knew how to raise any concerns if they needed to. One person told us, "If I was worried I'd seek out [registered manager]." Another person said, "If I had a complaint I'd go round to the office."

Is the service well-led?

Our findings

At this inspection we found that the service still provided people with a well led good quality service and the rating remains good.

The registered manager promoted an open, positive person centred culture where relatives and staff felt that they could raise issues at any time. One member of staff told us how they enjoyed working at the service and said, "The culture is very supportive to you."

The management team had a clear vision and set of values which was, 'Every person matters and will be treated equally, compassionately and with the utmost respect.'

People and the staff team told us that they felt the service was well led. People told us they knew the registered manager and felt they were approachable. One person commented, "I trust [registered manager], I've known [them] for years."

Views and opinions on the service were encouraged through regular meetings and surveys. One person told us, "We are asked if there is anything we can improve about the service." Action was taken as a result of the feedback received. For example, people had commented that they were reluctant to use a particular bath as they found it uncomfortable. This bath had now been replaced.

There was a robust and effective quality monitoring system. A range of audits were carried out each month to check on all aspects of the operation of the service. Checks were also carried out to ensure people's care records remained up to date. Staffing levels were continually assessed and people and staff were asked their opinion on this so that their views were taken into account and staffing levels adjusted accordingly. As well as the audits carried out by the registered manager additional oversight was gained for the provider by senior management audits and reports.

People's personal records were stored securely when not in use but they were readily accessible to staff, when needed. The registered manager had access to up to date information. This was shared with staff to ensure that they had the knowledge to safeguard people, protect their well-being and provide them with a good quality service.