

Belong Limited

# Belong Macclesfield Care Village

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 8 and 10 January 2019.

Belong Macclesfield Care Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is referred to throughout the report as 'the village', as this is their preferred name. The report also references 'life plans' as this is how Belong described care plans.

The village has accommodation for up to 72 people. Accommodation is provided in six separate households over three floors. The households varied between 11 and 13 single occupancy bedrooms and each room has an en-suite bathroom. Central to each household is a kitchen, dining area and lounge. The care village has a bistro, internet café, hairdressing salon, gym and the 'Venue' which doubled as a cinema room and events facility. These facilities are available to people living in the community as well as living in the village. At the time of our inspection, 72 people were living in the village.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good, but one domain had improved to outstanding.

There were enough sufficiently qualified and trained staff to meet the needs of the people living in the village and they had been recruited safely. There were systems and processes in place which ensured that people who lived in the village were safeguarded from abuse and staff were aware of how to report any concerns. Risks to people were effectively recorded and subject to regular reviews and there were clear instructions for staff to try to minimise risks to people without unnecessary restrictions.

Staff received regular supervision and appraisals to support them in their roles. Staff were encouraged to develop and were supported to do so by the provider. Staff received training and opportunities to give them the skills and knowledge to meet the needs of the people.

People were supported to have maximum choice and control of their lives and staff enabled them in the least restrictive way possible; the policies and systems in the service supported this practice. However, we did find some recording issues in relation to this, which were resolved during our inspection. People had access to other health professionals and staff maintained very good relationships with other health professionals.

People and their relatives we spoke with were all extremely positive about the care they received and

approach of the staff within the village. We observed that staff knew people very well and respected their dignity. Staff promoted independence as far as possible and everyone spoke very positively about the staff and manager.

Staff were extremely proud to work for Belong and were clearly motivated and compassionate to provide an exceptionally caring service to the people living in each household. They were committed to finding ways of continually improving people's experience of living in the village and involving the community and relatives in fundraising to gain additional technology for the village.

People's life plans were person centred and contained details about the person, their history, preferences and how they wanted to be supported. These were regularly reviewed and contained any necessary advice from other professionals. There was a complaints procedure in place and people were clear who to speak to if they wanted to raise any issues.

People, their relatives and staff spoke positively about the management of the village and the approachability and responsiveness of the manager. The village had links with the local community.

The provider's quality assurance systems were effective at monitoring the safety and quality of the service and action was taken in a timely manner to address any issues found.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Outstanding ☆

The service had improved to outstanding and was exceptionally caring.

The management and staff demonstrated the Belong values and were committed to ensuring people were at the heart of everything they did. Kindness, caring, compassion and dignity were key values that ran throughout the day to day practice of the service.

Staff were motivated to fundraise when they saw the positive impact of specific technology. They dedicated their own time to fundraise and were successful in gaining additional equipment for the village.

Everybody living in the service was extremely positive about the staff in the village and they felt that they were kind and caring, respected their dignity and enabled them to choose how to live their life as independently as possible.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Belong Macclesfield Care Village

## **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 was 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 8 and 10 January 2019 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist nurse advisor and two expert by experiences on the first day of inspection and one adult social care inspector and a specialist nurse advisor on the second day of inspection. 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, we checked information that we held about the service and the service provider. We did not request a provider information return; therefore this information was gathered on the inspection. A provider information return is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We invited the local authority to provide us with any information they held about Belong Macclesfield. We used this information to help us plan our inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the village.

We spoke with a total of 18 people living there; seven visiting relatives and friends and 12 members of staff including the registered manager, two nurses, the chef, the practice development facilitator, the experience co-ordinator, the exercise instructor and five members of care staff. We spoke to three visiting professionals.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI) and undertook two SOFIs during the course of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the service as well as checking records. We looked at a total of eleven life plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

## Is the service safe?

### Our findings

People and their relatives told us that they felt safe living at Belong Macclesfield. Comments included, "They are very good at making me feel at home" and "I have been here since March. I think this is the best place other than being at home". Relatives told us, "My relative was having falls at home. Since coming to live here, they have had no more falls. This is a great relief to me".

Staff were deployed in sufficient numbers to provide safe, consistent care that met the needs of the people living in the village. The dependency of people within the village was monitored regularly and adjustments were made to staffing levels to ensure there were enough staff to meet people's needs. We received some negative comments around staffing in one particular household. We spoke with the registered manager in relation to this. They advised that this was currently under review as people's needs had changed in the household. We could see from the current rota that staffing patterns were being adjusted. The recruitment of staff remained safe and suitable checks were completed on staff prior to them starting in the village.

Risks were managed safely. There were clear and comprehensive plans in place where risks had been identified and what action staff needed to take to minimise the risk to people. These were reviewed on a regular basis.

Communication between staff was good and meetings took place regularly to highlight which people needed additional monitoring or which professionals were visiting the village that day.

Accident and incidents forms were completed when incidents occurred and were monitored by the registered manager. It was clearly documented what action had been taken when any patterns were identified. For instance, we saw someone had a number of falls from bed despite a sensor mat being in place. The registered manager sourced alternative sensor beams which alerted staff earlier to assist the person and the person's falls had reduced.

We observed medicines being dispensed and saw that practices for administering medicines were safe. Medicine administration records (MARs) showed people were getting their medicines when they needed them and at the times they were prescribed. All records and guidance in relation to medication was clear and medication was administered by staff who had received training and regular checks to ensure they remained competent. Regular medication audits were carried out and any actions identified, were followed up promptly.

The provider had safeguarding procedures in place and staff were clear about their responsibilities to report any concerns of abuse or poor practice. We saw concerns were appropriately reported to the local authority and in general these had been notified to the Care Quality Commission (CQC). Lessons learnt were shared with staff at regular meetings.

Equipment and maintenance checks were completed regularly to maintain safety and infection control in the village and staff had access to personal protective equipment. Staff received regular fire safety training

and drills to ensure they knew what action to take in the event of a fire and personal emergency evacuation plans were in place to assist emergency personnel to evacuate people from the village.



## Is the service effective?

### Our findings

All the people and their relatives we spoke with felt that their needs were met. Comments included, "Staff are very willing to spend time with residents" and "I have very specific food preferences, but they cater for me very well" and "Food is very good, excellent and better than cooking for myself". Relatives told us, "Staff work strongly as a team. There is good communication between them".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible. Documentation to support best interest decisions was sometimes generic rather than decision specific, particularly in relation to the use of bed rails. We discussed this with the registered manager and they reviewed everyone in the village and resolved this during our inspection.

New staff to the service completed an induction based on the nationally recognised Care Certificate. Staff received ongoing training, supervision and appraisals to support and develop their skills and knowledge. Several staff explained how they had been supported to continuously develop their skills and interests. This had allowed them to progress within the company to more senior roles. Staff had access to college courses at the local college to increase their qualifications and skills. The village also sought out opportunities to promote staff wellbeing as well as skills and they had been promoting a Public Health England initiative called, 'One You', to help staff concentrate on eating well and moving more and ways to reduce stress levels.

The village operated a 'food first' policy and worked closely with the local GP to minimise use of oral supplementary drinks and maintain or increase weight for people living in the village. The head chef had recently won a 'Great British Care Award' for their work in promoting this. Food was cooked within each household by the staff who supported the household. This meant that throughout the day, people living or visiting the household could smell the food cooking and could observe this being prepared which helped to stimulate people's appetites. Staff were supported by the chef with their cooking skills and specialist meals were prepared by the trained chef. Meals could be taken in the household or ordered from or taken in the bistro. The bistro was a café based on the ground floor of the village, and was open to member of the public. People who needed assistance were supported in a patient and unhurried manner.

People were supported with their health needs. Visits and advice from other health professionals were recorded on the care files and appropriate action taken.

The village had been designed to assist people living with dementia and have a 'village' feel. There was clear

signage throughout the village. People could visit other households, the bistro, the gym or the 'Venue' where many of the organised activities took place. Outdoor areas had raised beds, so people could access these without bending, to grow flowers and vegetables.

## Is the service caring?

### Our findings

We asked people who lived in the village and their visitors, about the village and the staff who worked there. Everyone was very positive about staff. People told us, "Care here is very good. Staff are very good", "It feels like I am as near to being like at home as possible. I am not planning on going anywhere" and "If I go to them, they really do help me, and I am very happy living here".

Visiting relatives told us, "The caring attitude of the staff reassures me that they are in good hands", "Staff are very thoughtful, considerate. Nothing is too much. They are doing it very well" and "The team leads have rung me at home when necessary. My relative was unwell last week and they arranged for them to go into hospital. The staff member's account of my relative which they passed on to the hospital's doctors was thorough and impressive. The care staff's concern was evident when my relative was not well".

The care village was made up of six households and the ethos of the service was that the care came to the person whatever their needs. The registered manager explained that when they assessed the person prior to coming to live in the village, they matched the person with the household based on what they wanted, their hobbies and their personality rather than on their care needs. They explained that each household had its own individual feel and by matching people this way, it encouraged people to socialise and build friendships with people within the household. It also meant that if a person was admitted with residential needs and they progressed to require nursing care, the person would not be moved in order to receive the care they required. The nurse would visit them in the household and oversee their continued nursing needs in the same setting where they were familiar. We saw that this had occurred recently with a few people in the village and whilst their needs had changed, they could remain in the household until the end of their life, if this was their wish.

The care provided centred on what people wanted and how they would like it to be provided as well as at a pace appropriate to their needs. Several people had taken part in 'experience days' prior to moving into the village. This was also done where there were no available beds, but allowed someone to become familiar with the village until such a time that they wished to move in. When people moved into the village, they were matched with a staff member who, where possible, shared similar interests. This person was their named 'companion' and helped them to settle into the household. They would also complete the life plan with the person and their family.

One person and their relative felt supported through this journey. The relative commented, "Bringing my relative here was the best decision I have made. I was having a very difficult time at home. Since they have been here, they have calmed down a lot". The person was supported by a staff member to take part in experience days following a number of home visits and the relative was introduced to a support group for relatives of people living with dementia. When the time was appropriate for the person to move into the village, staff visited the person and their relative and arranged emergency respite stay. The staff member continued to visit the person whilst they stayed in the village until such a time that they were familiar and comfortable with the other staff on the household.

Relatives were provided with reassurance and confidence that their relative's care needs were being met, as the electronic care records were accessible to people living at the care village and any family members who had lasting power of attorney. This meant that relatives could have an insight into the care that was being provided at anytime from anywhere.

The Belong Limited values were embedded in the service and evident in the relationships we observed and the discussions that we held with staff members. Staff understood that the people living in the village were at the heart of all that they did. They were proud to work for Belong and were keen to speak about the people living in the village and the activities that they did in each household to promote people's wellbeing. Staff commented that, "This is people's home", "There are no set rules to delivering care" and "There is no limit to getting what people want". It was the small attention to detail that people commented on. For instance one person nominated a staff member for a high five. They said, "[Name] is intuitive with their care. They always know what I need before I do. I think they are a 'star'. It's the little things that count". Staff engaged relatives of someone in another household to decorate the corridor near their room, with personal effects including personal items from their wedding. This made this area of the household special to the person and integrate and involved the family in the household.

We saw in one household that there was an 'interactive train'. This consisted of a train carriage where people could sit and watch a journey on an interactive wall feature. This type of feature has been shown to have a calming effect on people living with dementia who may display feelings of anxiety and frustration.

We noted that staff had seen the benefits of this piece of equipment and had completed research into what other similar equipment was available. They found that there was a screen available which acted as an interactive 'window'. This piece of equipment was more portable so could be used for people who were supported in bed. Staff had fundraised for this piece of equipment and involved family members and the local community. They were successful in raising the full amount to purchase this equipment. Staff reported that the window was in regular use and people enjoyed using this. The window had been effective in reducing feelings of anxiety and frustration in several people living in the village.

The staff team were dedicated and enthusiastic and all spoke with pride about working in the village. They felt led and supported by a consistent management team. The village had introduced 'high fives'. This was a recognition scheme when staff were acknowledged by residents, relatives and other staff or professionals for going the extra mile. The comments in relation to these were displayed within the reception area of the village. The chef was nominated by another staff member for 'going the extra mile proving a number of menu choices and supporting us' with someone with a number of dietary needs. Staff felt supported and better equipped to support and give this person choice after the chef's input. Another staff member was nominated for 'making our balcony look amazing and turning it into a place our residents enjoy spending time'. A relative thanked staff for 'giving my relative great care' when they went to hospital; remaining with their relative throughout their stay. One person said, "Thank you to the staff for putting on a musical evening. I had such fun". We also saw a high number of compliments which had been submitted to the village about the caring approach and attitude of staff working in the village. One person said, "Thank you for working in such a kind and compassionate way with our relative and our endless questions".

Throughout the inspection, we observed positive interactions between staff and the people living in the village. We spoke to staff about people's likes and dislikes as well as their history. We saw one person who appeared to become unsettled. The staff member walked with them then suggested watching television. They found a television programme that was linked to their previous profession. They sat with the person for a while and chatted about the television programme; the person settled and was then content to watch the television. People told us that they were treated as though they mattered by the staff supporting them. One

person said, "They seem happy working here. It's a job, but it is more than a job! That's what comes across to me".

We spoke with two visiting professionals. They commented on the caring attitude and professionalism of the staff. One said, "The staff often go above and beyond routine care for our patients. The care and communication is exemplary and we have a fantastic working relationship with the village". They cited the example of the chef providing extra support to households and focusing on food to increase weights and reduce reliance on food supplements. Another professional commented, "We deal with a lot of care homes and I would say this is the best one we deal with. The staff demonstrate a considerable amount of dignity and respect. People are always well looked after, standards never drop".

People felt that their independence was promoted, and they were treated at all times with dignity and respect. Comments included, "Staff treat me with respect at all times. They have come to know me well, what I like and what I don't like. I don't think there is anything that I don't like that I want to change" and "All the staff are very pleasant. They would let me do what I can and help me where necessary". We saw that life plans were written to include what people could do independently and how to promote this and where people needed support. One person was self-medicating and their life plan highlighted how important this was to the person. They had recently been ill and were currently receiving support to take their medication. Records showed that staff reviewed this on a daily basis to support the person to try to regain this independence.

People's dignity and privacy were respected; for instance, we saw staff knock on people's doors before entering and always used their preferred name. This was also recorded on the life plan. Care files recorded whether people preferred male or female staff.

The registered provider assessed all areas of care in order to promote equality and diversity and established how people could be appropriately supported. For instance, people were asked about their religious needs or their preferences in terms of the gender of carers who supported them. There was a policy for promoting equality and diversity within the service. Protected characteristics (characteristics which are protected from discrimination) were considered at the initial assessment stage and included age, religion, gender and medical conditions/disabilities. They were regularly reviewed.

People had access to advocacy services and there was information about this displayed in the foyer of the village. For people who had no family or friends to speak on their behalf, an advocate could support them to express their views.

People's personal information was kept securely on the electronic system and in paper files which were kept securely on each household.

## Is the service responsive?

### Our findings

People told us that they had choice in relation to daily living activities. Comments included, "Generally I feel very well catered for as an individual person with likes and dislikes" and "I go to activities in the 'Venue' room. I do quizzes, domino, tenpin bowling, singing and reminiscence". Relatives told us, "I think it is really very good here, very different from some other care homes I visited".

Since our last inspection, the village had introduced a new electronic care system called Person Centred Software (PCS). This meant risk assessments and life plans were stored electronically. Records were updated on handheld mobile devices which staff reported made their recording more accurate. We saw that records were detailed, person centred and informative. Records were regularly reviewed and updated. We saw that additional monitoring took place and the electronic records prompted for this information if this had not been inputted for instance where someone needed pressure care or were at risk of malnutrition or dehydration. We did see on a couple of records where more specific detail was needed in relation to someone's care. We raised this with the registered manager to address.

Relatives felt involved in their family member's care and commented that they were involved in reviews as well as any meetings that were held about their family member.

The village operated a wide range of activities for people living in the village as well as experience days for people living outside the village. The experience days meant that people in and outside the village could interact bringing different experiences for both groups. There was a full-time experience co-ordinator who met with people to understand their interests and gained regular feedback from people on how popular activities were. A bi-monthly newsletter detailed what activities were coming up in the village. Activities ranged from singing sessions, art therapy to church services, puzzles and reminiscence. Staff in the households also conducted one to one activities or events. For instance, in one household a volunteer came in and started a singing session. This had been so popular that it was now held three times a week and people from other households could join in.

People had access to the village gym. This had brought social as well as physical benefits to people, for example, one person at risk of social isolation liked to use the gym whereas they would not join in other organised activities. For other people, this enabled them to gain or maintain fitness or physical strength. The equipment was accessible and hosted 'silver fit' programmes. 'Silver fit' is a computer system which consists of electronic games that promote exercises and cognition based on older people's interests, for instant walking up a hill or gardening. People are focused on the game which promotes movement and they are monitored and scored. Their scores could then be tracked to see whether progress has been made.

People's end of life wishes were clearly recorded. The village was accredited to the Gold Standard Framework (GSF). GSF is a systemic, evidence-based approach to optimising care for people approaching the end of life. The village also had links to the local hospice and the village had taken part in the Care Home Project with the 'Cheshire East End of Life Partnership', to raise staff awareness and look at good practice around end of life care. The 'Autumn suite' was available to family members who wished to stay near their

loved ones at the end of their life. Belong Limited had also produced leaflets for family members on what to expect when their family member reached the end of their life. They also had a check list and useful contacts that people could use to help them deal with practicalities at the end of their relative's life.

The service had a complaints policy and people were confident their concerns would be dealt with. We saw the complaints received had been recorded and responded to within the provider's guidelines.

Accessible Information Standard (AIS) had been considered as care files recorded people's individual communication needs and how staff could meet these needs. AIS is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly-funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us that documents could be produced in different formats as required, however this had not been needed by anyone at present.

## Is the service well-led?

### Our findings

There was a registered manager in place at the time of our inspection and everyone was positive about the manager and how the village was run. Comments included, "[Name] is the manager, they are approachable. They are in pretty often" and "Very good, very approachable".

Staff felt recognised and supported to progress within the organisation with several staff telling us how they had been able to follow their interests and had been supported to move into different roles within the village and seek promotion. The head chef had won the UK National Care Award for Care Home Chef at the Great British Care Awards National Finals 2018. One staff member commented, "I absolutely love my job. I have lots of flexibility and can bring in new initiatives and be creative".

Regular spot checks were completed at different times by the registered manager to ensure that there were no issues. They also completed regular 'walk arounds' the village to check that standards of care were maintained. We saw that regular meetings were held including management team meetings, clinical governance meetings, household meetings, lead and senior meetings along with daily meetings to ensure that communication in the village was maintained and staff could any concerns or issues.

We saw that residents' and relatives' meetings were taking place on each household regularly and people had chance to voice their concerns about any issues. An annual survey was completed, and we saw the last survey completed in 2018 showed that 100% of people living in the village felt that they were involved in the Belong village community, felt staff were kind, caring and respectful and that Belong was a safe and comfortable place to be.

The village had links to the local community. The village welcomed a few volunteers from the local community and schools who took part in coffee mornings or general activities within each household. The village's ethos was to welcome everyone into the village and make their experience a positive one. The village also offered its facilities to groups in the local community to host events in the village. For instance, the local authority had recently hosted a coffee morning in the village.

The provider had comprehensive quality assurance systems in place. We saw that regular audits were taking place in areas such as life plans, medication and the environment. The village received regular visits from the provider's quality assurance team. We saw where areas of improvement had been identified, action had been taken to address these.

Providers are required to notify the CQC of events or changes that affect a service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We saw the provider was in general appropriately notifying CQC of incidents within the village. We discussed with the manager a couple of instances when this had not happened.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all the people who use their services. We saw this was appropriately



displayed within the village and on the provider's website.