

Belong Limited

Belong Newcastle-under-Lyme

Inspection report

65 Lower Street
Newcastle-under-Lyme
ST5 2RS

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23 May 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service:

Belong Newcastle-under-Lyme is a purpose-built care village located within the town of Newcastle-under-Lyme. There are six separate households, each able to accommodate 12 people who require differing levels of care, support and treatment. At the time of the inspection there were 38 people living at the service who were receiving personal care and nursing across four households.

People's experience of using this service:

Improvements were needed to ensure people's records consistently contained detailed information for staff to follow. We made a recommendation for the provider to implement a suitable system to ensure time specific medicines were consistently administered in line with guidance.

People were supported by safely recruited staff who had the skills and knowledge to provide safe and effective support. People were supported by staff that understood their responsibilities to safeguard people from the risk of harm. There were systems in place to ensure lessons were learnt when things went wrong.

Effective care planning was in place which guided staff to provide support that met people's diverse needs and in line with their preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by caring and compassionate staff that supported people with patience. People's choices were respected in line with their individual communication needs to promote informed decision making. People's right to privacy was upheld and their independence was promoted. People's independence was encouraged, which was in line with the provider's visions and values.

People had the opportunity to be involved in interests and hobbies and had opportunities to access the wider community. Complaints were listened to and improvements were made as a result of feedback. People's end of life wishes were gained and staff ensured people were comfortable and relaxed at this time of their lives.

There was an open culture within the service where feedback was gained from people, relatives and staff, which was used to make improvements to people's care. There were systems in place to monitor the service and mitigate risks to people. The provider had a clear vision for the future of the service, which was followed in practice by the registered manager and staff.

Rating at last inspection:

This was the first ratings inspection.

Why we inspected:

This was a planned inspection to assess whether the provider was meeting the required standards and to provide a rating.

Follow up:

We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Belong Newcastle-under-Lyme

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an assistant 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.

Service and service type:

Belong Newcastle-under-Lyme is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Belong Newcastle-under-Lyme accommodates up to 74 people across six separate households, each of which has separate adapted facilities. The open plan households are within a community village and designed to encourage and promote an inclusive community and independence, with high levels of visibility offering reassurance for staff and residents.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information and other information we held about the service to formulate our planning tool. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with eight people who used the service and six relatives. We observed care and support in communal areas to assess how people were supported by staff.

We spoke with five support workers, an experience co-ordinator, practice development facilitator, the registered manager and the general manager. We also spoke with a visiting professional to gain their views of the service.

We viewed six people's care records to confirm what we had observed, and what staff had told us. We looked at how medicines were stored, administered and recorded. We also looked at documents that showed how the home was managed and monitored which included training and induction records for staff employed at the service

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe.

Assessing risk, safety monitoring and management

- People told us they felt safe when staff supported them. One person said, "I feel safe in here and the staff are very good with me. I need a pressure cushion and staff always make sure I have this, so I am comfortable."
- People's risks were managed because staff knew people well and explained how they ensured people's risks were lowered. We observed staff supporting people to lower their assessed risks.
- However, improvements were needed to ensure all records contained enough information about people's risks. For example; one person regularly used the service for short respite stays. We spoke with this person who told us staff supported them safely and knew how to keep them safe. Although they were supported safely, their care plan did not contain detailed information about their risks and how they needed to be supported by staff. This meant there was a risk of them not receiving consistently safe care.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "The staff are very efficient, and I always get my medicine when I need it." Although people told us they received their medicines at the time they needed them, the records showed that time specific medicines were not consistently administered at the required times.

We recommend there is a suitable system in place to ensure time specific medicines are consistently administered in line with guidance.

- People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered. Staff were trained to ensure they administered medicines safely.
- Guidance was available to ensure people received their 'as required' medicines as prescribed. Staff had a good understanding of when people needed these medicines and the records showed people received them as prescribed.

Staffing levels

- People who lived at the service told us there were enough staff available to meet their needs. One person said, "There are always staff to help me and if I press my buzzer they come quickly." Another person said, "There is enough staff to help me and if I want to go out or have an appointment there are enough staff to take me."
- On the day of the inspection we saw there were enough staff available who were deployed effectively which ensured people received support when they needed it.
- The provider had a staffing tool in place to ensure there were enough staff available to provide support to

people. Changes had been made to staffing levels where people required one to one support to keep them safe and manage their risks.

- Safe recruitment practices were followed to ensure people were supported by suitable staff.

Systems and processes

- People were protected from the risk of abuse because staff understood the procedures in place to recognise and report suspected abuse.
- The registered manager had reported suspected abuse to the local safeguarding authority where required. Investigations had been undertaken to ensure people were protected from the risk of harm.

Preventing and controlling infection

- People and their relatives told us the service was always well maintained and clean.
- People told us staff wore gloves and aprons when they provided personal care which demonstrated that systems were in place to ensure the risk of cross infection was minimised.
- We saw that all areas of the households and equipment were clean and housekeeping staff had cleaning schedules to follow to ensure this was maintained.
- There were systems in place to check that infection control risks were lowered and to ensure staff were following procedures to prevent and control infection.

Learning lessons when things go wrong

- Incidents and accidents that had occurred at the service were recorded.
- There was a system in place to analyse incidents/accidents to ensure appropriate action had been taken to lower further occurrences. For example; one person had been referred to the G.P for a medicine review and to the physio to provide support and equipment for the persons mobility.
- Staff were informed of changes to people's support through handover at each shift and staff meetings, which ensured lessons were learnt when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed the food on offer and we observed people's experience was positive at mealtimes. One person said, "The food is very good, if I don't like anything on offer I only have to ask for something different and the staff are very accommodating."
- People's nutritional needs were monitored and managed. We saw food was prepared in a way that met people's individually assessed needs and staff encouraged people where needed.
- Advice was gained from professionals such as the Speech and Language Therapist Team (SALT) to ensure people's nutritional risks were managed. We saw staff followed the advice provided.

Supporting people to live healthier lives, access healthcare services

- People were supported to access healthcare professionals. One person said, "I can see a doctor if I need to, the staff monitor how I am feeling and ask all the time." A relative said, "The optician came in last week and my relative is having a new pair of specs, the doctor comes to do bloods and that's good isn't it?"
- Advice provided by healthcare professionals such as G. P's, nurses, dieticians and physiotherapists was followed by staff. This ensured people were supported to maintain their health and wellbeing.

Staff support, induction, training, skills and experience

- People and relatives told us they felt staff had the skills needed to support them. One person said, "The staff know what they are doing." A relative said, "The staff support my relative to move using equipment and they know what they are doing. It all appears safe to me and staff tell my relative what they are doing too."
- Staff told us they had received an induction and training at the service before providing support to people. One member of staff said, "The training that is made available is very good. There is always something new to learn and I found the dementia training very good as it helped me to understand people."
- There was an ongoing programme of training in place. Staff were encouraged to increase their skills and knowledge and undertake training that would help their future progression within the service. The practice development manager told us this helped to retain staff because staff felt invested in by the provider.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. Support plans had been developed with people and their relatives which ensured their preferences and needs were met in all areas of their support.
- Records showed that where people's diverse needs had been identified such as religion and sexual orientation. The requirements of the Equality Act 2010 had been followed. Staff and the registered manager understood the importance of anti-discriminatory practice and embraced equality and diversity within the service.

Ensuring consent to care and treatment in line with law and guidance

- People were encouraged to make decisions about their care. One person said, "I am quite independent and staff always ask if I need help" Another person said, "I make choices and staff listen to me. I feel my decisions are respected".
- 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).
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that the service was following the requirements of the MCA including DoLS and staff had a good understanding of their responsibilities under the MCA.

Staff providing consistent, effective, timely care

- Staff attended a handover meeting at the beginning and end of each shift. The handover system was electronic, and all staff could access this through hand held devices to provide updates they wished to be discussed.
- This ensured any immediate changes in people's needs during the shift were highlighted and showed the action taken to ensure people maintained their health and wellbeing.

Adapting service, design, decoration to meet people's needs

- The layout of the service enabled people to move around freely. People had access to communal rooms where they could socialise and private rooms when they wished to spend time in their own company. People's rooms were personalised to their own taste which ensured people felt at home.
- The service had been adapted to ensure people remained safe. Equipment such as a bath seats and toilet seats with grab rails were in place to ensure people were safe whilst promoting their independence within the service.
- Assistive technology was utilised to promote people's safety and independence. For example; people's individual needs were assessed and where appropriate bed sensors were in place to alert staff when a person got up from bed. There were also light sensors under people's mattresses so their bedroom and toilet lights switched on to aid them when accessing the toilet independently during the night.
- The households had been designed using dementia care principles. For example; the layout was an open plan style and there was a central kitchen within the household where meals were prepared.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff treated them in a caring way and they felt valued. One person said, "The staff are very kind toward me. They are excellent." Another person was able to communicate with us using facial expressions and hand gestures, and they were very happy with the support from staff.
- Relatives were reassured that their relatives were treated in a caring way. One relative said, "They [staff] are brilliant and spend time with my relative who is happy." Another relative said, "The staff are very tuned in to my relative's needs. They have improved so much since they have lived here. My relative has their smile and 'chuckle' back."
- We observed caring interactions between people and staff. Staff showed patience when supporting people and ensured people were comfortable throughout the day.
- People were supported to maintain relationships with their families and friends. People and relatives told us there were no restrictions on visiting times and staff made them feel welcome.

Supporting people to express their views and be involved in making decisions about their care

- People told us they could make choices in how they preferred their care to be delivered and they had been involved in their plans of care. One person said, "I have complete choice in what I do."
- People had access to advocacy services if they required support from an independent source.
- Staff understood people's individual methods of communication and support plans were in place to give staff guidance on the most effective way of communicating to help people express their views.
- Information was available in a format that people understood. Pictorial aids and communication boards were available which helped people to understand decisions and choices. This gave people control over their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted independence. One person said, "The staff are respectful towards me." A relative said, "The staff are always respectful, they are genuinely caring in every way."
- We saw staff spoke with people in a polite and caring way and showed patience when people asked them for support. People chose when they wanted time alone, which was respected by staff.
- People's independence was encouraged and promoted. For example; one person's goal was to move back to their home. Staff had worked with this person to increase their strength and mobility in line with their goal. This included physiotherapy, strength and muscle building in the Belong Village Gym. This person's independence and mobility had increased, and they told us they were excited to be moving back to their home. This meant this person had achieved their goal to be independent because of the support they received.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The ethos of the service was that each household promoted a family environment and feel for people so a 'home from home'.
- There were opportunities for people to play board games and one person had a doll which they found comforting. Some people were watching television and others had chosen to stay in their rooms.
- A 'Starts with us' meeting was held each morning with a member of staff from each household and managers to discuss the opportunities available to people throughout the day, so that staff could support people to access the events within the Belong Community Village.
- People told us they had opportunities to access activities within the extended Belong Village. One person accessed the gym regularly, another person enjoyed the baking sessions on offer and another person told us they enjoyed the exercise sessions. The activities were available to people in the wider community of Newcastle, which promoted inclusiveness within the community.
- Staff chatted with people throughout the day and told us they were led by people's wishes and preferences as some people did not want to access the activities on offer.
- People and their relatives told us they were involved in the planning and reviewing of their care. Care plans were electronic and there was a 'relatives gateway' to ensure important information was available to relatives. This ensured people and their relatives were involved and kept informed of the care provided.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint if they needed to. One person said, "I would speak with the manager, they are very approachable. I haven't had any issues though."
- We viewed complaints that had been received at the service. Investigations had been carried out and a full written response had been provided to the complainant in line with the provider's policies.

End of life care and support

- People had been involved in discussions about their care at the end of their life, this ensured that people were supported in line with their wishes.
- Staff told us they had supported people at the end of their lives with the use of sensory stimulation, oils, hand massages and calming music. They said, "It was so nice for the person because we created a peaceful and calming environment for the person."
- A staff member told us that the provider had arranged for a bereavement counselling session for staff to help them deal with end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Weekly audits were completed by the lead senior on each household which looked at four weekly reviews, care charts and fluids charts. An action plan had been completed where issues have been identified.
- The registered manager completed a range of monthly audits to monitor the quality of the service. Action plans were attached which showed any improvements needed and the timescales for completion.
- There was a clinical governance overview, which looked at any trends or whether training and development would help improve staffs' skills. This was collated and discussed in leads meetings and management team meetings.
- The registered manager attended support manager meetings with all managers from the providers other locations. This was an opportunity to share practice and updates with the organisation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt able to approach the registered manager. One person said, "I know the manager well. They have always been lovely, and I feel able to approach them if I needed to". Another person said, "The manager always pops by to say hello, they are easy to talk to."
- Feedback was gained from people, relatives and staff through questionnaires and meetings. The information received was used to make improvements to the service people received.
- Staff spoke positively about the registered manager. Staff told us they were approachable and supportive. One staff member said, "[Registered manager's name] has been very supportive and has an open-door policy. They have helped me a lot." Another staff member said, "I can approach any of the managers, they are all very approachable and listen if I have any issues."
- Supervisions and staff meetings were held. Staff told us this gave them the opportunity to discuss any concerns or suggestions. The manager listened to suggestions made and acted on them to make improvements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager understood their responsibilities of their registration with us (CQC) and notifications such as deaths and safeguarding had been submitted to us as required by law.
- There was a clear culture of openness and learning from mistakes within the service, which was confirmed by the discussions we had with staff and the registered manager.
- Staff felt supported and understood the vision and values of the service. These were followed in practice

and were promoted by the management team, who were passionate about improving the quality of the service people received.

- The ethos of the service was to ensure people received person centred and individualised care within small family households, whilst having access to the wider community.

Continuous learning and improving care

- People received effective support because staff were supported to continually develop their skills and knowledge. One staff member said, "Belong want you to progress and develop, the training has been some of the best I've had."
- The service had received an award for supporting social care apprenticeships and staff had been involved in a national frailty academy course to develop their understanding.
- The registered manager and general manager had a clear vision and were working towards being accredited with gold standard frameworks to continually improve the care people received.

Working in partnership with others

- The registered manager worked with other professionals, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.
- There were excellent links with the local college to promote care provision and apprenticeships within the adult social care sector.