

Mr & Mrs S Logathas

Bellsgrove Care Home

Inspection report

250 Cobham Road
Fetcham
Leatherhead
Surrey
KT22 9JF

Tel: 01372379596

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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

About the service

Bellsgrove is a care home providing personal care to up to 15 older people. At the time of our inspection there were 12 people living at the service. Accommodation is provided over two floors which are accessible using a lift.

People's experience of using this service and what we found

People and their relatives described Bellsgrove as homely and a nice place to live. People were supported by staff who treated them with kindness and knew their needs and preferences well. People's dignity, privacy and independence were maintained. People were offered choices and were involved in decisions about their care.

The registered manager provided strong leadership and was visible within the service. Quality assurance systems helped to identify and shortfalls in people's care and prompt action was taken to respond to any concerns identified. There was a commitment to looking to improve the service and support and advice from other professionals was welcomed.

People lived in a safe environment and staff understood their responsibilities in managing risks to people's safety and welfare. Sufficient staff were deployed and safeguarding procedures were in place. People received their medicines in line with their prescriptions.

Staff felt supported and valued in their roles and received regular training and supervision. People had access to healthcare professionals and the staff team worked together to promote positive outcomes for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Activities were available to people which were relevant to their interests and people had the opportunity to go out in the local area. People's care was personalised and care plans reflected people's preferences. People's individual communication needs were known to staff.

Rating at last inspection

The last rating for this service was requires improvement (published 9 December 2018). One breach of regulations was identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Bellsgrove Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Bellsgrove 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.

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

This inspection was unannounced.

What we did before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This 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 used all of this information to plan our inspection.

During the inspection-

We spoke with three people who lived at the service and one relative. We observed the care and support

provided to people. We also spoke with the provider, registered manager and three staff members. We reviewed a range of documents about people's care and how the home was managed. We looked at three care plans, two staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

After the inspection

The registered manager sent additional information and updates relating to quality audits, recruitment information and staff training. We spoke with a healthcare professional involved in supporting the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable and relaxed in the company of staff. A relative told us they felt the service provided was safe, "I've never come in and had any concerns."
- Staff understood the potential signs of abuse and how to raise any concerns they might have. One staff member told us, "I've had training in safeguarding. I'd speak to the manager straight away. Then the number for surrey county council is in the office (to report to the safeguarding team)."
- Systems in place to safeguard people from abuse and any concerns had been appropriately reported to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were identified and managed safely. Risk assessments were completed and monitored in areas including mobility, skin integrity and nutrition. In addition, risk management plans were in place for specific risks such as sleeping, behaviours and the use of bedrails.
- Guidance on how to minimise risks to people's safety was contained within risk assessments and staff were observed to follow this. One person had been assessed as being at high risk of developing pressure sores. Pressure relieving equipment was in place, staff encouraged them to drink regularly, creams were applied as required and the person was regularly supported to reposition themselves.
- People lived in a safe environment. Regular health and safety checks were completed and equipment was serviced at recommended intervals. Fire checks and risk assessments were in place and advice sought from the Fire and Rescue Service as required.
- People would continue to receive their care in the event of an emergency. A contingency plan had been developed and staff were aware of the action to take should there be a loss of services, severe staffing issues or if the building could not be used.

Staffing and recruitment

- Sufficient staff were deployed to meet people's needs safely. One person told us, "The staff are very good. They've got time for you and if they say they will be back in a minute they always are." One relative said, "There's enough staff. Call bells are answered very quickly."
- There was an established staff team employed at Bellsgrove. Staff told us they felt there were sufficient staff on each shift which meant they did not have to rush people's care. One staff member told us, "Its friendly to work here, there's plenty of staff."
- Staff files contained appropriate recruitment checks such as an application form, references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Using medicines safely

- Safe medicines management processes were in place. Medicines were securely stored and records people received their medicines in line with their prescriptions. Records of medicines administration contained the detail required and stock checks evidenced these were correct.
- We observed staff followed best practice when administering medicines. Staff told us they had received training in this area and their competency was regularly checked. Records confirmed this was the case. One staff member said, "I give medicines so they check my practice from time to time to make sure I'm safe."
- Where people were prescribed as and when required medicines (PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- Safe infection control procedures were followed to minimise the risks to people and staff. The service was cleaned to a good standard. Staff were aware of which equipment to use when cleaning different areas.
- Staff received training in infection control and had access to gloves and aprons. One staff member told us, "I've had infection control training. I always wear aprons and gloves; they are never out of stock. I always see other staff wearing them too". A relative confirmed this was the case, "I see staff wearing aprons and gloves for everything they need to."
- The registered manager completed infection control audits to ensure safe practices were followed. These included checks on staff handwashing, the use of gloves and aprons and the disposal of clinical waste.

Learning lessons when things go wrong

- Accidents and incidents were reported and reviewed. Where action was taken where required to minimise the risk of reoccurrence. One person had sustained bruising when their leg had fallen to the side of the bed. Following assessment, bedrails were fitted to keep the person safe. Where people had experienced falls, referrals were made to the GP, falls team and the occupation therapy team. This ensured people's health, medicines and any equipment required was checked to reduce the risk of further falls.
- The registered manager monitored accidents and incidents each month. This meant that any trends could be identified and changes made to people's care or routines if required. Through this monitoring it was recognised that there were more falls happening at night. Additional sensor mats were put in place and additional checks completed by staff. These actions had resulted in a reduction of the number of falls people were experiencing.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into Bellsgrove to ensure they could be met. Assessment information had been updated by the registered manager and used as the basis of people's care plans.
- Best practice guidance was followed and recognised assessment tools were used to monitor people's needs in areas including nutrition, skin integrity and medicines management.

Staff support: induction, training, skills and experience

- People and their relatives told us staff appeared skilled in their roles. One person told us, "They do look after us all, they know what to do." One relative told us, "Staff seem very well trained. They do their jobs well."
- Staff confirmed they felt they have the training required to support them in their roles. One staff member told us, "I did the health and social care certificate level 3. The training is very good, it's all face to face." Staff new to care also completed the Care Certificate (a set of nationally agreed standards staff should demonstrate in their daily working lives).
- Staff told us they received regular supervisions to support them in their roles and records confirmed this was the case. One staff member told us, "I have supervision every 3 months. They're useful as we can discuss anything new that's going on and they ask me for my opinion."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food provided. One person said, "I do enjoy the food and they help me when I need it." Another person told us, "I enjoy the food."
- People's nutritional needs were known to staff. Staff were involved in meal preparation and had guidance on each person's requirements. Where people required support to eat this was provided by staff at the person's own pace.
- People's weight was monitored and action taken where significant changes were noted. Where people were losing weight a food first approach was taken prior to supplements being considered. One person's records showed they had lost in a short period of time. The person being reviewed by their GP and the person's foods were fortified to add calories. This resulted in the person's weight increasing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to support from health care professionals when required. During the inspection staff noted that one person did not appear themselves and ensured a GP was contacted to request a visit.
- Records showed that referrals were made to healthcare professionals including district nurses, dieticians,

occupational therapists and opticians. Where advice was given by professionals this was acted upon.

- People's care plans contained information regarding oral healthcare and the support they required. People were registered with a dentist and one person had recently undergone treatment as it was noted by staff they were experiencing pain and were not eating as much.
- Staff worked well together as a team to share information through daily handovers and a communication book. One staff member told us, "In the morning we talk to each other to check if anything is new, and we have a handover book too."

Adapting service, design, decoration to meet people's

- People lived in an environment which was suitable for their needs. Furniture was arranged to encourage conversation between people. Chairs were of a good height to support people in sitting and standing easily.
- Adapted bathrooms were available and a lift was available to support people moving between floors. People's names were clearly signed on bedroom doors to help people identify their room. A large orientation board was displayed showing the day, date, weather and time.
- People had access to a well-maintained garden which was accessible via a ramp. There was also a conservatory area where we observed people sitting to look at the garden. This area was also used for people to meet their visitors should they prefer some privacy.

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

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 when this is in their best interests and legally authorised under the MCA. 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

- People's legal rights were protected as the principles of the MCA were followed. We observed staff offering people choices and ensuring their decisions were respected throughout our inspection.
- Staff demonstrated a good understanding of the MCA and how it impacted on people's care. One staff member told us, "Some people have capacity and some don't. We have to assess it and if they don't we make a best interest decision. I always check the care plan to see if they have capacity for certain decisions."
- Capacity assessments had been completed for specific decisions including restriction on leaving the property and the use of bed rails and sensor mats. Where capacity assessments determined people did not have capacity to make the decision, best interest decisions were recorded. Relatives and others who knew the person well were consulted about best interest decisions as appropriate.
- DoLS applications had been submitted to the local authority as required. Relevant information was provided to assist the local authority in prioritising applications for review.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 and their relatives told us that staff treated them with kindness. One person told us, "They are very kind. If you need any thing at all they will help." A second person said, "It's wonderful here. They treat you so nicely." One relative told us, "Staff are brilliant. They are so caring here and that's the best thing about it."
- We observed staff approached people in a gentle and caring manner. Where people appeared anxious staff sat next to them to provide reassurance. People and staff shared jokes with each other and there was a relaxed atmosphere."
- People's cultural and religious needs were understood by staff. One person's spoke limited English. The register manager told us the majority of the time a staff member was on shift who was able to communicate in the person language. On the rare occasions this was not possible plans were in place to contact the persons family to help with translation if required. Staff were aware of the persons religious needs and their dietary requirements connected to this

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

- People were offered choices regarding their day to day care. Staff sought people's consent before providing their care. People were asked their preferences regarding all aspects of their day such as where they wished to sit, what they wanted to eat and drink and how they would like to spend their time.
- People and their relatives were involved in their care. Care plans were reviewed monthly and people were involved in this process where appropriate. Relatives received regular updates on the family members care. One relative told us, "I receive a quarterly update from the manager about how (name) is. If I want to know anything I can just ask them and they'll get back to me straight away."
- People's rooms contained personal items such as pictures, ornaments and small items of furniture. One staff member told us, "It's important for people to have their things with them."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. Staff approached people discreetly to ask if they required support. When supporting people with personal care staff ensured that doors were closed to maintain people's privacy.
- People's independence was encouraged. People were supported to mobilise around the service. Adapted equipment was available to support people drinking and eating independently and this was encouraged by staff. One person was known to struggle with eating but preferred to be independent. Staff were observed to only offer support to the person when it became clear they were tired and required a little help.
- Staff demonstrated a good understanding of the importance of ensuring people's dignity and

independence. One staff member told us, "We always knock on people's doors before entering and close curtains when they're having personal care. We encourage to people to be independent where possible. Some people can wash independently and are safe so we promote that."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we found activities were not person centred and there were limited opportunities for people to out. This was a breach of regulation 9 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in these areas and they were no longer in breach of regulation 9.

- People were supported to take part in a range of activities. One person told us, "I find it difficult to do a lot these days but there is usually something going on of interest."
- People's care plans contained information regarding what activities they enjoyed and any specific interests. During our inspection we observed people being supported to take part in different individual or small group activities and discussions. People were engaged and chatted easily with staff and others. There were items of interest to people in communal areas such as pictures, books and puzzles which staff encouraged people to use.
- Each person had their own activity box in place which contained personal items brought in by family members which were important to them or of specific relevance.
- All staff working at Bellsgrove had undertaken training from NAPA (National Activities Providers Association) in order to develop skills in planning and providing activities for people. In addition to daily activities, events were planned throughout the year with relatives invited to join in. These included Christmas parties, new years champagne parties, an Easter egg hunt, fireworks and a St Patrick's Day celebration.
- People regularly had the opportunity to go out in the local community. The registered manager told us, "At least one person goes out nearly everyday and we keep a record so we know everyone has the opportunity. They usually go for a walk, or to the shops, maybe have a coffee out."

End of life care and support

At our last inspection we found there was insufficient planning completed with people regarding their end of life care. This was a breach of regulation 9 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and people's wishes were now known and they were no longer in breach of regulation 9.

- People and their families had been supported to complete end of life plans which highlighted where they

wanted to be cared for, who they would like to be informed and any specific needs or wishes during this time. Plans were regularly reviewed with people to ensure their wishes remained unchanged.

- Family member had forwarded cards to the service to thank staff for the support they had provided to their loved ones. One relative had written, 'Thank you so much for the love and care you showed to (name). You really helped to improve the quality of the final part of her life.'
- The registered manager had completed training in supporting people at the end of their life and this had been shared with the staff team. The registered manager told us, "We always try to make sure people aren't on their own at this time. If families can't be there we will be."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and contained guidance for staff regarding people's needs and preferences. Each area contained a desired outcome which was reviewed monthly by the registered manager to confirm this was being met.
- Where people's care changed, staff were informed and care plans were updated promptly to ensure all staff had the guidance needed. Care plans were well-written to ensure information was easily accessible whilst still providing personalised information.
- People were supported by a consistent staff team who knew people well. From observations of staff interactions and conversations it was clear staff knew people's interests, family and past occupations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Detailed communication plans had been developed and we observed this guidance was followed by staff. One person's communication plan informed staff how they preferred to be supported during times of anxiety. Staff followed this by speaking quietly to the person whilst sitting near to them and giving the recommended responses to the persons questions.
- Communication plans took into account people's sensory needs including sight and hearing.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which gave clear guidance how complaints could be made and how they would be responded to.
- Relatives told us they would feel comfortable in raising any concerns with the manager or provider. One relative told us, "I've never had to complain but if I needed to I would feel comfortable doing so."
- No complaints had been received by the service since our last inspection.

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we found that audit processes had not always identified shortfalls in the service. We made a recommendation in relation to this. At this inspection we found improvements had been made and robust quality assurance systems had been implemented.

- The registered manager completed a range of audits to monitor the quality of the care provided to people. These included reviews of care plans, infection controls, accident and incident analysis, medicines and health and safety checks. Where any changes were required this was actioned immediately such as changes made to people's care records and staff being informed.
- The registered manager was focussed on team work and worked alongside staff to ensure they were aware of all the workings of the service and understood people's needs.
- Where accidents or incidents had occurred or people's health changed staff ensured family members were kept informed. One relative told us, "They always keep me updated with anything that's going on".
- Services registered with CQC are required to submit notifications of significant events or safeguarding concerns to us. The registered manager was complying with this element of their registration.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager had developed positive relationships with people living at Bellsgrove. They spent time throughout the day in communal areas chatting with people and offering support. It was clear from the interactions and responses this was a regular occurrence. A relative told us they felt the service was managed well, "(Provider) is absolutely lovely. And I feel the home has really improved since (registered manager) has arrived. She's brought a business element to it which they needed. She's so approachable, a very lovely lady."
- Staff told us there was a positive culture at the service and they felt valued in their roles. One staff member said, "(Registered manager) is great, she's a fair person. It's like a little family. I feel valued, they appreciate what I do and say thank you."
- There was a strong sense of team work with staff discussing what they were doing and offering to help each other. We observed staff appeared more confident in their approach and during our discussions with them.

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

- People, relatives and visiting professionals had the opportunity to give feedback on the service provided. An annual survey was completed with a high rate of return. Feedback was wholly positive regarding the service and service provided. One relative had commented, 'I think we are very lucky to have been able to find a place for Mum at Bellsgrove'. One professional had feedback, 'Staff are always helpful, supportive and vigilant. They are very open about asking questions if they are not sure or asking us to check things.'
- People and relatives were invited to an annual general meeting where they were able to give feedback and suggestions for improvement. Relatives said the registered manager had responded positively to their suggestion. They told us, "I suggested that they send a quarterly report round to relatives saying how people are and they started doing it straight away."
- In addition to the annual meeting, relatives were regularly invited events at the service which gave the opportunity to meet other families and share experiences with their loved ones.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to ensuring continued improvements to people's care. They had worked closely with health and social care professionals to develop the service. One professional who regularly supported the service said of the registered manager, "She has made such a difference. She doesn't take recommendations as a negative and is always open. There is a real engagement from her. I really look forward to visiting there."
- The registered manager also attended network meetings with other managers in order to share ideas and discuss best practice developments.
- Community links had been made within the local area and the registered manager told us they were looking to develop this further. The local school were due to visit to spend time with people at Bellsgrove and perform songs for them. The service also raised funds for relevant charities such as the Alzheimer's Society during their social events.