

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Belle Vue House

1-3 Mowbray Close, Hendon, Sunderland, SR2
8JB

Tel: 01915673681

Date of Inspection: 11 December 2012

Date of Publication: January
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Mr Devinder Mohan Malhotra
Registered Manager	Mrs. Christine Scott
Overview of the service	Belle Vue House is located close to Sunderland City Centre. It comprises of three Victorian terraced houses in a private mews. The home is on three floors with a lift for accessibility. There are adapted bathrooms showers and toilets.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Safety and suitability of premises	10
Requirements relating to workers	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 11 December 2012, talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

Some people were not able to tell us directly what they thought about the service. We decided to undertake a Short Observational Framework for Inspection (SOFI) exercise. SOFI is designed to be used when inspecting services for people who had some difficulty in communicating their opinions on the services they receive.

People we could speak to told us they were happy with the service they received at the care home. One person said they had "No grumbles". Another person said that it was "their home and they felt at home there". They also said the staff were "very pleasant" they enjoyed the food and the staff had sufficient training to care for them.

A relative said the service knew "...needs" and there was "nothing wrong" with the service and their relative was always clean and comfortable. Another relative said that the home "go that little bit extra" to other care homes their relative had been in previously. They had attended open meetings to put forward their views on the service.

We spoke to two visiting health care professionals who both said they had no concerns about the service. They described it as an "excellent home" they said the staff knew the service users needs and people were well looked after. They also said that there were always plans in place when service users were discharged from hospital.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We carried out SOFI in one lounge where people had significant dementia care needs. This helped us look at how people were cared for and supported. People were relaxed and comfortable; we saw that there was a good relationship between people and the staff. There were activities ongoing and people were singing along to music and chatting to each other and the staff. People looked clean and well groomed, appropriately dressed and their hair tidy. Some ladies had their nails painted and wore jewellery.

We observed one person who became upset. A member of staff discretely spoke to them at their level to reassure them as they said they felt unwell. This person then asked to be taken to the bathroom which the member of staff did. We could hear their conversation when we were in the corridor and the member of staff supported this person in a sensitive and caring manner.

During our visit we found that people could spend their day how they wished. One person told us they liked to stay in their own bedroom and eat their meals there and watch television and read. They told us that this was their choice. They also said they could go to bed and get up when they wanted.

The home had an activities co-ordinator. The Saturday following our visit it had been arranged for a local drama company to perform a pantomime for the residents in the lounge area. People and their relatives told us about trips out in the mini bus to the seaside in the summer time. The manager told us that a local school visited occasionally and the school children would come and visit people.

We saw menu boards displayed in the care home and there was a newsletter which discussed the forthcoming Christmas fund raising fete, Christmas decorations and it talked about the recent Halloween party being a success. There was also a service user guide available for people new to the service which sets out what to expect from the care home.

We spoke to two family members who both said that they felt that they thought their views regarding the service were sought and acted upon, if there was anything they thought needed to be done. One relative thought that their wife was happy and comfortable and

staff knew her needs. The other said that although their relative did not join in activities there was plenty to do.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People and their relatives who we spoke to told us that they were happy with their care and treatment.

We looked at three people's care plans out of a possible twenty three. We saw that these focused on people as individuals. There was a brief life history which included significant events. The records showed how people and their families had been encouraged to share their preferences about the things which were important to them. Each care plan contained risk assessments relevant to the person in areas such as nutrition, behaviour, continence and a pressure sore assessment where necessary.

We saw that there were care plans for people which described for example the level of personal care they required, what social support they needed, personal activities they liked to do and how good their short term memory was. Care plans also included continence, spiritual and mobility and falls assessments. There was a chart for monitoring a person's weight which was held centrally by the manager, we saw that people were weighted every month.

These plans had been updated on a regular basis every month over the last year. However all three had not been updated in the month of November. We brought this to the attention of the manager who told us that the care home had been short staffed in November and the plans had not been updated but they would be very soon. We did note however that one person who had a pressure sore was being visited by the district nurse and their care plan was up to date with the details of the plans and equipment needed for their care and of their recent hospital discharge.

Each person's care plan had a section which documented their hospital appointments and family contact. We saw the daily notes of service users. These matched the care which was described in people's care plans.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The people and relatives we spoke with told us that they had no concerns about the service. Visiting health care professionals also confirmed this.

We saw that the service had a copy of the local authorities safeguarding adults' framework. They had a whistle blowing (telling someone) policy which included examples of malpractice. The provider also had their own safeguarding guidance. The manager told us that this was included in the induction pack for new staff and the existing staff all signed in June 2011 to say they had received a copy. This guidance described the roles and responsibilities in safeguarding and has the contact numbers for the local social services department.

We looked at a sample of three staff files. All had CRB (police clearance) checks which were current. Two of the members of staff had up to date safeguarding training. The one person who did not was booked on a safeguarding course in January 2013; their last safeguarding training was only just out of date.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Reasons for our judgement

During our visit we looked around the premises. The communal areas were clean warm and well decorated. The furniture was in good condition. There was a lift which serviced all three floors.

People's bedrooms were all individualised with their own ornaments, pictures and furniture. There were some rooms which were en suite where the layout of the building allowed. Rooms were clean well decorated and warm and presented in a way that reflected people's individual personalities.

There were enough bathing and toilet facilities. The provider may wish to note that there were no signs on the bathroom doors to identify that it was a bathroom.

We asked the manager to provide us with details of maintenance records for the home. The manager gave us files which contained all the servicing records relating to fire safety, PAT (Portable Appliance Testing) transfer of waste services, gas servicing, electrical installation, testing of laundry equipment, maintenance of the hoists, servicing of the lift and general maintenance of the building. The kitchen had recently undergone a deep clean and there was a certificate regarding this. We found all the records were up to date with the exception of the PAT testing being due which the manager told us was to be booked.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

Reasons for our judgement

We looked at three staff files out of a possible thirty to see how staff were recruited. We looked at the application forms on each person's file and saw that there were no unexplained gaps in their employment history.

We saw that all three member's of staff had the appropriate CRB checks (police clearance check) prior to commencing employment. They also had produced relevant documents to confirm their identity and address. Two references per staff member had been sought and returned from the referees who were given on the staff's application form for employment. All were acceptable and recommended the staff to be of good character or an employee to an acceptable standard for employment.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw that there had been a survey of the service users with positive analysed results; this was carried out in 2011. A further survey was issued to service users in July 2012. The questionnaires had been returned but had not been analysed. The manager told us that the only negative comment about laundry had been addressed. All the other comments were positive and included feedback such as "well looked after", "dedicated staff", and "excellent care".

There were minutes of open meetings with family which the manager said were poorly attended however one relative told us that she had attended these and she was able to put forward her views on the service. The last service user meeting was in June 2012 where issues discussed included, school visits to the care home, fund raising and entertainment.

We saw that the provider had a complaints policy which tracked complaints through to conclusion. There had been three complaints in the last year which had all been addressed. We saw numerous thank you cards in the entrance hall to the care home.

The service had recently been awarded a healthy home award from the local authority in November 2012.

The manager explained that she carries out regular audits of care plans, falls and pressure sores and this information is emailed to head office every month. The provider has appointed a new operations manager who is currently in the process of developing her own audit system. The provider may wish to note that the last audit by an operations manager was in August 2012.

We saw maintenance record for the service. The manager gave us files which contained all the servicing records relating to fire safety, PAT (Portable Appliance Testing) transfer of waste services, gas servicing, electrical installation, testing of laundry equipment, maintenance of the hoists, servicing of the lift and general maintenance of the building. The kitchen had recently undergone a deep clean and there was a certificate regarding this from a cleaning contractor. We found all the records were up to date with the exception of the PAT testing being due which the manager told us was to be booked.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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