Inspection Report

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

Belford House

Lymington Bottom, Four Marks, Alton, GU34 5AH

Tel: 01962773588

Date of Inspection: 04 October 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Belford Care Limited
Registered Manager	Mrs. Joanne Evelyn Cox
Overview of the service	Belford House provides care without nursing to older people who are frail or who suffer from dementia. The home is on the same site as a number of self contained flats for older people. Belford House is situated in the village of Four Marks, near the small town of Alton in Hampshire.
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'.

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 4 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People, their visitors and a visiting professional were happy with the care and support provided. One person who lived at Belford House said for example, that it was "very good" and said it was "next best thing to being at home." Others described the service as "friendly," with an "approachable manager" and said staff were "always smiling".

We found that the service had systems in place to ensure that people were consulted about, and consented to, the care provided. People experienced effective, safe and appropriate care which met their needs. This was delivered by a staff team who were employed in sufficient numbers and who knew their needs well.

The systems for assessing and monitoring the quality of the service had developed further since our last inspection. Improvements had been made as a result of quality audits and as a result of people's comments and suggestions.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We talked with seven people who lived at Belford House; with five staff; the registered manager, four visitors and one visiting professional. We also looked at the care records of five people.

The manager said that whilst some people had a degree of cognitive impairment, people could make their views and wishes known about the care and support that they wanted. There was guidance in people's records about how to communicate with people to ensure their wishes were known and their human rights were respected and taken into account.

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes. One person we spoke with said they liked to "do their own thing" and staff respected this. Another person said that they were given as much time as they needed to make the decision to remain permanently at Belford House. Another said that they appreciated that staff always knocked on their door and waited for an invitation before entering.

We observed that people's preferences were respected, for example, in their choice of food and drink. We saw that when staff administered medicine, people were advised what the medication was before they were given it. People said that they had the opportunity to manage their own medication if this was their wish.

Part of the care planning process considered whether people had capacity to make decisions about their care and wellbeing. This was reviewed every month to ensure that the information remained accurate. People who were able to recall said that they had signed their care plans to indicate their agreement to the care provided. Records we saw confirmed this. People's records also contained written consent to share information about their health or care needs with relevant professionals if necessary.

We saw that some people's records contained "Do not attempt resuscitation" (DNAR)

forms. The manager said that this issue was discussed with everyone when they moved to the service and forms we saw confirmed that people had been consulted when a DNAR decision had been taken.

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

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

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We talked with seven people who lived at Belford House; with five staff; the registered manager; four visitors and one visiting professional. We also looked at the care records of five people. People's needs were assessed and care was planned and delivered in line with their individual care plan. Before people moved to Belford House, staff carried out an assessment of their care and support needs with them. People who lived at Belford House said that before they decided to move in they had the opportunity to visit the home and talk with staff and residents. This helped them to make a decision about whether or not Belford House would meet their needs.

Care plans and assessments of risk, where necessary, had been devised from the initial assessment of people's needs. Care plans and risk assessments were in sufficient detail to provide guidance for staff to support people consistently and appropriately. Records showed that care plans and risk assessments had been reviewed and where necessary updated every month. Care plans that we saw corresponded with people's own description of their care and health needs. This showed that the planning of care met people's individual needs.

We observed a "handover" between two day shifts of staff. The information shared was clear and staff shared relevant information to ensure that any changes to people's needs or circumstances were known and understood.

People we spoke with were satisfied with the care and support provided. One person said the care provided was "very good" and said that living at Belford House was "the next best thing to living at home." People described Belford House as being "comfortable" and "friendly". All people we asked said that staff answered the call bell very quickly, day or night and we observed that staff answered all call bells very promptly during our visit. One person said that they were very reassured that staff called the GP quickly when they were unwell. A visiting healthcare professional said that they found the care to be excellent. They said that staff knew people really well and agreed that staff were very quick to seek medical support when necessary.

We observed that people were provided with pressure relieving equipment to protect their

skin integrity and we witnessed that staff were proactive in liaising with specialists for advice for example, when people's mobility had deteriorated. We observed that staff provided people with drinks regularly throughout the day and offered appropriate support when needed to assist people with their meals. During the medication round we observed that staff asked people if they were in any pain and offered pain relief if people wanted it. The evidence we gathered demonstrated that care was delivered in a way that was intended to ensure peoples welfare. However, the provider may wish to note that some records which detailed when staff had administered prescribed creams were not always complete. This made it difficult to establish whether creams were being applied as directed by the GP. We discussed this with the manager at the time of our visit. The manager was aware of this issue and said they would take action to improve this area of practice.

There were arrangements in place to deal with foreseeable emergencies. There was an emergency folder which was easily accessible to all staff. This contained information for staff about "on call" arrangements. This meant that they could contact a senior member of staff at all times if they needed advice or support. It also contained essential service contact telephone numbers so staff would know who to call if for example the lift broke down or if there was a suspected gas leak.

Information on people's individual records contained instructions about what action staff should take to keep each person as safe as possible in the event of a fire. At the time of our visit the manager was in the process of ensuring that all of this information could be accessed quickly by staff in the event of an emergency.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

One person we spoke with said "The staff know me and I know the staff." People said staff were good and that they provided appropriate assistance. One person said that staff were "always smiling" and said that the manager was "very approachable." A visitor described the staff as "always very friendly" and said staff had a good understanding of their mother's needs.

At the time of our inspection 25 people were living at Belford House. When we visited the manager and deputy were on duty throughout the day. In the morning six care staff were also on duty. In the afternoon four care staff were on duty. One member of the care staff was employed to "float" between care and domestic duties as necessary. On the day of our visit they escorted two people to medical appointments and did some laundry. A chef, two domestic staff and an administrator provided additional support. At night there were two waking staff on duty with a senior member of staff on call. We saw the rotas for one week which showed that these numbers were adhered to although at the weekends four care staff were on duty during each daytime shift with one member of the domestic staff on duty.
Any gaps in the rota due to staff holidays or sickness were covered by existing staff or occasionally by agency workers. The manager said that there was always at least one regular member of staff on duty during the night.

Care staff we spoke with during our visit said that they had enough time to support people and domestic staff said that they had enough time to complete their cleaning tasks. On the day of our visit we observed that people's requests were responded to quickly and that the home appeared to be clean and tidy. The manager said that staffing levels were regularly reviewed and said that care staffing levels were increased when necessary. She gave an example of when a person who lived at Belford House had needed extra support and the staffing had increased accordingly.

We saw a recent quality assurance questionnaire which had been completed by people who lived at Belford House and their relatives. Although a few had made comments that staffing levels could be improved at times, people's general opinion about staffing levels ranged from "fair" to" very good".

The manager said she, and a number of other staff had worked at Belford House for a considerable time. During our visit we observed a lot of interactions between staff and people who lived at the home which demonstrated that staff knew people well. Conversations with visitors also reflected this view. This helped to ensure that staff had a good understanding of people's needs and preferences. Staff we spoke with described the training opportunities at the service as "very good" and records we saw showed that staff were provided with regular training courses to maintain and update their knowledge. For example, training courses booked for October 2013 were in dementia care and infection control.

The manager said that staff at the home liaised with specialist healthcare professionals where necessary, such as GPs and district nurses to ensure that people's healthcare needs were met. We observed this to be the case.

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 in place to regularly assess and monitor the quality of the service that people receive.

Reasons for our judgement

At our last inspection we said that the provider was failing to conduct regular reviews and audits. We said because of this the provider was not compliant with Regulation 10 of the Health and Social Care Act 2008 which related to assessing and monitoring the quality of service provision.

During this visit we saw that a number of improvements had been made to ensure that systems to monitor quality of the service were in place and effective. The manager demonstrated that she had a good understanding of the Essential Standards of Quality and Safety and of what was required of her to ensure that the service was compliant with The Health and Social Care Act 2008. We saw that regular audits of the service were being done, for example a health and safety audit had been completed in July 2013.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw a record of incidents and accidents that had occurred within the home. These records had been reviewed by a senior member of staff and most had actions identified for staff to take. For example, for one person who had fallen there was guidance for staff about how to minimise the risk of this happening again.

The manager described how staff understanding of training that they had attended was monitored to ensure that they were competent to carry out specific tasks. For example, staff were not permitted to administer medication until they had been trained and their competency had been assessed to evidence that they had the correct skills and knowledge to do so.

The provider took account of complaints and comments to improve the service. We saw a record of complaints made. These had been responded to in a timely way and where necessary the manager had addressed any issues arising.

Records we saw showed that regular residents meetings were being held. The most recent meeting discussed topics such as menu choice, and whether people felt they had enough privacy. The manager had also recently conducted a quality assurance

questionnaire which had been sent to all residents and their relatives. This covered various aspects of life at Belford House for example; the quality of care provided; people's views of the food and the quality of the décor. We saw that improvements had been made as a result of people's comments, for example, to the environment. Staff were encouraged to comment upon the quality of the service provided. We saw that there were regular staff meeting and the manager had recently introduced a suggestion box in which staff could put ideas about how to improve the service, anonymously, if they wished. One suggestion that we saw was that a shower chair should be replaced and this had been done. This showed that people who use the service, their representatives and staff were asked for their views about their care and they were acted upon.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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