

Belleaire House Care Home Service

Belleaire House
29 Newark Street
GREENOCK
PA16 7UN

Telephone: 01475784607

Type of inspection:
Unannounced

Completed on:
2 June 2022

Service provided by:
Belleaire Care Limited

Service provider number:
SP2021000160

Service no:
CS2021000263

About the service

Belleaire House has been registered with the Care Inspectorate since April 2011. The service re-registered in September 2021. The home is registered to care for 52 older people. The care home is a detached Victorian villa that has been converted and extended into accommodation over two floors. Belleaire House offers single room accommodation with en-suite facilities.

There are lounges, dining rooms and adapted bathrooms and showers on each floor. There is a garden at the front of the home and an enclosed courtyard area. The service is located in a residential area of Greenock near local amenities including shops, bus routes and train links.

The aims of the service include the following: 'To maximise the residents' quality of life by providing choice, safeguarding individual rights, giving fulfilment, independence and respecting privacy and dignity along with high quality nursing care.

About the inspection

This was an unannounced inspection which took place on 24, 25 and 26, May 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the service registered in September 2021. In making our evaluations of the service we:

- spoke with 16 people using the service or their relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- People were well cared for and their health needs well managed
- Staff were warm and caring in their approach
- Management were very responsive to making improvements to the service.
- People would benefit from having more community-based activities.
- Elements of the environment need work to meet best practice guidance. There is a plan in place for this.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

While some of the strengths identified had significant positive impact on people's outcomes, some improvements were needed, therefore we made an overall evaluation of good for this key question.

We saw that people looked clean, tidy and well cared for. There was regular and frequent monitoring and review of key clinical information, for example weights, falls, skin integrity issues and could see that people's health benefitted from this approach. We saw that the home had good relationships with community based services. People had appropriate assessment and interventions where they had a history of falls. People had equipment that supported their mobility where necessary and we saw this was clean, well maintained and people were encouraged to use their mobility aids.

People's medication was stored, managed and administered appropriately, including as required medication. There were regular reviews of people's medication including people who were prescribed anti-psychotic medication. We could see that the measures in place to monitor and review people's healthcare needs were effective and that people's health benefitted from them.

People's mealtimes were managed sensitively, and people's intake recorded at the time of meal service where people's food and fluid intake was being recorded. People were offered visual choices and could have alternatives if they did not want what was offered. The food was of a high quality and attractively presented including for people who needed a textured diet. People were involved in offering suggestions for specific meals and snacks and drinks were available to people throughout the day. The service should consider ways to reduce extraneous background noise in dining rooms that have bedrooms or corridors close by.

We saw that there were daily activities in the home that promoted physical activity and provided mental stimulation, which we observed was much enjoyed by the residents who participated. We were informed that the home had ongoing plans to promote the use of the outside space and summer house as the weather improved. We saw that the home was working to the latest visiting guidance and that visiting was unrestricted. We saw examples of people enjoying visits outside the home with family and friends. The home also used technology to ensure that people can keep in touch with their family according to their preferences. People were helped to remember dates and events that were significant to them, and the service supported people to create celebrations for their loved ones. The recording of this could be improved to better evidence the outcomes for people.

The home had robust systems in place and safe systems of work in relation to infection prevention and control practices, as a result, the home had experienced few outbreaks during the pandemic. The home had notified agencies appropriately when outbreaks did occur. The home had sufficient personal protective equipment (PPE) stations with appropriate signage and hand sanitising stations and bins for disposal of used PPE. Staff received training on donning and doffing PPE and Infection Prevention and Control (IPC) measures and their practice was observed and recorded. During the inspection we saw that some staff wore masks inappropriately and continued to wear jewellery or false nails. This practice could put people at risk of cross infection. We are confident that the manager is continuing to address this and to support this we will make an area for improvement (AFI 1).

The standard of cleanliness found in the home was high. Housekeeping staff had effective cleaning schedules to work to. Laundry was being washed in accordance with guidance, although the storage of laundry trolleys while waiting to transport used linens to the laundry was not in line with good practice. This is detailed further in "How Good is our Setting".

Housekeeping staff knowledge was also tested with quizzes and observations of practice and people had individual covid assessments in their care plans.

Areas for improvement

1. The management team should ensure that staff use PPE in accordance with current guidance and best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. There were several important strengths that outweighed the areas for improvement.

The service benefits from a comprehensive range of quality assurance systems including but not limited to observational monitoring, care plan audits and environmental checks, all of which are carried out at an appropriate frequency. We were satisfied that people benefitted from the organisation having robust quality assurance processes.

Actions identified in the audits were fed into a performance improvement plan. These actions were signed off when completed, however given the number and frequency of the audits, some of the actions were missed or stayed on the plan as an item marked ongoing. The service also had a developmental service plan. We found that the plans would benefit from using the SMART format (Specific, Measurable, Attainable, Relevant, Time bound) as this would better evidence how the actions were improving outcomes for people using the service.

The home managed complaints and suggestions well, in line with their policy and feedback from professionals and relatives confirmed that the home was responsive to learning from issues raised and responded timeously.

The manager kept oversight of staff training, supervisions and appraisals and registration with professional bodies. We saw that supervision and appraisals were being carried out regularly and we saw evidence that staff were being encouraged to keep up to date with their training and completion of training was monitored.

We saw evidence of meetings with staff, residents and relatives. These happened regularly and people were given information about what was happening in the home. Further ways of promoting relative's and resident's engagement and collecting their views should continue to be explored to ensure that resident's views are driving the service's improvement plan going forward. (AFI 1)

Areas for improvement

1. To inform improvements to the service, the service should develop its quality assurance activity by encouraging feedback and participation from people who use the service and their relatives. Quality assurance actions should be recorded in a way that evidences how feedback from relatives and people using the service has informed the actions in the plan and how the actions have improved outcomes for people who use the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "4.7 I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership." (HSCS 4.7) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8)

How good is our staff team?

5 - Very Good

We found significant strengths in this key question that supported positive outcomes for people therefore we evaluated this key question as very good.

We saw that staff were recruited in a way which has been informed by all aspects of safer recruitment guidance. The provider's recruitment policy reflected the guidance and the recruitment process was well organised, well documented and followed consistently. Job descriptions clearly set out roles and responsibilities and explained how these would be quality assured.

Pre-employment checks were completed consistently and there is a clear induction process for each role and this included shadowing more experienced staff, with relevant mandatory training which assured us that staff are well prepared for their role.

Induction booklets are used to guide new staff through their induction period and staff's progress is reviewed regularly. This allows staff's competence to be assessed and monitored throughout the induction period. Supervisions and appraisals take place and are monitored by management for completion in line with the provider's policy. This gave us confidence that staff are recruited safely and inducted into their role so that they are able to support the needs and outcomes of people living in the service.

We saw that people living in the service were encouraged to be involved in choosing who provided their support. People had the opportunity to identify the personal qualities that they would like staff to have and had contributed questions that were included in interviews.

We saw that the interview and induction process could be further improved with greater participation of people using the service, for example, people being involved in the selection process and contributing to feedback on staff performance. This would support people in the service being involved in recruitment decisions and evaluating staff performance in an increasingly meaningful way.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The building accommodation is over two floors and people are able to use both communal and private areas, some of which enjoy views over the river Clyde. The accommodation was also clean and bright.

We saw that people could personalise their bedrooms making them individual and homely. The home has an ongoing refurbishment plan for specific rooms as they become a little well used and tired. The service has an environmental action plan agreed at the re registration of the service. This is available in the home.

We saw that people had specialist medical equipment, wheelchairs, hoists and stand aids as needed and that these were clean, safety checked, maintained and replaced as needed. There is an effective system for maintenance and repairs and we could see that equipment and environmental safety tests and checks were being completed as scheduled.

The service had effective cleaning schedules that maintain the cleanliness of the environment, using the correct products for cleaning of each area. We were confident that people benefitted from a comfortable and homely environment that was well maintained.

The manager regularly uses the Kings Fund audit tool, "Is your care home dementia friendly?" to assess the home environment. We suggested obtaining views from residents and relatives to support the assessment. This tool identified the lack of independent access to the outdoor space and there is a plan in place to improve this.

The home is not purpose built and the layout has limited storage. This has led to the practice of storing laundry trolleys containing used linens in communal toilets or in sluice rooms, while awaiting transportation to the laundry. This practice could increase the risk of cross infection.

We have asked that the service review how they will manage the storage and transportation of used linens. (see AFI 1)

Areas for improvement

1. To ensure that the risk of cross infection is reduced, the service should review how it stores and transports linens in line with current guidance. This should include how the storage and transportation of linens in the home is being managed to reduce the risk of cross infection as far as practicable.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment(HSCS 5.22) and National Infection Prevention and Control Manual 1;7- "Safe management of Linen

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We sampled across 6 care plans during the inspection. The service uses the provider's electronic care planning system. We could see that people had comprehensive plans covering their health, wellbeing and clinical needs. Care plans also noted people's preferences and choices around food, personal care and how they liked to spend their time. Plans included risk assessments and rights, risks and limits to freedom information as needed. Daily notes were completed well and information on weights, falls, food and fluid intake and skin integrity were easily accessible.

The system also alerts if key information that is being monitored is overdue, for example, weights. This ensures that changes to key health indicators are not missed.

The system is well maintained for individuals, including a schedule of care plan audits. The plans were robust in their health and clinical information and we saw that the regular monitoring of this information resulted in actions and interventions that benefitted people's health.

We were able to track what actions were taken following an incident such as a fall, from reporting to the update of the person's care plan. Changes or updates to care plans were communicated during handovers, ensuring that staff were informed and changes were implemented without delay. We were satisfied that people's care plans were used to deliver care and support effectively, that they were reviewed and updated as people's needs changed and that agreed changes to care and support were implemented quickly.

We found that some information could be recorded in a more outcome focussed way. Activities were recorded in a way that did not make it clear how an individual person had participated or what benefit they had from the activity. The availability of legal information was inconsistent, with some expected documentation not in place. The service should continue to try to obtain these documents for individuals where they should be in place.

Anticipatory Care Plans (ACP) were in place for some people. The service should record if people have been offered an ACP but have declined. (see AFI 1)

Areas for improvement

1. To ensure that care plans are person centred the service should ensure that information recorded in the care plans is outcome focussed and reflects people's needs, choices and wishes. This includes recording when people have been offered support and have declined.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: (HSCS 1.15) and "Assessment and personal planning reflects people's outcomes and wishes (HSCS 5.1)

Complaints

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.1 Staff have been recruited well	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.