



BELONG

INSPECTION REPORT DOCUMENTATION

CONTENTS

- 1. Commission for Social Care Inspection – Inspection Report**
- 2. Belong Response Letter to Draft Report**



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Belong Macclesfield

**Kennedy Avenue
Macclesfield
SK10 3DE**

Lead Inspector
Wendy Smith

Key Unannounced Inspection
5 and 13 January 2009 10:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Reader Information

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Belong Macclesfield
Address	Kennedy Avenue Macclesfield SK10 3DE
Telephone number	01625 508700
Fax number	
Email address	belinda.jones@belongmacclesfield.org.uk
Provider Web address	www.clsgroup.org.uk
Name of registered provider(s)/company (if applicable)	CLS Care Services Limited
Name of registered manager (if applicable)	Manager not yet registered
Type of registration	Care Home
No. of places registered (if applicable)	72
Category(ies) of registration, with number of places	Dementia (37), Old age, not falling within any other category (35)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following categories of service only: Care home with Nursing - Code N, to people of the following gender:- Either; whose primary care needs on admission to the home are within the following categories: Old age not falling within any other category - Code OP; Dementia - Code DE. The maximum number of people who can be accommodated is: 72.

Date of last inspection 23 July 2008

Brief Description of the Service:

Belong is a care home providing personal care and nursing care for up to 72 older people. The home opened in 2007 and is managed by CLS Care Services Limited, a not for profit organisation based in the North West of England. The home is situated on the outskirts of Macclesfield in a residential area. Local community amenities such as shops, a pub and a bus stop are within a short walking distance.

The home consists of six households for either 11 or 13 people. Each unit has a lounge, dining area and fully fitted kitchen. All bedrooms are single occupancy with en-suite shower and toilet. There are also communal facilities that are shared with adjoining sheltered housing apartments.

Details about fees are available from the manager.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 2 stars. This means that the people who use the service experience good quality outcomes.

We visited Belong unannounced on 5 January 2009 as part of this inspection. Two inspectors carried out the visit. We were unable to visit one of the units on this day due to an infectious illness outbreak; so a second visit was made on 13 January 2009 to complete the inspection.

During our visit we spoke with residents, staff and visitors in each of the households. We walked round the building to see all the communal areas and some of the bedrooms. We looked at care plans to check on the care that people who live in the home received. We checked a sample of records kept at the home and spent time talking with the support manager and the general manager.

We also looked at any information that we had received about Belong since our last inspection there in July 2008. Before the inspection the manager was asked to complete a questionnaire to give us information about the service. We also sent out survey forms for staff and residents to give us their views about the home. This information helped us to plan our visit to the home and comments people made to us about the home are included throughout the report.

What the service does well:

People interested in going to live at Belong are assessed by the support manager to make sure their needs can be met. There is a six week trial period for people to decide whether this is the right home for them.

People staying at the home for intermediate care receive the services they need to help them regain as much independence as possible. There is plenty of regular support from healthcare professionals as well as from the home's own staff.

The home provides good facilities for activities and recreation. There is a large function room, a café, a library, a hairdressing salon and a small gym. These facilities, together with activities that are provided, help to make sure that people living in the home can stay active and stimulated.

Belong provides a spacious, comfortable, warm, clean and very well equipped environment for people to live in. Residents live in small groups of eleven or thirteen people with, for the most part, their own team of staff. The individual households are now taking on their own identities.

Good recruitment processes are followed to ensure that new staff are suitable to work with vulnerable older people. New staff receive thorough induction training so they know how to work safely and respect the wishes of residents. More than 50% of support staff have a national vocational qualification in care and others are working towards a qualification. These are nationally recognised qualifications for people working in the field of care.

The home has a strong management team. They have developed ways of finding out people's views about the service so that they know where they can improve.

Regular maintenance checks are carried out to ensure that people living and working at the home are kept safe.

What has improved since the last inspection?

The standard of recording in the support plans has improved so that staff have access to important information about people's needs and preferences and know how those should be met.

The management of medicines has improved to ensure that medicines are stored safely at all times and people receive what has been prescribed for them by their doctor.

An activities organiser has been appointed to help the support staff in meeting people's social and recreational needs to help keep them active and not become socially isolated.

Staff numbers have increased to ensure that people's needs can be met in full at all times.

A general manager has been appointed and he is working closely with the support manager to ensure a good standard of service across all areas. The home has moved forward considerably over the last year and we found that staff, residents and their relatives were much more positive about it.

What they could do better:

The management team needs to continue and build on the improvements that have taken place over the last year. There is ongoing recruitment to achieve a full team of staff. Action needs to be taken to make sure that all staff are kept up to date with mandatory training for the safety of residents.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3 and 6

People who use the service experience **good** outcomes in this area. We have made this judgement using available evidence, including a visit to this service.

People who are interested in going to live at Belong are assessed by the support manager to make sure it will be the right home for them. People staying at the home for intermediate care receive the support they need to help them regain as much independence as possible.

EVIDENCE:

In the information we were sent before our visit, the manager told us, 'We have a brochure that we can give to people that outlines the services that are provided at Belong, we also give out a copy of Belong Life which gives people an idea of the events that take place. We also have a guide to Living at Belong which can be read on a visit and is issued on admission. We also have a DVD which gives a virtual tour of Belong to potential customers which also protects the privacy of those who live in the households. We ensure that each individual is given the opportunity to visit Belong and spend some time with us perhaps have a meal and get the real feel of Belong, prior to making the

decision to move to Belong'.

The support manager carries out a full needs assessment for anyone interested in going to live at Belong. If the person requires nursing care, one of the home's nurses is also involved in the assessment. We saw that copies of the assessments done before people moved into the home were in people's support plans for staff to read. This means that staff has information about the person's needs and what care was needed for them as soon as they moved into the home. For some people there was also a copy of a social services assessment. There is an initial six week assessment period to help confirm whether the home is the right place for the person and to see if it meets their expectations.

When we visited Belong there were eight people staying in the intermediate care unit (Willow). It was staffed by an agency nurse, a senior support worker and two support workers. There were also two physiotherapy staff working with service users, and a GP and rapid response nurse were visiting. An National Vocational Qualification (NVQ) assessor was having a meeting with the senior support worker, who has almost completed NVQ level 3.

The nurse on duty told us that she worked at Belong regularly as Willow did not have its own nurse at the time of our visit. (Recruitment was taking place.) She told us that people are usually move into the home at short notice, approximately four hours, from their own home or from hospital. From the initial telephone information, the nurse on duty makes a decision whether the person's needs can be met at the home. An assessment and basic care plans are written by the rapid response team and are brought to the home when the person moves in. The home's staff add more detail. A GP visits the same day or the next day to examine the new person and prescribe any medicines they need.

The people we spoke with were happy with the support provided for them. The rapid response nurse said that the care and the environment are excellent. At the time of our visit, she was spending a lot of time at the home, visiting nearly every day, for continuity as there is no regular nurse. The unit is supported by the housekeeping team and the rapid response nurse told us that new people do not move in until the bedroom they are to use has been thoroughly cleaned. We also observed that the kitchen was very clean and there was plenty of food in the fridge and cupboards. The senior support worker who we spoke with told us, 'It's much better now because everyone knows what they are doing. We have a brilliant team on Willow'.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10

People who use the service experience **good** outcomes in this area. We have made this judgement using available evidence, including a visit to this service.

The health and personal care needs of residents are met and the recording has improved so that staff have access to important information about people's needs and know what to do to meet those needs in the way that people prefer.

EVIDENCE:

We looked at a selection of support plans on each of the households except Poplar. The support plans are kept in each person's bedroom and this means that they are available for the resident and their family to look at. A visitor we spoke with said that he regularly reads his father's support plan because his father has memory problems so forgets what he has been doing.

We found that the support plans had generally been completed to a good standard with plenty of detail about people's daily needs, although documents were not always signed or dated. Some of the support plans for Beech residents were particularly well written. Daily progress reports were meaningful and detailed to give a good picture of what had happened during each day. Risk assessments had been completed for any identified risks to the health, safety or well being of the individual to make sure that there were plans on how to manage the risks well for each person.

The plans had been reviewed regularly and updated when required. The quality of the reviews varied from one unit to another. The support plans that we looked at on Oak unit had very thorough evaluations, which showed that the staff had checked to see how the person had been during the last month. One plan that we saw on Holly unit did not have detailed evaluations and had a number of entries of 'remains the same', which does not give a good picture of the how the person's condition was.

Visits people had from healthcare professionals were recorded in the support plans. The plan for a frail person living on Oak unit showed there had been regular visits from his GP. Weight loss was charted, as was the action being taken to try and address this. The risk assessment stated that bedrails were not to be used for this person, as there is a danger that he may climb over. When we visited his bedroom there were rails attached to the bed. It would be advisable to take the rails out of the room so that they don't get used by mistake.

We spoke with a number of visitors in different parts of the home. Most of these people were very satisfied with the care provided. One visitor told us that she has continuing concerns about the personal care of her relative. She has had meetings with senior staff and feels they listen to her, but she still has some issues that are not fully resolved. We found that residents had been helped to maintain a good standard of personal appearance and appropriate clothing, which helps to promote their dignity and well being.

A 'dementia care mapping' project has been started at the home and this should provide information about how the experience of people with dementia can be made as positive as possible.

We looked at arrangements for the management of medicines on five of the households. We found that storage was good and secure. Administration records indicated that residents always receive their medicines as prescribed by their doctor. Controlled drugs were recorded appropriately to show how they were being used and that people were receiving them safely as prescribed.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

11, 12, 13, 14 and 15

People who use the service experience **good** outcomes in this area. We have made this judgement using available evidence, including a visit to this service.

People living at Belong are supported to make choices about their daily routines, and social activities are provided for those who like to participate. This helps to keep them active and to make sure that they do not become socially isolated.

EVIDENCE:

The home has good facilities for social activities including a large function room, a library, a hairdressing salon and a small gym. These are shared with people living in the adjoining apartments. There is also a café on the ground floor that can be used by people who live at Belong and by the general public. This area was busy at lunchtime and the food was very good.

Unfortunately there had been no activities organiser for the home for a few months and we received some comments about lack of social stimulation for residents. A new activities organiser started in December 2008 and the residents, staff and visitors we spoke with were very pleased with her input at the time of our visit. One relative described her as 'a breath of fresh air'. She told us she has many plans for future activities and her time will be shared between the households and the apartments. There are also shared activities and people living in the home and the apartments are encouraged to interact.

The library is a recent addition and has videos as well as a good range of books and jigsaws. The lending book showed that people from the households were using the library. There is also a computer with large key keyboard that residents can use and can access the internet.

Each household now has its own team of staff and is developing its own identity. Oak, Holly and Beech were quiet and relaxed. Holly had a very positive ambience. Poplar was not looked at in any depth at this visit, but it was pleasing to find that the entrance door to Poplar is no longer locked during the day which means that residents can use the communal facilities more easily.

There are features in the environment that help people to remain as independent as possible. These include hand rails with raised buttons that indicate the end of the rail and memory boxes outside bedroom doors to aid people to find their room. All rooms have ensuite facilities including a shower with a seat and grab rails.

We saw that mealtimes are flexible. The support staff make the breakfast and lunch in each household. We saw that there was plenty of choice available. A staff member told us how they help people who have communication difficulties to choose their meal, for example by taking them to look at the food in the fridge. A relative was helping at lunchtime in Cedar, which helps to maintain the homely feel in each household.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

People who use the service experience **good** outcomes in this area. We have made this judgement using available evidence, including a visit to this service.

There are clear procedures so people living at the home can be confident that any complaints they raise will be taken seriously and addressed and that staff know what to do to protect them from harm.

EVIDENCE:

We looked at the 'feedback folder' for the home. It contained a lot of information including details of any complaints or concerns that had been raised. The way that the folder was organised did not make it easy to track complaints. However, we saw there were copies of letters and responses made to people who had made complaints. We were told about a meeting held in August 2008 to discuss people's concerns. A relative we spoke with had had meetings with the manager to discuss concerns she has raised. Four people who completed CSCI comments cards told us that they would know how to make a complaint.

The complaints procedure for Belong is available in the entrance area of the home. We thought this could be improved by making it more clear and that it should state the names of the general manager and the support manager so that people know who they can make complaints to. The general manager addressed this straight away, during our visit.

CLS, the organisation that runs the home, has clear policies and procedures for the guidance of staff who may witness or suspect abuse of a resident. The training matrix showed that nearly all of the staff have had training about safeguarding vulnerable people from abuse. This means they know the correct action to take to make sure that people in the home are protected from abuse.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

People who use the service experience **excellent** outcomes in this area. We have made this judgement using available evidence, including a visit to this service.

Belong is well designed and maintained to make sure that people who live there have spacious, comfortable, warm, clean and very well equipped surroundings.

EVIDENCE:

Belong has six 'households' of either eleven or thirteen people. Each unit has an open plan lounge, dining room and fully fitted kitchen. Each lounge has either a balcony or patio so that people can enjoy sitting out. All bedrooms are single and have an en-suite shower with shower chair, toilet and washbasin. There is also a bathroom in each household with an adjustable bath and a hoist. All areas are well decorated and furnished to a high standard.

The home has good communal facilities including a large function room, a library, a hairdressing salon and a small gym. These are shared with people living in the adjoining apartments. There is also a café on the ground floor that can be used by people who live at Belong and by the general public.

We received some negative comments about the cleanliness of the home. We saw during our visit that domestic staffing has been increased and there is now a housekeeper, a full-time domestic and three part-time domestics plus two laundry staff. This means that each household gets the domestic support needed to keep a good standard of cleanliness. During our visit we found that all areas of the home were clean and there were no unpleasant smells in any parts of the building that we visited. The household kitchens were clean and food stored appropriately. Bathrooms were also clean.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30

People who use the service experience **good** outcomes in this area. We have made this judgement using available evidence, including a visit to this service.

There are enough qualified and experienced staff working at the home to make sure that residents' needs can be met.

EVIDENCE:

The staff team consists of a general manager, support manager, registered nurses, senior support workers, support workers, assistant support workers, administrators, receptionists, head housekeeper, housekeepers, head chef, cooks, catering assistants, maintenance person and activities coordinator.

Oak unit had ten residents, all requiring nursing care. There were four staff on duty including a nurse. Holly had thirteen residents and there were three support staff on duty. Poplar had ten residents. There were only two staff due to last minute sickness but they told us that they had managed fine. Cedar had three staff, including a carer from an agency who works at Belong regularly. Beech had ten residents and three staff, including the support manager who was covering for sickness.

Recruitment for a full staff team has been slow and we were told that there remain five or six staff vacancies; more interviews were planned to fill these vacancies. This meant that at the time of our visit, there was regular use of agency staff to make sure that the staffing levels were sufficient throughout the home. We spoke with two agency staff who often work at Belong. They were very pleasant and helpful. The manager told us that she was using a local agency that is very reliable and sent the same staff who know the residents. This helped to make sure there was continuity of care for people living in the home, from staff who knew them and how to meet their needs.

We looked at the recruitment records for four members of staff who had been recruited shortly before our visit. The records showed us that robust recruitment procedures had been followed and all of the required checks had been carried out before these people started working at the home. Residents and their families are playing a part in the recruitment of new staff so they could have a say in who would be providing care for them. We also saw evidence that new staff have a full programme of induction training before they work unsupervised. This includes mandatory training about health and safety subjects and training about the 'Belong values' to promote person-centred care. This helps to make sure that they work safely and understand the aims and values of the home so they can meet people's needs appropriately.

The information we were sent from the home before our visit shows that more than 50% of the care staff have achieved a National Vocational Qualification (NVQ) in care at level 2 or above. These are nationally recognised qualifications for staff working in the field of care that show they have knowledge and skills in basic care work. We spoke with an NVQ assessor who was working with a senior support worker doing NVQ level 3. She told us that all care staff have either started or completed an NVQ. The assessor said she receives excellent commitment and support from the home's management team.

The manager provided a training matrix that showed there had been a significant amount of staff training taking place in the home. This had included safe moving and handling, fire safety, first aid, food hygiene, safeguarding adults, medication and dementia awareness. We thought that the manager needed to review the training records to check where staff may have missed their mandatory training or were due to have this updated. This would help to make sure that all staff had up to date information on what to do to protect the health and safety of the people living in the home.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35 and 38

People who use the service experience **good** outcomes in this area. We have made this judgement using available evidence, including a visit to this service.

The home now has a strong management team and this should ensure that it is run in the best interests of the people who live there.

EVIDENCE:

The home has a support manager and a general manager. The support manager has worked in care for twenty years and has developed expertise in caring for people with dementia. She has applied to CSCI to be registered as manager of Belong. This process helps to make sure that the manager is suitable to manage a care home. The general manager has a background as a manager in the hospitality industry. This management arrangement seems to be working well with the two people respectful of each other's different skills and experience. A relative we spoke with on Holly unit told us that he has

seen much improvement at Belong, communication is excellent and the manager is visible and approachable.

A number of ways of finding out people's opinions about the home have been developed. A recent customer survey that was carried out received a very good response and showed a good level of satisfaction overall. The area identified as most in need of improvement was activities. Some relatives also wanted to be given more opportunities to be involved in the care of their own relatives. Over 90% of the respondents to the survey were either satisfied or very satisfied.

There is a feedback book on each of the units and one of the nurses told us that he finds this a very helpful way for visitors to communicate. The books we looked at contained mainly positive comments although we did see a comment about a resident's lost glasses in one of the books.

There were records of household meetings that are attended by residents, relatives and staff. There had been no recent staff meetings at the time of our visit, but a staff forum has been set up with representatives from different groups of staff. The first meeting was in December 2008 and the plan is to have monthly meetings. The first meeting was to agree how the forum would work and to set up focus groups to look at different topics. In general we observed that staff morale in the home had improved greatly over the last year.

A senior manager from CLS visits the home monthly and writes a report about how the home is running. The helps to make sure that improvements are being made. The support manager does regular checks of care plans and medicines to make sure these are being well kept and managed. We saw evidence of this in the households. The general manager is responsible for the quality of the housekeeping and catering services.

Residents are able to put small amount of personal spending money in safekeeping at the home. We saw that good individual records are maintained.

The home has a full-time maintenance person, who also provides an out of hours on-call service. We saw records of regular maintenance checks of water temperatures, fire alarms and emergency lighting. There were also records of regular fire drills to make sure that staff know what to do to protect people if fire breaks out. Risk assessments are in place for equipment and products used in the home. These are evaluated regularly and are accessible for staff to read and follow so they have the guidance they need to make sure that risks are reduced for the people living in the home.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	X
2	X
3	3
4	X
5	X
6	3

HEALTH AND PERSONAL CARE	
<i>Standard No</i>	<i>Score</i>
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
<i>Standard No</i>	<i>Score</i>
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
16	3
17	X
18	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
19	4
20	X
21	X
22	X
23	X
24	X
25	X
26	4

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	3
28	4
29	4
30	3

MANAGEMENT AND ADMINISTRATION	
<i>Standard No</i>	<i>Score</i>
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

Commission for Social Care Inspection

North West Region

Level 3, Unit 1

Tustin Court

Portway

Preston

PR2 2YQ

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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Belong Macclesfield
Kennedy Avenue
Macclesfield, Cheshire
SK10 3DE

T: 01625 508700
F: 01625 508750

E: enquiries@belong.org.uk
www.belong.org.uk

11 February 2009

Mrs W Smith
Regulatory Inspector
Commission for Social Care Inspection
3rd Floor, Unit 1
Tustin Court
Port Way
Preston, PR2 2YQ

Dear Mrs Smith

Belong Macclesfield, Kennedy Avenue, Macclesfield, SK10 3DE

Thank you for your draft report of the inspection that took place at the above premises on 5 and 13 January 2009.

Please accept my apology for the delay in responding, however your report was addressed to me at Belong Macclesfield when my office base is actually Pepper House, Nantwich. It therefore took several more days to reach me. Please note that the Registered Manager, Belinda Jones, did not receive a copy as is usual.

I should be grateful if you would consider revising the statement in your summary about an infectious outbreak on the day of your first visit, 5 January 2009. In fact it was as a precautionary measure that the household was closed to visitors. Subsequent investigations found no infectious outbreak and the household soon returned to life as normal.

I was pleased to read in your report that you found many improvements in the service since your last inspection of 12 months earlier. The first few months of any new service throws up unexpected problems, as I am sure you appreciate, but I am confident that we are now delivering and regularly exceeding the service levels we promise to our customers. I was delighted to see that you made no requirements or recommendations as a result of your inspection which is surely an indication that the service is performing above the required standard.

I respectfully request that if you look again at the overall rating of **Good** and consider whether this could be upgraded to **Excellent**. I have set out below some areas where I feel you may have not have given us sufficient credit for the standards we achieve:

Cont ..



Mrs W Smith
Regulatory Inspector

Choice of Home

Standard 3

You evidence this standard in your report as follows:

"People who are interested in going to live at Belong are assessed by the support manager to make sure it is the right home for them."

"The support manager carries out a full needs assessment"

"If the person requires nursing care one of the homes nurses is also involved in the assessment".

"We saw copies of people's assessments done before people move into the home were in people's support plans for staff to read"

"For some people there was a copy of a social services assessment"

"There is a six week assessment period to help to confirm whether the home is the right place for the person"

I suggest that these factors indicate a score of 4.

Standard 6

In your evidence for Standard 6 you reference the following;

At the time of your visit there were 4 members of Belong staff for 8 service users, 2 physiotherapists, a GP and a rapid response nurse and an NVQ assessor. I believe that this level of resource and involvement of multi professional staff is evidence of *excellent* practice. You also cite evidence from the PCT Rapid Response Nurse that the *"care and environment are excellent"*. The Senior Support Worker comments that *"everyone knows what they are doing. We have a brilliant team on Willow"*.

I would suggest that there is sufficient evidence to award a score of 4.

Standard 1

You also cite evidence for Standard 1 by listing information provided by Belong, these being: a brochure, a quarterly Belong Life magazine, Your Guide to Living in Belong, a DVD and virtual tour (to protect privacy), opportunity to visit Belong, and I would like to add to that our web site www.belong.org.uk which gives extensive information on the service offered.

I would suggest that you collected enough evidence to assess Standard 1 in your assessment and that the score should be a 4.

Cont ..

Mrs W Smith
Regulatory Inspector

Health & Personal Care

In your assessment of this area you cite the following evidence against standards 7, 8,9,10.

Standard 7

The support plans you looked at were;

"Kept in each person's bedroom and this means that they are available for the resident and family to look at"

"Particularly well written"

"Daily progress sheets were meaningful and detailed to give a good picture of what had happened during each day".

"Risk assessments had been completed for any identified risks to the health safety or well being of the individual to make sure there were plans on how to manage the risks well for each person."

"The reviews had been reviewed regularly and updated when required"

"The support plans on Oak had very thorough evaluations"

"Visits from health care professionals were recorded in the support plans"

Your reference to one plan in Holly was addressed immediately.

Based on the above evidence alone Standard 7 should surely score a 4.

Standard 9

You provide further evidence of good practice in Medicines management in 5 out of 6 households;

"We found that storage was good and secure"

"Administration records indicated that residents always receive their medicines as prescribed by their doctor"

Controlled drugs were recorded appropriately to show how they were being used and that people were receiving them safely as prescribed"

I would like you to consider adding that each person has their own medicines cabinet which is locked securely to enhance security, privacy and dignity.

Our practice of storing and dispensing medicines from personal cabinets in bedrooms is a significant improvement on the standard and on the practice in the majority of care homes.

I would request that based on the evidence you saw within the 5 households you upgrade the score to 4 for Standard 9.

Cont .

Mrs W Smith
Regulatory Inspector

Daily Life and Social Activities

Standards 12-15

You provided evidence for standards 12,13,14,15 within your report.

This included reference to the village facilities that are accessible for all residents; A large function room, a hairdressing salon, a café, the new library and internet café, a small gym. You also remarked that the café was busy. Whilst you identify an earlier vacancy for an Activities Facilitator the fact is that the post was filled at the time of your inspection. You note that our Activities Facilitator was described to you as a 'breath of fresh air'.

As you point out activities do take place in the households and The Venue and that residents and tenants of the apartments are encouraged to interact. Staff in the household regularly organise events such as theatre performances, art and craft work, dances, walks to the park or shops, films, entertainers etc. We believe that meaningful activity comes in all forms, and this includes help with housework or cooking if this is meaningful for that individual. Our Support Worker job role includes supporting residents with purposeful activity. We do have photographic evidence of many activities taking place on both an 'ad hoc' and planned basis within each of the households. There is also a newsletter that Oak House produces for their residents and families.

I was pleased to see that you identified that each house has its own identity with reference to "*quiet and relaxed*" and "*positive ambience*" which gives evidence of lifestyle experience within Standard 1. You also referenced family involvement in mealtimes, choices, flexibility and a 'homely feel'. These comments are important to us.

I would request that based on the evidence you saw you upgrade the score to 4 for Standards 12-15.

Complaints and Protection

Standards 16+18

You provide evidence against standards 16 and 18 and stated that:

"there are clear procedures so people living at the home can be confident that any complaints they raise will be taken seriously and addressed and that staff know what to do to protect them from harm."

The information you requested to see was available. I fail to see how the organisation of the folder has relevance to the standard. All of our information is also available on our computer systems to track progress. You also state that:

"Four people who completed CSCI comments cards told us they know how to make a complaint."

Cont ..

Mrs W Smith
Regulatory Inspector

You rightly point out that we do have *"clear policies and procedures for the guidance of staff who may witness or suspect abuse of a resident."* The training that we provide for staff as you state *"means that they know the correct action to make sure that people in the home are protected from abuse"*.

48 out of 61 support staff have attended POVA training and 4 more are receiving POVA training through induction. The remaining 9 staff are already scheduled to be trained by the end of February.

I would request that based on the evidence you upgrade the score to 4 for Standard 16 and 18.

Staffing

Standard 27

I would request that Standard 27 is upgraded to a 4.

There was evidence of at least 1:6 ratios of staff during both your visits in all households. You state *"there are enough qualified and experienced staff working at the home to make sure that resident's needs can be met"*

Standards 30

I request that Standard 30 is upgraded to a 4.

We provided information that demonstrates we have exceeded the minimum standard. You spoke with an NVQ assessor who informed you that *"all care staff have either started or completed an NVQ" and "she receives excellent commitment and support from the home's management team"*.

You also reference *"a significant amount of training taking place in the home"*. This includes; moving and handling, fire safety, first aid, food hygiene, safeguarding adults, medication and dementia awareness.

Management and Administration

Standard 31

I would request that Standard 31 is upgraded to 4.

You reference the Support Manager to have *"worked in care for twenty years and has developed expertise in caring for people with Dementia"*. You also state that *"communication is excellent and the manager is visible and approachable"*. I believe this exceeds the minimum standard by some degree

Cont ..

Mrs W Smith
Regulatory Inspector

Standard 33

You refer to household meetings that are held with residents, staff and families. In the summary you state that *"they have developed ways of finding out peoples views about the service so they know where they can improve"*. Our Belong values are very clearly referenced in the documents you refer to i.e. Belong Life, brochure and on our website which clearly demonstrates that we meet the standard and excel by focusing all activity on the service user; life plans are clear evidence of this.

I request that Standard 33 is upgraded to a 4.

Standard 38

You provide evidence of Health & Safety through reference to;

Regular water temperature checks, Fire alarms, emergency lighting, records of Fire drills, risk assessments. You state that make sure that *" Staff know what to protect people if fire breaks out"* and that *"risk assessments are evaluated regularly and are accessible for staff to read and follow so that they have the guidance they need to make sure that risks are reduced"*.

I would also like you to take into consideration the security of doors, key fobs, full time reception and maintenance staff, visitors log book, CCTV in vulnerable areas and the fact that the village was built as 'secure by design'.

I request that you upgrade Standard 38 to 4.

Finally I do hope that you will give some consideration to the hard work and commitment of the management and staff at Belong Macclesfield. We are regularly told by other professionals, staff and visitors that our facility and the service we are developing in it is second to none. This only goes to encourage our staff to strive even higher. A rating of **good** rather than **excellent** as a result of your inspection will come as a severe blow and is in my view unwarranted.

Yours sincerely

Nick Dykes
Chief Executive