

The Partnership In Care Limited







Beech House - Halesworth

Inspection report

Beech Close
Halesworth
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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This inspection took place on the 6 March 2015 and was unannounced.

Beech House provides accommodation and personal care support for up to 49 people including support for people living with dementia. There were 46 people living at the home when we visited.

There is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe and protected from the risk of harm as staff understood their roles and responsibilities. Staff had the required knowledge and knew what action to take to protect people from harm and what action to take if they had concerns.

The culture of the service was centred on people who used the service and tailored to meet the care, treatment

Summary of findings

and welfare and needs of people. The care planning process was centred on the individual and people had been involved in the review of their care on a regular basis.

Staff supported people to live as full a life as possible. Activities were tailored according to people's views and preferences and designed to enhance the wellbeing of people. People were supported people to maintain their independence and community involvement.

The manager had embedded a culture of person centred, individualised care where the dignity, respect and independence of people was promoted. Staff demonstrated their knowledge of people's needs, they supported people in a manner which respected their individual choices and promoted their dignity.

The risks to people's safety had been assessed and staff had been provided with guidance in the actions they

should take to reduce risk to people as well as enabling people to live as full a life as possible. The provider had systems in place to manage risks and safeguard people from the risk of abuse.

There were sufficient numbers of staff available with the right competencies, skills and experience to meet people's needs at all times. Staff had been trained and had the required skills and knowledge to care for people living with dementia and supported people in a manner which enabled them to enjoy a good quality of life.

People's medicines had were held in a safe manner and managed by qualified staff so that people received their medicines safely and as prescribed.

Staff worked well as a team and had received the training and support they needed to deliver a high standard of care, safely. People were supported by a team of staff who were knowledgeable and passionate about meeting the health and welfare needs of people living with dementia.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe because staff knew how to reduce the risk of people experiencing abuse.

The risks to people's safety had been assessed and staff are provided with guidance in actions they should take to reduce risk to people.

There were sufficient staff to meet people's needs and enable them to enjoy a good quality of life.

People's medicines had been managed so that they received them safely and as prescribed.

Good



Is the service effective?

The service was effective. Staff had received training which gave the knowledge and skills they needed to provide good quality support to the people they cared for.

Staff received regular supervision with their line manager so that they could raise any concerns they had and discuss their training and development needs.

Staff knew the people they supported well. People's preferences and opinions were respected and staff were able to tell us about people's needs, their likes and dislikes and preferences. The information staff told us matched with people's care records.

Staff and the manager had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people did not have the capacity to make complex decisions the manager was able to support people by ensuring best interest assessments would be carried out by those qualified to do so.

Good



Is the service caring?

The service was caring as staff demonstrated a sensitive approach to people including those living with dementia.

The service has a strong, visible, culture which is focused on providing people with care which was personalised to the individual. Staff were highly motivated, passionate and caring.

People had their privacy and dignity respected and were relaxed and comfortable living at the service.

Good



Is the service responsive?

The service was responsive to people's needs. People had personalised care plans in place.

Staff understood people needs. They knew the people they cared for well and supported people to maintain their independence and to get involved in daily activities of their choice.

People told us they were well supported to express their views and to be involved in the planning and review of their care.

Good



Is the service well-led?

The service was well-led and provided strong leadership and a positive, enabling culture.

Staff understood their roles and responsibilities. The manager had embedded a culture of person centred, individualised care where the dignity, respect and independence of people was promoted.

Good



Summary of findings

Although there had been no complaints in the last 12 months, there were systems in place to manage these.

The quality and safety of the service was monitored regularly by both the manager and the provider.

Beech House - Halesworth

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 6 March 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had previous experience of caring for older people.

Before our inspection we reviewed all the information we held about the service and contacted the local authority who gave positive feedback about the service.

We observed how care and support was provided to people throughout the day. This included observation of the midday meal within two communal dining rooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

On the day we visited the service, we spoke with nine people living at Beech House, six relatives, six care staff, the registered manager, deputy manager, the team leader and one health care professional.

We looked at four people's care records, three staff recruitment records, staffing rotas and other records relating to how the service monitored staffing levels and the quality and safety of the service.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe and happy living at the service. Comments included, “This is a home from home and I feel safe and content here”, “We are one big family” and “The staff are all kind and considerate and come quickly when you need them.”

The provider had taken steps to safeguard people from the risk of abuse. A relative told us, “I have no concerns [my relative] is happy and we know they are safe and well cared for.” Safeguarding and whistleblowing procedures provided staff with the guidance they needed to enable them to understand their roles and responsibilities. Staff told us they had received up to date training in how to recognise abuse and what steps they should take if they had any concerns about people’s safety and welfare. Staff told us they would know how to challenge poor practice and felt confident in the management of the service to respond and take action if required. We saw from a review of staff meetings minutes that people’s safety and welfare was discussed and monitored regularly.

Risks to people’s safety had been assessed. Risk assessments covered areas such as; the safe moving and handling of people, nutrition and dehydration risks and prevention of pressure ulcers. Care plans contained guidance for staff which described the steps they should take when supporting people who may present with distressed reactions to other people and or their environment. Our observations and conversations with staff demonstrated that guidance had been followed. We observed occasions when one person presented as distressed and upset and staff responded in calm, comforting manner, allowing the person time to relax whilst providing options for activities to distract the person from the source of their frustration.

People and their relatives told us there were enough staff to meet their needs. One person said, “When I call for help they come quickly.” Another told us, “The staff take their time with you, they don’t rush you. They sit and talk with

you, take you out for walks to the shops and nothing is too much trouble for them.” Staff rotas showed that there were enough care staff on duty with the right competencies and experience to keep people safe. People benefitted from designated staff who provided one to one and group activities through staff employed as activities coordinators for 18 hours per day. Staff we spoke with were clear about their roles and responsibilities and described how well they worked as a team. This enabled people to experience care and support which enhanced their quality of life.

Staff recruitment records showed that the provider had safe systems in place for the recruitment and selection of staff. Safety checks had been carried out before staff started working at the service. This ensured that staff employed were of good character and had the right skills and experience to support people who used the service.

The provider had safe systems in place for managing people’s medicines. Medicines including controlled drugs were stored securely. People we spoke with told us they received their medicines on time. Care records contained a medication profile which recorded medicines prescribed and guidance for staff in administration of these items and identified any allergies and side effects. Each medication administration record (MAR) contained a photograph of people, this helped staff to ensure that they administered medication to the correct person. Records of medicines administered to people had been completed with no gaps.

We conducted an audit of medicines which considered medication records against the quantities of medicines available for administration. We were able to account for all the medicines we looked. This assured us that people had received their medicines as prescribed.

Where people had been prescribed medicines on a 'when required' basis, for example, for pain relief we found that there was sufficient guidance for staff to follow in the circumstances when these medicines were to be used. We were therefore assured that guidance was in place for staff to ensure that medicines were administered when people needed them.

Is the service effective?

Our findings

All of the people and their relatives we spoke with were complimentary about the service they received and the manner in which staff supported them. They told us that staff had the required skills, knowledge and the ability to communicate effectively with people living with dementia.

Staff had received training in a variety of subjects relevant to their roles and responsibilities. Staff told us they were supported with regular supervision and annual appraisal meetings with their line manager in which they could raise any concerns, their performance and development was discussed and training needs planned.

Staff were knowledgeable about the people they supported. They were able to tell us about people's needs, their likes and dislikes, preferences and social activities that they enjoyed. The information staff told us matched with people's care records.

The manager had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people did not have the capacity to make complex decisions the manager was able to explain the process they would follow in ensuring best interest assessments would be carried out by those qualified to do so. Assessments of people's capacity to make specific decisions had been recorded in their care plans along with details of any decisions made in their best interests. Authorisations had been made to the relevant safeguarding authority for people where their freedom of movement had been restricted to prevent them from the risk of harm. Staff confirmed their understanding of DoLS and had received appropriate training which enabled them to understand their roles and responsibilities.

People were provided with a choice of nutritious food and drink and were supported to receive good nutrition and hydration. Care plans contained detailed information regarding people's dietary needs with actions to guide staff in supporting people to maintain a balanced diet. Risk assessments such as the Malnutrition Screening Tool (MUST) had been used to monitor and identify people at risk. These assessments were up to date and had been reviewed on a regular basis. Where one person had been identified as at risk of malnutrition, referrals had been made to a dietician for specialist advice. Discussions with

the cook evidenced that they had been communicated with regarding this person and described the support provided to ensure this person was supported to maintain adequate nutrition to meet their needs.

Drinks, fruit and snacks were available for people to access throughout the service at any time. Menus were displayed in the dining areas. People told us they were offered a choice of meals and their preferences catered for. One person told us, "The food here is very good and if you don't like something nothing is too much trouble for them to find you an alternative. They make you a cake on our birthday. We have fresh vegetables and more than enough to eat." Another told us, "It is like living in a five star hotel. The food is marvellous."

We observed people being supported with eating their meals during the lunchtime period. The serving of meals was flexible and staggered to meet people's needs and enable staff time to assist people who required one to one support without being rushed. Whilst supporting people to eat their meal staff were observed to be attentive, sat at eye level, talking to people throughout the activity.

People had access to specialist healthcare support when this was needed. Care records showed that people's health care needs were being met. People had access to a designated GP who visited the service at least once a week for routine consultations and medicine reviews. Where people had been identified as at risk of malnutrition and dehydration, specialist support and guidance had been sought. One healthcare professional told us that staff had the right skills and knowledge to be able to recognise signs of deteriorating health and took prompt action when specialist support had been required. One relative told us, "Staff always let you know if [my relative's] health changes and if they have had a fall. They keep you updated and we are impressed with their response and the actions they take, we do not have to worry."

The environment was designed to promote the wellbeing of people living with dementia. Staff had worked creatively to create an environment that promoted people's sense of wellbeing with signs, decoration and other adaptations to the premises to meet the needs of people living with dementia and promote their independence. All communal areas had an assortment of objects to stimulate activity and engagement with people. For example, there were tactile objects available for people to touch and feel, reminiscence items, tools, hats, scarfs and bags. Doors to

Is the service effective?

rooms had pictures chosen by the person to help them identify their own room. People had brought with them their own furniture, photographs and ornaments. One person told us, "It helps you feel like you're in a home from home having your own things around you."

Is the service caring?

Our findings

All of the people we spoke with including relatives were complimentary about the staff and the manner in which people were cared for. Comments included, "There is no place like this, it is wonderful. I am well cared for by kind, caring staff", "All the staff are so friendly and caring. They make you feel secure and cared for", "You will not get a better place than this, you are treated with kindness and respect. They are the best." One relative told us, "The culture of this home is empowering and caring. [my relative] is happy and secure here. The atmosphere is warm and inviting."

We observed the service had a strong, visible, culture which focused on providing people with care which was personalised to the individual. Staff were highly motivated, passionate and caring. We observed lots of laughter and positive communication between people and staff. People were relaxed with the staff supporting them. We observed a music therapy workshop where the atmosphere was one of fun and enjoyment.

Staff were able to describe people's needs and preferences in a clear, concise and compassionate way. We saw that staff treated people with dignity, spoke to them respectfully and promoted their independence. Everyone looked relaxed and comfortable with the care provided and the support they received from staff. Staff interacted with people positively at each opportunity. For example, greeting each person as they entered communal areas. Staff discussed people's personal care needs discreetly. One person was observed to be reluctant to have their hair

brushed. We saw a staff member take time to patiently encourage this person and when the person then tried to brush the hair of the member of staff this was allowed without any opposition.

People told us that staff respected their privacy and encouraged them to maintain their independence. Comments from people included, "They always respect your privacy and maintain your dignity when having a bath", "You get up when you want and go to bed when you want. They respect your choice" and, "I don't feel like I am imprisoned here. I can go out to the shops and staff support me to live my life how I like to live it with the limitations that come with my age."

One healthcare professional we spoke with told us, "The staff know how to support people well, particularly people with complex physical and mental health needs. It is a real home for people and they do their very best to keep it a place that people are happy to call their home. This is one place I would be happy for my mum to live here. I would also be more than happy for any member of my family to work here."

There was a strong emphasis on supporting people to express their views and opinions as to how they wanted to live their lives. As well as regular meetings, care plan reviews and surveys people had been enabled to express their views about how they wanted to be cared for at the end of their life. Care plans described how people wanted to be supported during the end stages of their life and their expressed wishes following. Relatives where appropriate had been involved in the planning and review of care plans. Do not attempt resuscitation (DNAR) forms had been completed and included in the care planning and review process. We were assured that people had been involved in making decisions and the planning of their care.

Is the service responsive?

Our findings

People told us they were involved in the planning of their care. One relative told us, “They invite us for regular reviews of [my relative’s] care plan at least every three months. This is a good opportunity for [my relative] and us to have a say about how we feel things are going. It gives us time to share anything we are concerned about and we feel we are listened to.”

Staff had developed, following consultation with people and their relatives, ‘my life’ story books. These contained information about people’s life history, their interests and aspirations. They also included details of people important to the individual with photos of family, friends and significant life events.

Care plans included a full assessment of people’s individual needs to determine whether or not they could provide them with the support they required. Care plans were comprehensive and provided staff with the guidance they needed in how to support people with their identified needs such as personal care, receiving their medicines, communication and with their night time routine.

Care plans were focussed on the person’s whole life and reflected how people would like to receive their care, treatment and support. For example, there was information that detailed what was important to the person, their daily routine and what activities they wanted to be involved in. People’s changing care needs had been identified promptly, and were regularly reviewed with the involvement of the person and or their relatives.

There was an individualised approach in the planning of activities to meet people’s needs and promote their sense of wellbeing. Staff found creative ways to support people to live as full a life as possible. For example, we observed people involved in a musical therapy session and supported by staff to take the home’s two dogs out for a walk and also participating in feeding rabbits and chickens.

It was evident from discussions with staff that they knew the people they cared for well. This included people’s preferences and care needs. Staff described how they encouraged people to maintain their independence and to get involved in daily activities of their choice such as household chores. One person told us, “I peel the

vegetables every day with other people and I love it. It gives me a reason to get up and get going and we chat as we go along. It makes me feel like I am worth something and still useful.”

One health care professional told us, “People who live in this home benefit from high quality care and they focus on the overall wellbeing of people. They care for people with high, complex needs and yet there is only one person who we prescribe anti-psychotic medicine for. People are stimulated with plenty of activities and cared for in a personalised way.”

The activities coordinator told us that people were supported with a variety of activities that they were interested in and supported to maintain their hobbies and interests. This was confirmed from our discussions with people and their relatives. One to one time was scheduled and provided for people such as sitting and chatting, reading a newspaper, manicures, gardening or supporting people to feed pets such as chickens, rabbits and birds. People told us they could choose to spend time alone in their rooms or be involved in group activities such as film afternoons, quiz’s and memory games. The activities coordinator showed us how activities that had taken place were recorded and monitored for attendance and participation. People’s individual choices and views had been sought in the future planning of activities.

People were encouraged and supported to be involved in the local community. People told us that staff supported them to regularly access local shops, the library, tea shops and local pubs. Staff and people who used the service entered the local Halesworth annual carnival every year. The manager told us that twice a year people made cakes and helped on cake stalls in the community to raise funds for local charities. The service had recently been nominated and won an award for the best dementia garden from the National Dementia Care Awards. Staff and people who used the service told us how proud they were of the home and this achievement.

People told us they had been involved in the planting of seeds and took pride in their involvement along with their relatives in the creation of the dementia friendly garden. We saw photographs where the service had recently received dementia care awards in recognition for their work in creation of the garden and other local Anglia in Bloom community awards.

Is the service responsive?

No formal complaints had been received within the last 12 months. We asked people and their relatives if they were confident to raise any concerns or complaints if they were unhappy about the service they received. All of the people we spoke with told us they were content with the service they received and would speak to the manager or other staff if they needed to. People told us that if they had raised any concern in the past this had been dealt with promptly

and sensitively. One relative told us, "There is always an open door if you need to talk to someone." People told us they had regular access to the management team and found them approachable. They also told us they had regular opportunities to express their views about the care they received through care reviews, residents meetings and surveys.

Is the service well-led?

Our findings

People and their relatives told us they had confidence in the management and staff. They told us they felt involved in how the service was run and asked for their views in planning improvements. One person told us, “The staff are just lovely and kind. This is my home and I love it here. The manager is always there when you need them and I would trust them with my life.”

Relatives told us the service was well led and that the manager was a visible presence. One relative told us, “It’s the manager and her deputy who make this place work, they are a great team.” Another relative told us, “I would describe the culture of this place as empowering and caring.”

All care staff we spoke with were complimentary about the management support they received. Care staff described the management team as, “inspiring, caring and supportive.” They told us the service was well managed and the manager approachable. One described working in the service as, “We are like one big family. It is a calm and enjoyable place to work.”

We observed staff morale to be high. Staff told us they worked in a happy atmosphere where the needs of people were described as, “top priority.” Staff told us they were kept informed about matters that affected the service through regular supervision, team and daily handover meetings.

Staff were supported with training to make sure their knowledge and skills were up to date in particular when supporting people living with dementia. Staff meeting minutes showed that the focus of these meetings were on equipping staff with the skills and understanding they needed and opportunities to discuss how well they were doing as a team in promoting individualised, quality care to people. For example, in a recent meeting it had been

suggested and discussed that night staff may want to wear pyjama’s following recent research that suggested this would create a night environment and prevent disorientation for people living with dementia.

One healthcare professional told us, “I would be more than happy for my mum to live here and for any member of my family to work here. It’s top notch. Staff and the manager are responsive to the needs of people and for some with complex care needs they support them well.”

The manager monitored the quality of the service by conducting audits, such as medicines management audits, health and safety, observing staff supporting people. The manager had systems in place to assess the quality of the care received. People and their relatives had been asked for their views during three monthly care reviews, residents meetings and annual satisfaction surveys. The results of the 2015 survey of people, their relatives, staff and health professionals were very positive. One health professional had commented, “There is great attention to wellbeing, cheerful, motivated staff in a vibrant atmosphere with good team morale.”

The provider visited the service on a regular basis and carried out quality audits of the service. We saw audits that had been carried out looking at the quality of care, care plans and health and safety monitoring. Shortfalls identified had been followed up with action plans in place.

We saw that there were systems in place for recording and managing complaints, safeguarding concerns and incidents and accidents. No complaints had been received within the last 12 months. We received positive feedback from the local safeguarding authority who told us the manager worked well with the authority to ensure safeguarding concerns were effectively managed.

Accidents and incidents were closely monitored. Documentation and discussions with the manager showed that management took steps to learn from events and put measures in place which meant they were less likely to happen again. For example in the management of people who were at high risk of falls.