

Oldfield Residential Care Ltd

# Beech Dene Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 22 November 2016. At our last inspection visit on 26 August 2015 we asked the provider to make improvements to all aspects of the service we inspected. The provider sent us an action plan in September 2015, explaining the actions they would take to make improvements. At this inspection, we found improvements had been made. The service was registered to provide accommodation for up to 35 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 33 people were using the service.

There was a registered manager in post. 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 were supported to make choices, however the assessments did not always reflect the person's level of understanding in different situations. There were sufficient staff to support people's needs and staff had undergone a range of checks to ensure they were suitable to work in the home. The manager and provider completed a range of audits to support the improvements within the home. We saw feedback was sought from people and any areas raised had been considered and responded to.

People told us and we saw they had established positive relationships with people. Staff respected people's choices and offered a range of choices the person was able to manage. Staff maintained people's privacy and dignity at all times. There was a positive meal experience where people were able to choose the meals they wished to eat and alternatives were provided.

We saw that medicines were managed safely and administered in line with people's prescriptions. Referrals had been made to health care professionals and people had access to a range of health care professionals to maintain their health needs.

The care plans covered all aspects of people's care and their preferences. There was a clear process in place to cascade information about the service and the needs of people. People were able to choose how they spent their time and were encouraged to join activities. Any complaints had been addressed and responded to.

Staff felt supported by the manager and they were provided with suitable training for their role. We saw that the previous rating was conspicuously displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

There were sufficient staff and they had been recruited ensuring the appropriate checks had been completed. Staff understood their responsibilities to keep people safe from harm. Any identified risks had been completed and guidance provided. People received their medicines as prescribed and medicines were managed safely.

### Is the service effective?

Requires Improvement ●

The service was not always effective

People were supported to make choices, however the assessments did not always reflect the person's level of understanding in different situations. People enjoyed the food and were encouraged to make choices. Referrals were made to health professionals as requested and people had a choice of the professional they wished to use. Staff received ongoing training and there was an induction package to provide new staff with the skills to support people.

### Is the service caring?

Good ●

The service was caring

People were encouraged to make choices about their day. Staff knew people well and had positive caring relationships with them. Staff ensured people's dignity was respected. When required people were supported by advocates.

### Is the service responsive?

Good ●

The service was responsive

People were able to choose how they spent their time and were encouraged to participate in activities. The care plans provided guidance and information about people's preferences. There was a system in place to manage concerns or complaints.

## Is the service well-led?

Good 

The service was well led

The provider used a range of methods to reflect on the service and to use to make improvements. Staff told us they were supported by the manager and received the guidance they needed for their roles. The manager understood the responsibilities of their registration with us.

# Beech Dene Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and team consisted of two inspectors.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with nine people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with four members of care staff, the cook, the maintenance person, two visiting professionals, the deputy and the registered manager. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for five people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

At our previous inspection we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people were safe when they received support when staff used equipment. At this inspection we found that the required improvements have been made. For example we saw that risk assessments were in place. These covered all aspects of people's care, when people required equipment the assessments provided guidance and the type of equipment to be used. We saw on several occasions staff moved people safely when using equipment, staff understood how to use the equipment and provided verbal prompts and reassurance to the person.

People's risks had been assessed. One person said, "The staff keep people safe, they watch those that aren't steady on their feet." We saw when people's needs had changed this had been reflected in the risk assessments being updated, but people were still encouraged to be independent. For example one person was no longer able to walk with their walking aid and required the use of a wheelchair. However staff still encouraged the person to stand with support and only used lifting equipment when necessary.

Some people had behaviours that challenged. One person told us, "There are some very difficult people here. Staff are good with these people, they know what to do." We saw that the risks had been identified and any triggers or techniques to reduce the risk had been identified. Staff we spoke with understood the times when these people may be less receptive and how to support them at that time.

People told us there were sufficient staff, one person said, "They come to me when I press my buzzer." Staff told us there had been an increase in the staffing numbers recently and this was planned to be supported further by six new staff members. One staff member said, "There is a good bunch here, we work as a team." We spoke with the manager about the staffing levels. They confirmed they were reflective of people's needs and that it was reviewed when people left or entered the home or their needs changed. For example it was identified another staff member was required around teatime and this has been implemented. They told us, "We have had several staff changes as two staff members retired and our activities person left." They added, "I feel there are enough staff, we only use agency if we are unable to cover with our own staff."

We saw people were supported to be safe. One relative said, "[name] came here as they were not safe at home, they are safe here." All the staff working for the provider had received training in safeguarding and understood the different possible signs of abuse around safeguarding and how to raise a concern. One staff member said, "It's covered in the training and how to report any concerns." We saw where concerns had been raised they were investigated and any learning cascaded to staff. For example following some recent concerns staff were given the opportunity to raise any concerns at a staff meeting and following this were offered additional training or support.

Fire risk assessments had been completed which related to the needs of each person and how best to evacuate them in case of an emergency. These were stored in a folder next to reception and a copy in the care plans. Staff knew about the levels of support people would require in the case of an emergency. This

meant we could be sure people would be supported.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us, "I had to wait until my things had all been returned before I could start." This demonstrated that the provider had safe recruitment practices in place.

We observed staff administering people's medicines. People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this. The staff had received training in medicine administration and we saw that competencies had been completed to ensure the staff understood how to administer and record medicines. When people required pain relief we saw there was guidance provided and any medicine provide was recorded. We saw that medicines were stored according to their requirements. This demonstrated that there were processes in place to manage people's medicines in a safe way.

## Is the service effective?

### Our findings

Our previous inspection found whilst the provider was not in breach of any regulations there were aspects of care in relation to the understanding of people's capacity and reasonable adjustment to people's environment. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements however further improvements were needed.

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

Where concerns about people's capacity had been identified, a capacity assessment had been completed; however this was generic and did not consider that a person could have differing levels of capacity dependent on the decision that needed to be made. For example to make decisions about their personal care, however not about going outside. Where people lacked capacity a best interest meeting had been completed, however they were general and not linked to the person's capacity for a particular decision or recorded through the care plan to consider different areas. We spoke with the deputy manager about the assessments, they acknowledged they were not decision specific and they would work towards correcting this with all the people it was relevant for.

We recommend that the provider researches current guidance on best practice, to assess the capacity in relation to specific decisions for people living at the home.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. We saw that applications relating to DoLS had been completed to the relevant authority and reviewed in relation to the timeframe. We saw people were offered choices and consent was obtained before people provided the support for the person. A staff member told us, "It's the least restrictive practice where possible. We should always ask people."

Staff told us they received support with their role. One staff member said, "The training was good, I had not done caring before, so it was good to have the training." Staff we spoke with provided details of a range of training. One person said, "The manager tells us when we are due a training course." Specific training had been provided around behaviours that challenge, one staff member said, "It was useful the techniques were different than in the past, ideas for distraction or going back after a while when the person has relaxed."

A new staff member told us they were currently completing the care certificate. They said, "It tells you what you want to know and has some good examples and relevant situations which I have come across." The care



certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The manager had a planned induction for new people. We saw new staff worked alongside established staff to learn and develop their skills and get to know the people they were supporting. One new staff member told us, "I have had lots of support. Everyone's been really helpful." This meant staff were supported when they joined the home.

People told us they enjoyed the meals. One person said, "You cannot whinge about the food it is good." Another person said, "Quite good, you get a choice." We saw people were consulted about the meals. One person said, "They ask us about the food and what we like, they have just changed the menu to what we want." This was confirmed by the cook and was seen in the minutes of the meeting held with people. More milk puddings were requested and the cook was ordering tapioca and sago to be added to the menu. Some people required meals with higher calorie content and others specialist diets. The cook prepared meals to accommodate the differing needs and provide a choice if people did not want what was on the planned menu. In the dining room there was a picture board showing the current day's menu..

We saw that when a concern was raised about some ones nutritional needs this was responded to. For example one person had lost a substantial amount of weight. A referral had been made to a health care professional to provide advice and guidance. The relative of this person said, "They had the doctor out they are very caring and have provided additional food to encourage them to eat."

People told us they were able to access health care professionals when they needed to. One person said, "Doctors come as we need them or a nurse." Another person told us, "We see the chiroprapist who comes out regularly, but you can go to your own if you want." This was supported by one person telling us they visited their own dentist. A staff member told us they accompanied people to appointment if they requested. They said, "Next week I am taking [name] to a hospital appointment I have always supported them." We saw that referrals had been made to health care professionals in a timely manner and any guidance followed. A health care professional we spoke with said, "When needed they stay with me to support the person. They know people well and call our service if needed." This meant people were supported to maintain their health care needs.

## Is the service caring?

### Our findings

At our previous inspection we found that the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people's dignity was respected. At this inspection we found that the required improvements have been made.

People told us they felt their privacy and dignity was respected. One person said, "The staff are very good, they knock on doors before entering. They are polite to us." We observed when people were transferred using equipment care was taken to ensure the person was covered up to maintain their dignity. The staff we spoke with told us, "It's important to close the curtains, knock on the door and consider people's views and choices."

People told us staff knew them well and had established relationships with them. "Staff are lovely caring and thoughtful." A relative told us, "Staff here are excellent. No complaints about care." They added, "My relative is happy here, they were anxious when they first came, but now they are very calm." Staff told us they felt it important to talk with people, one person said, "We talk whilst we are interacting, things are not done in silence." Another staff member said, "We read the daily paper to people if they are interested." We saw staff knew people well, many of the staff team had worked at the service for many years and established relationships with people.

Relatives told us they felt welcomed and relaxed at the home. One relative told us, "Staff are pleasant and approachable. They always make us welcome." We saw that people who mattered to the person had been included in discussions and decisions at their request. A relative said, "I have been involved in the care plan review, staff call me if there are any health problems or issues." This meant that those who mattered to people were supported to maintain their relationship.

Some people required the support of an advocate. The manager told us they had engaged an advocate follow the request from a person using the service. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. Information relating to the advocates support was documented in the care records.

# Is the service responsive?

## Our findings

At our last inspection, whilst the provider was not in breach of any regulations there were aspects of care that could be improved upon in relation to people being able to access their hobbies or interests. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

People were encouraged to be independent. One person said, "We read our books and do crosswords and choose between us what we watch on the TV." People also told us they had been supported outside the home. One person said, "Some of us have been to the Three Horseshoes." Other people were supported to make choices about how they filled their time. We observed a staff member doing a quiz on a one to one basis. They circulated from person to person asking people if they wished to participate and then spent the time going through the quiz and encouraging the person with their answers. The manager told us their activities person had recently left the home, however they had recruited another person. We saw this had been discussed with the people who used the service at their meeting. One person said, "They are going to train a new person to do activities. We did have a good one, but she recently left." Some people accessed clubs outside the home and were supported to be ready on time. This meant the home encouraged people to engage in activities of interest to them and kept them informed of any changes.

People were supported to follow their faith, one person said, "The vicar comes once a month for communion for those who want it." The home supported people to maintain their appearance and had hairdressers and a manicurist visits the home weekly. We saw people wore jewellery and had personal items of their choosing with them.

People were supported to have their needs met effectively by a staff team who knew them. People had a keyworker who was the main link for the person's care plan and one to one support. Many of the people knew their keyworker and felt supported by them. One person said, "My keyworker got me this cardigan from a shop in the town." In the PIR the provider told us they were changing the care plans to be more reflective of people's needs. We saw the new plans had almost all been implemented. The care plans recorded people's preferences and choices. One staff member told us, "I read the care plans, but also talk to people a lot." A person using the service told us, "I have seen my care plan and signed my agreement."

We saw that people's daily routines varied depending how they felt on the day. For example two people had decided to stay in bed longer. The staff member told us, "It's people's choice. I popped back after 40 minutes and they were ready to get up then." The staff had a daily handover when the shifts changed. This meant staff were kept up to date with people's changing needs. One staff member told us, "It tells us what has happened on the previous shift and if any concerns or things need following up."

People felt able to raise any concerns. One person said, "If we have concerns we would put our views to the staff. They are nice and we would be comfortable telling them." There was a complaints procedure in place; and we saw any complaints which had been raised had been considered and responded to. For example a

relative had made a complaint about the carpet, the room had been decorated and the carpet replaced. The relative then commented 'looking much brighter'. This shows the provider listened to people and responded to make improvements.

# Is the service well-led?

## Our findings

At our previous inspection we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that the records reflected the needs of the people and provided the necessary guidance for staff. In addition there were safety checks not completed in some areas of the home. At this inspection we found that the required improvements have been made.

All the care plans we looked at provided a clear reflection of people's needs and guidance had been provided. Staff told us they were allocated tasks following the handover meetings. One staff member said, "We work as a team, everyone supports each other."

We saw that audits had been completed, to consider all aspects of the home. These included medication, accident, any falls and maintenance. When required action had been taken following audits. For example some people had several falls, equipment was provided to ensure their ongoing safety and reduce the risk of further falls.

Staff told us they had received daily support and formal supervision. The cook told us they had recently had supervision, they said, "It covers any queries or concerns. This time we discussed the plans for Christmas." Other staff told us they received supervision, one staff member said, "We discuss issues relating to my work, the home and training." Staff also have regular team meetings, one staff member said, "The meetings are useful, to discuss things." Records show meetings had been held with all sections of the home.

The manager felt supported by the provider. They told us, "I am supported by my deputy and the staff team, along with my regional manager." They had regular meetings with the regional manager who reviewed their staffing and audits. This including discussing improvements to the home. For example the stairway to the first floor had been repaired and recovered in laminate flooring. Other areas of the home were planned to have the carpet replaced and blinds in the dining room were to be changed. The manager told us, "The provider is very good, if we need anything we can discuss it with them, there is no issue. They visit about every three months."

Staff told us they had access to any equipment they needed. The cook and maintenance person had both recently replaced items in the home. The cooks told us, "If I need anything, I just ask and the manager orders it." The maintenance person told us they had a debit card they can use at suppliers so they are able to action most repairs swiftly.

The provider had asked for feedback from the people who use the service and relatives. One person said, "We have meetings regular about every four weeks, they ask for our views." We saw records confirming the meetings and actions taken following any request. The manager told us they operated an open door policy for both staff and people who used the service. They told us, "I look at the people and ask if they are happy. What's not right we aim to put right."

The provider had notified us about important information affecting people and the management of the home. For example serious injury or things which stopped the service from running. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. We found the provider had conspicuously displayed their rating and placed the rating on their website.