M Chawla

Beresford lodge Residential Care Home

Inspection report

88 Beresford Road
Seaton Sluice
Whitley Bay
Tyne and Wear
NE26 4RJ

Tel: 01912377272

Date of inspection visit:
11 April 2017

Date of publication:
28 April 2017

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

Summary of findings

Overall summary

Beresford Lodge is registered to provide care and accommodation for up to 26 older people, however there is currently only space for 18 people due to some rooms requiring refurbishment. There were 16 people living at the home at the time of our inspection, some of whom had a dementia related condition. Accommodation is split over two levels with lift access to the first floor. There was an enclosed garden to the rear of the building.

We last inspected the service in December 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all of the fundamental standards we inspected against.

A registered manager was in post and this manager had not changed since our last inspection of the service. 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.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if they suspected people were at risk. The local authority safeguarding team informed us that were no on-going organisational safeguarding matters regarding the service.

The well-maintained premises were clean and comfortable. Tests and checks were carried out to ensure that the environment, equipment and premises were safe.

Recruitment checks continued to be carried out to ensure that staff were suitable to work with vulnerable older people. There were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training was available to ensure staff were knowledgeable and suitably skilled. Staff were supported through regular supervision and appraisal meetings.

People's nutritional needs were met and they were supported to access healthcare services as required. Medicines were managed safely and in line with best practice.

The Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. In England, the local authority authorises applications to deprive people of their liberty. We found the provider was complying with their legal requirements. The registered manager and staff had applied and followed the principals of the MCA appropriately.

We observed a lot of positive interactions between staff and people who lived at the service. Privacy and

dignity was promoted and protected. Care records showed people were involved in their care and support. People were supported to have choice and control of their lives and staff supported them to be as independent as possible. Staff sought people's consent before carrying out any care or support.

Person-centred care plans were in place which detailed the individual care needs and support each person required. There was a range of activities on offer which were meaningful and interesting to people. Staff also provided one to one social support to people.

No complaints had been received since our last inspection and there was a complaints procedure on display in the home. Lots of positive feedback had been received from people, relatives and external professionals.

Audits were carried out to monitor the quality and safety of the service. Action plans were developed to address any areas which required improvement. Staff spoke highly of the registered manager. They told us they felt valued and enjoyed working at the home. We observed that they approached their roles with a kind and caring attitude.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Beresford lodge Residential Care Home

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 11 April 2017 and was unannounced. The inspection team consisted of one adult social care 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.

Prior to the inspection we reviewed information we held about Beresford Lodge, including any statutory notifications which the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

The registered manager had completed a detailed Provider Information Return (PIR) and submitted it to us in a timely manner. The PIR 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.

Prior to the inspection, we liaised with Northumberland County Council's contracts monitoring and adult safeguarding teams and used information they held to inform the planning of our inspection. After the inspection we spoke with external professionals including a local authority care manager and a speech and language therapist to gather their opinions of the service.

During the inspection we spoke with four people who used the service and two relatives. We spoke with five members of staff, which included the registered manager, the deputy manager, two care workers and the

cook. We reviewed a range of care records and the records regarding the management and governance of the service. This included looking at two people's care records in depth and reviewed four others. We also looked at two staff recruitment and training files.

Good

Is the service safe?

Our findings

People told us they felt safe living at Beresford Lodge and relatives said they were confident that their relations were well cared for. One person said, "I wasn't safe at home, and it was a shock coming here, but I feel very safe here now." A relative told us, "She [their relation] has a warm room which meets her needs, she is never cold or hungry and she gets plenty to drink, I think she is kept very safe here."

There were safeguarding procedures in place and staff were knowledgeable about what action they should take if they suspected people were at risk of harm or abuse. The registered manager told us, "Staff are good at challenging each other, I have an open door policy and they will come and tell me if something isn't right." Northumberland County Council safeguarding team informed us that there were no organisational safeguarding concerns with the service. A local authority care manager told us, "The service is absolutely great. I have never heard anyone raise a concern or say anything negative about the place."

Risk assessments were in place to reduce the risks which people faced in their daily lives, such as falls, malnutrition and choking. This meant that risks were controlled and action was taken to help keep people safe. Accidents and incidents continued to be monitored and analysed. The registered manager took action to minimise the likelihood of a repeat occurrence.

Personal emergency evacuation plans had been drafted and were reviewed regularly. These are plans which describe the support a person may need to safely evacuate the premises such as some people being able to leave the building independently with verbal prompts and encouragement whereas others needed full assistance due to their mobility needs.

The premises were clean, comfortable and well maintained. This was confirmed by the people, relatives and the staff we spoke with. Checks and tests were carried out on the utilities, equipment and fire alarm systems, to ensure the service was safe. We saw a handyman was on duty during the inspection, carrying out general maintenance and gardening.

We saw best practice guidelines in relation to infection control were followed such as the use of bio-degradable bags for soiled laundry and colour coded mops, buckets and cloths. The deputy manager was delegated the lead role for monitoring infection control. We observed staff wore personal protective equipment such as disposable gloves and aprons when assisting people with personal care and medicines, which reduced the likelihood of cross contamination.

Medicines continued to be managed safely and hygienically. There was a robust system in place for the administration of medicines including controlled drugs [those medicines liable to misuse]. Medicines were stored and disposed of safely and securely which was in line with best practice guidance. We observed medicines being administered in line with the provider's medicine policy and procedures. Comprehensive medicine administration records were completed accurately and were up to date. Any gaps in the records were investigated and explained on a medicine audit.

There were sufficient levels of staff on duty during our inspection and we checked the regular staffing levels over the last few weeks. The registered manager used a 'needs dependency tool' to measure staffing levels required and reviewed this monthly or if people's needs changed. We saw that staff carried out their duties in a calm, unhurried manner and had time to provide social and emotional support. The registered manager maintained a robust staff recruitment programme. We looked at the records of the two most recent employees and saw appropriate pre-employment checks had been undertaken.

Good

Is the service effective?

Our findings

People, relatives and external professionals told us that the service was effective. Comments included, "Staff know what they were doing"; "Mother can't walk very well, but they still encourage her to walk even a little way to her wheelchair" and "They [staff] always involve whoever they need, GP, Nurses, SALT [speech and language therapy] team etc."

The service was provided by staff who were knowledgeable and skilled. The registered manager told us and records confirmed that new staff continued to complete a thorough induction. One of the newest members of staff was preparing to undertake the 'Care Certificate'. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective, compassionate care.

Staff informed us that they felt confident and competent to carry out their roles and said there was plenty of training available. There was a range of training courses which the provider deemed mandatory, they included, safe handling of medicines, moving and handling, infection control, food hygiene, dementia awareness and mental capacity awareness. All staff training was up to date. Staff received support from the registered manager through supervision, observation of practice and an annual appraisal to help them understand their roles and responsibilities. A member of staff told us, "I have had a good induction and I'm very confident to carry out my role, the other staff were very supportive of me."

The MCA provides a 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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 the Deprivation of Liberty Safeguards (DoLS). We checked the provider and registered manager were continuing to work within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The registered manager had completed DoLS applications in line with legal requirements.

Staff followed the principles of the MCA effectively. Mental capacity assessments had been completed for specific decisions made in people's best interests such as the use of sensor mats, voting and medicine administration. Best interest decisions had been made in collaboration with staff, external professionals and relatives. People had been included in these decisions as much as their ability allowed them to.

People were supported by staff to receive a nutritious and well-balanced diet. People were complimentary about the cook and the meals. Comments included, "The cook is very good, and very nice. I get a choice of meals" and "The cook is very nice, he comes along and asks what I want to eat, and the food is lovely." The meals were attractively presented and looked appetising. We observed staff provided discreet support to ensure people received sufficient food and fluid intake. People who were under the care of a dietician or

speech and language therapist had their food and fluid intake closely monitored and recorded. A speech and language therapist told us, "The kitchen staff always aim to provide the appropriate food textures in line with our recommendations." Staff sought people's consent before carrying out any care or support.

People told us and records confirmed that people had ample access to external healthcare services. Records showed that people regularly saw their GP, consultants, opticians, dentists, dieticians and chiropodists. One person told us, "I have kept my own doctor; they called him out the other week to see me. A carer had noticed my foot and ankle were getting very swollen." A relative told us, "The care staff noticed my mother's face was sensitive, and called a dentist out, they are very observant and they notified me immediately." During the inspection we observed the registered manager made numerous phone calls to external professionals for advice and support to maintain people's health and welfare. We heard the registered manager tell a relative, "We have recognised that [person] is coughing when she is drinking fluids, maybe she needs it thickened. I would like the professionals to see her, is that OK?"

The premises were extended and adapted as necessary to meet the needs of the people who lived there. Some bedrooms and some communal areas had recently undergone a refurbishment and all beds and mattresses had been replaced. Further developments were planned for the home. Equipment which was needed to help people with their mobility was in place. We observed a specialist chair being delivered to meet one person's individual needs. The registered manager told us they had requested an occupational therapy assessment for the person to see if they could get a suitable, made-to-measure chair to enable the person to sit with people in the lounge rather than having to retire to bed in the afternoon's to be relaxed. This demonstrated that the service supported people to receive on-going healthcare to improve their well-being.

Good

Is the service caring?

Our findings

People and relatives told us that staff were very caring. Comments included, "The staff are very kind and recently they gave me a new bed, it's so comfy", "There is usually the same staff, there isn't a bad one amongst them", "They do take very good care of me", "I didn't think I would like it, but I have settled in now" and "There is a lot of care and respect from the staff." An external professional told us, "The staff are all friendly and accommodating."

The registered manager spoke with passion and pride about the importance of ensuring people's individual needs were met and that their wishes and preferences were respected. Staff were knowledgeable about people's needs and could describe these to us, they clearly knew people well. One member of staff said, "We have named residents to work with and we are able to get to know their background." Another member of staff who had recently moved to the home from a larger service said, "The atmosphere here and the quality of care on offer to the residents is so much better."

Staff displayed warmth and approached people with a friendly manner. We noted very positive interactions, not only between care workers and people, but also other members of the staff team including the registered manager, the cook and the domestic staff. One person said, "The staff seem happy, we can have a laugh and we all get on well together." This was confirmed by our own observations. There was a lot of singing, laughter and chat between staff and people.

The staff we observed spoke with and showed respect for people and they could tell us how they maintained and promoted peoples' privacy and dignity. Care workers we spoke with told us how they knocked on peoples' doors and sought permission to enter; how they covered people over during assistance with intimate personal care tasks and that they ensured people felt comfortable during support. A relative told us, "They show a lot of respect for the dignity of the residents, down to just a whisper in their ear to ask if they need to go to the toilet." We observed this happened on several occasions. Staff treated people as individuals and considered people's differing needs when going about their duties, which they did with kindness and compassion.

The registered manager told us, "We don't have a very diverse family here, we have a 'Catholic' lady who used to go to church but we have now arranged for a Sister to visit here to carry out Holy Communion. A Church of England Vicar also visits us. I would seek advice about other faiths; I would get a translator if it was needed. We would observe others [religious festivals] respectfully."

Records showed that the registered manager had included people's family history, background, likes, dislikes, routines, wishes and preferences in their care plans, in order for staff to understand people better and deliver care in a person centred style. People and relatives told us that they were involved in decisions about their care. People had signed their care records, where able to do so, to indicate that they had agreed with them.

There was information, advice and guidance displayed on noticeboards around the home which would

benefit people such as safeguarding contacts and leaflets on dementia awareness, advocacy services and information to advise people of current and relevant topics of interest. People had been given a brochure upon admission which contained information about the service; what to expect, what services are offered and the local amenities.

The service continued to access an independent advocate service through the local authority, if people needed it. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. The registered manager told us most people had relatives who acted legally on their behalf.

There was a process in place to ask people about their end of life wishes and we saw in care records that these were documented. This included advanced care planning, emergency healthcare wishes and resuscitation preferences. At the time of our inspection the service was not providing end of life care but they had done so in the past. Staff were trained in this aspect of care work to ensure they were able to continue to care for people if it was needed. A local authority care manager told us, "I've just had a really positive meeting with the family of [person]. In fact all family meetings are really positive and relatives always want their relations to stay there even when they need end of life care."

Good

Is the service responsive?

Our findings

People, relatives and external professionals told us that staff were responsive to people's needs. An external professional told us, "They definitely have a client centred approach and will often adapt the environment to accommodate individual needs. For example, a client who would not sit down to eat was offered their food in a different setting/place within the home, to make sure they explored all the options to maximise the client's dietary intake."

We saw care plans were person-centred, taking into account people's individual needs and preferences. Each person had a care plan in place to address their needs in aspects of their lives such as their personal care, physical health and social needs. Staff were able to review the specific information about how to meet people's needs. We read information entitled, "What others like and admire about me", "What's important to me" and "How best to support me." This meant staff were able to deliver care in a way that met with the person's personality, routine and preferences.

Care plans were evaluated monthly and regular reviews took place, particularly if a person's needs changed. This meant there was a system in place to monitor people's care and ensure that care and support continually met people's needs.

Each person also had a 'hospital passport.' These contained details of medical and personal information. This document could then be taken to hospital if people needed care in this setting, to ensure that all professionals were aware of their individual needs.

People and relatives told us that people's social needs were met. The registered manager told us she was responsible for the provision of activities at the home, although she said, "All staff get involved, they do have time to spend with people chatting, pampering, playing games etc. They love the giant snakes and ladders and throwing the inflatable dice."

A range of meaningful activities were carried out. We saw some people were engaged in activities with other people and one care worker was painting people's nails. There were photographs on display which showed people taking part in day trips and fun days. There was a singer booked and an Easter raffle planned for the forthcoming weekend. Two people told us they enjoyed receiving communion from a visiting vicar and often attended the local church. A hairdresser visited on a weekly basis.

Staff told us they organised day trips and had recently visited Sunderland Glass Centre. Care staff accompanied people to the shops and for walks in the local area. The service had a large garden with a seating area which people could access at any time. We also saw people going out with relatives.

People had choice and control over all aspects of their lives. We heard the staff included people in decision making such as clothing, activities, food and drinks. We also heard choice was given during medicine administration and personal care assistance. This meant staff empowered people to be as independent as possible.

There was a complaints procedure in place and information about this was on display in the foyer. No complaints had been received since our last inspection. Minor issues were resolved immediately by staff or would be referred to a local authority care manager. Nobody we spoke with raised any concerns about the service. One person said, "I can't fault the home." An external professional told us, "I have visited Beresford Lodge on a number of occasions and I've never heard any complaints." Another said, "There are no concerns from me or anyone I have ever had contact with about it [the service]. A 'compliments and comments' book was also available in the foyer and we noted some lovely compliments were recorded.

Good

Is the service well-led?

Our findings

An established registered manager was in post at the time of our inspection and this manager had not changed since our last inspection. The registered manager was supported by a long-standing deputy manager, senior care workers, care workers, kitchen staff and domestic staff. The registered manager told us, "I've got a good team, I'm proud of how far the service has come in the last four years, we work together as a team, we are all equal, and we all muck in."

An external professional told us, "I have found that [registered manager] has an excellent knowledge of her residents, and can always provide me with the information needed in order to get a better picture of how an individual is managing daily." Another said, "[registered manager] has always kept me up to date with anything that happens, changes, referrals, appointments etc."

People and relatives were also positive about the service. One person said, "I have a friend lives here now, she came to live here when she saw how comfortable and well looked after I was." A relative said, "The home offers a sense of community, with the consistent carers it has a real feeling of a family home."

Staff meetings and 'resident committee' meetings continued to be arranged to ensure that staff, people and their representatives were involved in the running of the service. We saw feedback back about the gardening arrangements had been immediately addressed. Annual surveys were used to gather feedback from people, relatives, staff and external professionals. The registered manager told us, "We have good family involvement, they attend meetings, they support us and they donate. We had fantastic support at the last Christmas party."

Communication within the home remained effective. Staff meetings were held and staff told us they felt confident to raise any issues with the registered manager and their views would be taken into account. Handover meetings were conducted three times daily to ensure consistent, safe care was provided to people. The registered manager sent regular newsletters to staff to keep them updated with changes within the service and best practice guidance. A member of staff told us, "I hadn't known a different way of working until this manager started. She has made a huge difference to the home, this place needed [registered manager] to take over."

A range of audits and checks continued to be carried out to ensure that people received high quality, safe, effective and responsive care, provided by caring and competent staff. The registered manager drafted action plans to address minor areas of improvement or development. Our observations and findings on the day of inspection demonstrated that the quality assurance systems in place were robust and effective.

Staff told us that they enjoyed working at the service and team morale was good. They said they felt valued and appreciated. One staff member said, "[registered manager is very supportive all of the time; I can go to her with any questions." We observed a happy, relaxed and friendly atmosphere within the home and this was reflected in the support which staff provided to people.

The service had maintained good partnerships with other organisations. The registered manager continued to work in partnership with a number of other community groups and services, in addition to the work they had participated in with the local authority and local NHS teams. This meant that the service continually improved and developed for the benefit of the people who lived there. For example, increased socialisation within the local community and care which was in line with current best practice.

The provider and registered manager were meeting all of the conditions of their registrations. They submitted notifications in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a legal requirement. They enable us to monitor any trends or concerns within the service.

The previous CQC performance ratings for the service were on display in the foyer in line with legal requirements. This meant people, relatives and other interested parties could see how the service had performed against the regulations.