

# Prylor Properties Limited

# Beech House

## Inspection report

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Heywood  
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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 ●

# Summary of findings

## Overall summary

The inspection took place on 29 November 2017 and was unannounced.

Beech House is a care home providing personal care and accommodation for up to 27 older people in one adapted building. On the day of the inspection the home was full, having 27 people using the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beech House is a traditional Victorian style building, which has been converted and extended to provide all single bedrooms, one of which has en-suite facilities. The home is situated approximately one mile from Heywood town centre and is on bus routes to and from Rochdale, Middleton and Bury.

There was a registered manager at 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.

Care files included a dependency tool, which outlined the level of assistance each person who used the service required. There were sufficient staff to meet the needs of the people who used the service.

The service had a robust recruitment procedure and disciplinary procedures were followed appropriately. There was an appropriate safeguarding policy, staff had regular training and demonstrated good knowledge of procedures and confidence to report any issues.

Health and safety policies and procedures were followed appropriately. Infection control procedures were in place and staff had undertaken relevant training. Medicines systems for ordering, storage, administering and disposal were appropriate and safe.

There was relevant information within the care plans, relating to health and support needs. We saw evidence of appropriate referrals to other agencies and partnership working.

The induction programme was thorough and included all mandatory training, introduction to the service and reading of all policies and procedures. Training was on-going and mandatory courses were refreshed on a regular basis. Staff were given opportunities for extra courses and National Vocational Training (NVQ).

Nutritional and hydration needs were documented and there were complete and up to date food and fluid charts for people who required extra support.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS).

People who used the service told us staff were kind and caring. We observed care throughout the home during the day and saw interactions were friendly and respectful.

Staff promoted people's choices and encouraged as much independence as possible, whilst offering support to everyone. We saw examples throughout the day where staff members ensured people's dignity was preserved.

The service had an up to date policy and procedure around equality and diversity. It was clear from observations that people were treated as individuals and their diversity respected.

There were regular residents' meetings. There was evidence within care plans of involvement of people who used the service and their relatives in care planning and reviews.

There was a service user guide and a statement of purpose with relevant information included.

Care files we looked at included personal information and were person-centred. Appropriate equipment and technology, such as sensor mats, were used to help keep people safe.

There was a monthly magazine for people who used the service and all the information was in easy read format, with pictorial representations, to make it as accessible as possible to all.

There was a dedicated activities coordinator and there were a number of activities on offer at the home. Care plans and risk assessments were reviewed and updated on a monthly basis or when anything changed.

People's wishes for when they were nearing the end of their lives, were recorded within the care files. Six members of staff were currently undertaking training in end of life care.

There was an appropriate, up to date complaints policy and procedure in place, which was outlined within the statement of purpose and the service user guide.

Management were approachable and supportive. We saw evidence of regular staff meetings and staff supervision sessions were undertaken regularly and handovers were thorough.

Spot checks were undertaken by the registered manager on a regular basis. Any issues were followed up appropriately. There were a number of regular audits undertaken and results were analysed and actions followed up.

## 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.

Care files included a dependency tool, which outlined the level of assistance each person who used the service required. There were sufficient staff to meet the needs of the people who used the service.

The service had a robust recruitment procedure and disciplinary procedures were followed appropriately. There was a safeguarding policy, staff had regular training and demonstrated good knowledge of procedures.

Health and safety policies were followed, infection control procedures were in place and staff had undertaken relevant training. Medicines systems were appropriate and safe.

### Is the service effective?

Good ●

The service was effective.

There was relevant information within the care plans, relating to health and support needs. Appropriate referrals were made to other agencies. Nutritional and hydration needs were documented and there were complete and up to date food and fluid charts for people who required extra support.

The induction programme was thorough and training was on-going. Staff were given opportunities for further development.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring. We observed care throughout the home during the day and saw interactions were friendly and respectful. We saw examples throughout the day where staff members ensured people's dignity was preserved.

There were regular residents' meetings. There was evidence within care plans of involvement of people who used the service and their relatives in care planning and reviews.

There was a service user guide and a statement of purpose with relevant information included.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care files were person-centred and appropriate equipment and technology was used to help keep people safe. People's wishes for when they were nearing the end of their lives, were recorded within the care files.

There were a number of activities on offer at the home. Care plans and risk assessments were reviewed and updated on a monthly basis or when anything changed.

There was an appropriate complaints policy and procedure in place, which was outlined within the statement of purpose and the service user guide.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Management were approachable and supportive. We saw evidence of regular staff meetings.

Staff supervision sessions were undertaken regularly and handovers were thorough.

Spot checks were undertaken on a regular basis. Any issues were followed up appropriately. There were a number of regular audits undertaken and results were analysed and actions followed up.

# Beech House

## **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 checked 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.

The inspection took place on 29 November 2017 and was unannounced. The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make. We also contacted the Local Authority safeguarding team and the local commissioning team

During the inspection we spoke with the registered manager, the deputy, the cook and four members of care staff, four people who used the service, two relatives and a visiting health professional. 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.

We looked at five care files, five staff personnel files, training records, staff supervision records, meeting minutes and audits.

# Is the service safe?

## Our findings

Each care file included a dependency tool, which outlined the level of assistance each person who used the service required. This helped inform staffing levels. On the day of the inspection there were sufficient numbers of staff on duty to meet the needs of the people who used the service. We looked at rotas and these evidenced good numbers of staff on duty for each shift. A relative said, "There are enough staff. They are occasionally stretched, but you can always find a member of staff when you need to". Another told us, "There is always a member of staff available". A health professional told us there were always sufficient staff and went on to say, "There is not a big turnover of staff".

Staff files we looked at evidence a robust recruitment procedure. Each file included an application form, interview notes, proof of identity and two references. Disclosure and Barring Service (DBS) checks were undertaken for all staff to help ensure they were suitable to work with vulnerable people. These were renewed on a three yearly basis in line with good practice guidelines. We saw from staff files that disciplinary procedures were followed appropriately.

An appropriate safeguarding policy and procedure was in place and there was comprehensive guidance for staff. Staff were required to read and confirm that they understood the policy and the procedures for raising alerts. The staff we spoke with demonstrated good knowledge of safeguarding procedures and confidence to report any issues. The training matrix evidenced regular training and refresher courses in safeguarding for all staff. There was also a whistle blowing policy which people could follow to report any poor practice they might witness. All the staff we spoke with were confident to report any concerns they may have in this area and felt they would be supported through the process by the management team.

The premises were secure with key pads on the outer doors and a signing in book for all visitors. There was a procedure for missing persons, to be put in place if anyone left the home unattended and was at risk. Each file had a partially completed missing persons' document so that this could be handed to police in the event of a person leaving the home. General environmental and individual risk assessments were in place and reviewed and updated as required.

The premises were clean and there were no malodours anywhere throughout the building. A visiting health professional, who visited on a daily basis, told us. "The home is always clean and smells nice".

Health and safety policies and procedures were followed and we saw an up to date gas safety certificate, electrical appliance testing certificate, electrical installation certificate, up to date bacterial analysis of water, lifting equipment servicing and maintenance records, passenger lift maintenance and servicing records, servicing and regular testing of fire equipment, records of fire drills, an up to date fire risk assessment and records of fire drills. There were personal emergency evacuation plans (PEEPs) for each individual who used the service. These set out the level of assistance each person would require in the event of an emergency and they were situated in the downstairs office for ease of access.

There was an infection prevention and control file which included guidance for staff on dealing with

outbreaks of infection. Staff had undertaken training in infection control and there was a lead staff member who attended meetings and kept up to date with new guidance and good practice to disseminate to the rest of the staff.

There were appropriate policies in place with regard to medicines. The deputy manager took the lead with regard to medicines and was able to talk us through the systems for ordering, storage, administration and disposal, which were robust. There were two medicines trolleys which were fixed securely to the wall and the Controlled Drugs (CD) cupboard was double locked as required and two signatures were evident in the CD book for administration of all CDs. We saw that some people received their medicines covertly, that is in food or drink, and appropriate procedures had been followed with regard to this. All medicines were administered by trained staff and there was a process to follow in the event of any medicines errors. Any accidents or near misses were recorded and actioned and medicines were audited daily and weekly to help reduce the risk of errors.



## Is the service effective?

### Our findings

Relatives we spoke with told us communication between themselves and the service was good. One told us, "When [relative] is poorly they let us know straight away. Last time they put her on 20 minute observations. Support and communication were really good". Another said, "Communication is good. They ring is if [relative] is not well or if there are any issues and they keep us up to date". A visiting health professional said, "They are always very good and contact us with any concerns. We work with the staff to try to avoid over prescribing of medication and we have been working together with regard to a urinary tract infection (UTI) project re hospital admissions avoidance, which is better for people's well-being. We have a good working relationship".

There was a range of information within the care plans we looked at, relating to health and support needs. We saw evidence of appropriate referrals to other agencies and partnership working where this was required for the person's well-being. There was guidance for staff around actions to take in the event of certain episodes or illnesses that may occur to individuals. Any allergies were clearly recorded within people's care files. The care files also included a 'hospital passport' which included basic information about the person's health and support needs. This helped enable easy transition between services.

The induction programme was thorough and included all mandatory training, introduction to the service and reading of all policies and procedures. New staff were then mentored by a more experienced staff member until they were deemed competent and confident to undertake the role.

Training was on-going and staff we spoke with told us mandatory courses were refreshed on a regular basis in order to keep their knowledge current. Staff were given opportunities for extra courses and National Vocational Training (NVQ). This was further evidenced by the training matrix. A visiting health professional told us, "We offer training and they [the service] will ask for training when they need it, for example, for issues relating to pressure care".

Staff supervision sessions were undertaken regularly. We saw records of supervision discussions which included reviews of work, training and development, personal needs, work targets and other issues.

We observed a verbal handover from one shift to another, which was comprehensive and helped ensure staff were aware of everyone's current needs. The handover was also done in written form to ensure information was available for staff to check.

Nutritional and hydration needs were documented, weekly and monthly weights were audited to identify people with issues of weight loss and address these promptly. There were complete and up to date food and fluid charts for people who required extra support in this area. We spoke to kitchen staff and they had a good understanding of people's individual dietary requirements, preferences and choices. We saw sample menus and the meals looked nutritious and appetising. The home had a food hygiene rating of 5\* which was very good. The cook told us there was a plentiful supply of fresh food always available.

We used the Short Observational Framework for Inspection (SOFI) to observe people having their lunchtime meal. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Tables were set nicely in the dining room with condiments and flowers. There were menus on the tables, which were in large print and had pictorial representations of the food. This helped make the information accessible to all. Some people sat at the dining tables and others chose to eat in the lounge.

Plastic aprons were worn by staff and offered to people to protect their clothes if they wanted them. People were offered a choice of sandwiches, soup or other options if they wanted them and drinks of juice and hot drinks were given. We saw lots of encouragement and assistance given to those who required it and interactions between staff and people who used the service were pleasant and respectful.

Comments from people who used the service included; "I love my food. I had bacon and eggs this morning and two cups of tea"; "It's beautiful food, plenty choices. They ask us what we want". A relative said, "The food is good and choices are given. They [staff] also give encouragement with food". Another commented, "The food is good and [relative] enjoys it all. Good choices are given".

The environment was very pleasant, with good signage to help people orientate around the home. There were appropriate pictures on the walls to aid reminiscence and photos were on people's bedroom doors for easy identification. Pleasant, appropriate music was playing throughout the day. We saw lots of homely touches around the premises and staff told us that after the evening meal the lights were dimmed and the home was made cosy as it would be in an individual home.

The Mental Capacity Act 2005 (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 so that they can 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 whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had undertaken training in MCA and DoLS. There were capacity assessments within all care files and these outlined people's levels of capacity and limitations with regard to decision making. DoLS documentation was included in care files and staff we spoke with were aware of who was subject to a DoLS and what this meant in a practical sense. Staff were also able to give examples of how they supported people with decision making.

There were appropriate consent documents within the care files, for issues such as the use of photographs, agreement to go on outings and sharing of information. These were signed by the person who used the service, where this was possible, or their representative. Similarly people signed agreements to care and treatment and to the content of their care plans. Where capacity was an issue it was documented that explanations had been given and discussions had around the content of care plans. We saw evidence that an individual, with a limited amount of capacity, had refused to have a flu vaccination. Their wishes had been taken on board and capacity to make this decision considered and the outcome was that the vaccination had not been given.

There was documentation within the care plans where Lasting Power of Attorney or Court of Protection orders were in place. This ensured staff were aware of who was responsible for or involved with decision making for individuals.

# Is the service caring?

## Our findings

People who used the service told us staff were kind and caring. Comments included; "They look after me. I'm very happy and I have a nice room"; "I'm very happy here, there's no place like home"; "Oh yes, they look after us very well. The girls are all lovely".

A relative said, "We have been so happy with the care here. [Relative] has settled very nicely and staff have been brilliant with her. I cannot fault them one bit. I have peace of mind and no qualms about putting another relative in here if needed. The home has exceeded expectations". Another told us, "I am always made welcome. I would not hesitate to recommend the home to people; I am really pleased with everything".

Staff were also very happy in their work. One staff member said, "I love it, it's really homely. You can have a good laugh with residents and I feel satisfied with what I have done every day". Other staff agreed that there was a lot of teamwork and they enjoyed their jobs and felt a great deal of job satisfaction.

We observed care throughout the home during the day and saw that staff spoke in a friendly and respectful way to everyone. People were well presented and care was taken over their appearance and cleanliness to help ensure they were presented well. We saw that staff promoted people's choices and encouraged as much independence as possible, whilst offering support to everyone.

There was an appropriate, up to date policy around privacy and dignity and we saw examples throughout the day where different staff members ensured people's dignity was preserved, by covering them up if their clothes were awry. A visiting health professional said, "I am always made welcome. People are given privacy and treatment is always arranged in their rooms".

The service had an up to date policy and procedure around equality and diversity. It was clear from observations that people were treated as individuals and their diversity respected.

There were regular residents' meetings and we saw the minutes of recent ones. Discussions included general well-being and satisfaction with the care, activities, décor and menus. It was clear that people's opinions were listened to and taken on board.

We saw records of discussions with people who used the service about their care plans. These discussions related to aspects of people's care and treatment and evidenced their inclusion in decisions. There was evidence within care plans of involvement of people who used the service and their relatives in care planning and reviews. A relative told us, "Yes, I am involved in reviews. I have just had a review with the manager and [relative] who is also involved".

There was a service user guide which set out how needs could be met, information about the trial period, terms and conditions, fees philosophy of care, care plans, privacy and dignity, social contact and activities, user surveys and views, complaints and CQC information, how to access a CQC report, fire precautions and

emergency processes and quotes from visitors and service users. There was also a statement of purpose with similar information included.

## Is the service responsive?

### Our findings

We asked if staff were responsive to people's needs. One person who used the service told us, "Staff will do anything you want them to. Give them a call and they will help". Others agreed that staff responded promptly to their requests for support or help.

There was a dedicated activities coordinator and there were a number of activities on offer at the home. We saw people enjoying games, group activities and crafts on the day of the inspection. We saw photographs of outings and activities, including regular coffee mornings, a local 1940s weekend and a pet therapy visit from a donkey. There were also photographs of people enjoying various celebrations and special days. There was appropriate music playing in the communal areas and the atmosphere was friendly and relaxed.

One person who used the service said, "I like singing and there is plenty opportunity to sing here. It makes you happy". A relative told us, "There is plenty going on. [Relative] has made friends here". Another said, "[Relative] loves to join in and particularly likes to join in exercises, games and cooking. They take her for lunch and outings".

Care files we looked at included personal information within a life story booklet, about people's background history, family, childhood, interests, hobbies, preferences, significant people and dates. The life story booklets were completed by staff and/or family and this helped staff to have a greater knowledge of each individual and deliver care that was person-centred. We saw evidence within the care plans that people were supported with their faith and/or religious and spiritual beliefs. Some were supported to visit their church and visitors from various churches were encouraged to come in and minister to people who wanted this.

Appropriate equipment and technology, such as sensor mats, were used to help keep people safe. There was evidence that care plans and risk assessments were reviewed and updated on a monthly basis or when anything changed. Any changes to support needs or circumstances were documented clearly within the files.

There was a monthly magazine produced for people who used the service. This included information about upcoming events, which were celebrated at the home. There was an activities programme for the month, information about the visiting hairdresser, trips out, fire alarm tests and dates of the residents' meetings. There was a poem included and all the information was in easy read format, with pictorial representations, to make it as accessible as possible to all.

People's wishes for when they were nearing the end of their lives, if they had expressed them, were recorded within the care files. The registered manager told us they were discussing this at care plan reviews to help ensure everyone had expressed their preferences if they wanted to. Six members of staff, including the registered manager and the deputy, were currently undertaking training in end of life care, in the form of the palliative care education passport, facilitated by the local hospice. This included six modules covering various aspects of end of life care and staff who were undertaking were enthusiastic about it.

There was an appropriate, up to date complaints policy and procedure in place, which was outlined within the statement of purpose and the service user guide. There had been no recent complaints, but the service had received a number of compliments. Comments included; "I feel I must thank you [registered manager] and ALL your staff for the truly excellent and caring attention my [relative] received when with you recently"; "Words cannot express how grateful we are to each and every member of staff". A professional visitor had commented, "I have always been reassured by the competence of the staff at Beech House in meeting needs with compassion and sensitivity".

Feedback from a residents and relatives questionnaire was positive and included the comments; "All staff and management go that extra mile, always 100%"; "The service is very good and we are all happy with the home"; "Everyone is very friendly".

## Is the service well-led?

### Our findings

There was a registered manager at 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.

Relatives we spoke with told us the management team were approachable. One told us, "I can talk to management any time; they are always around and very approachable". The visiting health professional we spoke with also said of management, "They are approachable and very visible within the home".

A recent staff questionnaire had revealed positive results. Comments included, "I am very happy in my work. If I didn't feel happy I could talk with my manager". Staff we spoke with told us they felt well supported in their work. Comments included, "There is lots of training and we work as a team, like family. We can go to anybody for help"; "We can go to the management with any issues, we are well supported and there are regular team meetings and supervisions which help"; "Seniors also support us well".

There was a supervision policy and procedure and we saw that supervisions were undertaken regularly and there were annual appraisals where staff could reflect on the previous year and plan for their development in the coming year.

We saw evidence of regular staff meetings where discussions included record keeping, sickness, work issues, infection control, issues relating to people who used the service, equipment, DoLS and safeguarding.

Care plans were the responsibility of keyworkers to keep updated and were checked at the end of each month by senior staff. This helped ensure that keyworkers had kept the information in the files current. We saw that any issues were identified and actions completed in a timely manner.

Spot checks were undertaken by the registered manager on a regular basis. These checks analysed the safety of people who used the service, security, staff following risk assessments, odours, documentation, environment, cleaning products storage and kitchen cleanliness. Any issues were followed up appropriately.

There were a number of regular audits undertaken and we saw recent environmental audits, area manager visits when general observations and discussions with people who used the service, relatives and staff were carried out. Medicines were audited on a daily and a weekly basis and there was a yearly audit undertaken by the pharmacist. All actions were completed as required. Accidents and incidents were analysed to look at the injury, date, location and whether the person was hospitalised. This was to look at any trends and patterns and address these if required.

The manager made a monthly report to the directors, which included information on CQC notifications, calls to paramedics and police, pressure ulcers, weights, safeguarding alerts, behaviour charts, staff issues, vacancies, occupation of the home, risks, local authority care reviews and other issues.



