David Nery Ltd

Beechcroft Residential Home

Inspection report

75 North Road
Midsomer Norton
Radstock
Somerset
BA3 2QE
Tel: 01761 419531
www.Beechcrofthome.co.uk

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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

We carried out this unannounced inspection on 21 December 2015.

The last inspection was in November 2013 There were no breaches of legal requirements identified.

Beechcroft Residential Home is registered to provide personal care and accommodation for up to 18 people. At the time of the inspection there were 18 people living in the care home.

A registered manager was in post at the time of our inspection. 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 and associated regulations about how the service in run.

Summary of findings

People and their relatives felt the service was safe. There were sufficient staff on duty to meet people's assessed needs. People were supported by staff who had been recruited after checks were completed to make sure they were suitable to work with vulnerable people.

People received the support they required with their medicines. Medicines were managed safely.

Staff received training in safeguarding adults and were aware of the reporting procedures should they have any concerns. An assessment of people's risks was completed and supporting risk management guidance was recorded where required. The environment and the equipment used to support people was regularly assessed and serviced to ensure it was safe.

New staff received an induction training programme. They were knowledgeable about the signs of abuse and how to report concerns. We have made a recommendation with regard to staff training.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA.

People were supported as required to eat and drink and had access to health care professionals when required.

People told us staff were kind and supportive. Relatives were welcomed, and appreciated what they described as acts of kindness.

The service was responsive to people's needs. Care records reflected an individualised approach and people's choices and preferences. People enjoyed the various activities which were arranged at the home.

The provider sought the views of people, relatives and staff, and used the feedback to make improvements to the service.

The registered manager had systems in place to monitor the quality of care and auditing systems to monitor records and documentation used by staff.

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.

People and their relatives told us they felt the service was safe.

There were sufficient numbers of staff to keep people safe. Appropriate recruitment procedures were undertaken.

The management of medicines was safe and people received their medicines when they needed them.

Staff knew how to identify and report suspected abuse.

Good

Is the service effective?
The service was effective.

People were supported with their nutrition and hydration.

The care home was meeting the requirements of the Deprivation of Liberty safeguards.

The care home worked closely with GP's and other health professionals to meet peoples healthcare needs and their feedback was very positive.

Good

Is the service caring?
The service was caring.

People and their relatives spoke positively about the care they received.

People were treated with respect and consideration by staff and their dignity was maintained.

Staff were aware of people's needs and preferences and knew people well.

People's visitors were welcomed at the care home.

Good

Is the service responsive?
The service was responsive to people's needs.

People's care records contained personal information about likes, dislikes, preferences and choices.

Activities were provided for people. People enjoyed the in house activities provided. Sometimes people were supported to go out to local places of interest.

The provider had a complaints procedure and people felt able to complain.

The registered manager sought the views of people and their relatives and acted upon their findings.

Good

Is the service well-led?
The service was well-led.

People's views were taken into account to improve the service.

Good

Summary of findings

There was a system in place to check the quality of the service people received. Action was taken where improvements were needed.

Beechcroft Residential 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.

The inspection took place on 21 December 2015, and was carried out by one inspector. The inspection was unannounced.

Before the inspection 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 the improvements they plan to make. We reviewed the information in the PIR and information we had about the service. This included previous inspection reports and notifications sent to us. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection we spoke with four people who used the service, two people's relatives, the registered manager and five members of staff. We also spoke with three health professionals who visited the care home on the day of the inspection.

We looked at the care provided to four people which included looking at their care records. We reviewed the medicine management systems. We looked at various records relating to the management of the service such as the staffing rota, recruitment and training records, policies, meeting minutes and audit reports.

Good

Is the service safe?

Our findings

People and their relatives felt the service was safe. People appeared at ease with staff and comfortable in their environment. The comments made by people and their relatives included, "I feel safe enough here," and "We always feel Mum is safe and well looked after".

Appropriate arrangements were in place to identify and respond to the risk of abuse. Staff had received training in safeguarding and understood their duties in relation to reporting suspected or actual abuse. They were aware of how to report concerns. They told us they would report internally to senior staff, the registered manager or directly to the provider, and externally, to the local safeguarding authority or to the Commission.

People told us they did not have to wait long for staff assistance. Staff were attentive and responded promptly. They had time to speak with people, and check that people in different areas within the home were safe. We saw there were sufficient staff on each shift to meet people's current needs. However, staff commented about staffing difficulties experienced during recent months. They told us some staff had regularly worked additional hours because of shortages of permanent staff. The registered manager acknowledged the recent difficulties, told us they were currently recruiting and expressed confidence the issue would be resolved in the near future. Additional staff were provided when needed if people became poorly, if their needs changed significantly or they were near end of life. We met with a member of staff from a care agency who provided specific additional support for one person each day.

Staff files showed that appropriate recruitment procedures were followed before new staff were appointed. The files contained application forms, employment references and photographic evidence of each member of staff's identity. A Disclosure and Barring Service (DBS) check had been completed for all staff. The DBS ensures that people barred from working with certain groups of people such as vulnerable adults are identified.

The ordering, administration and disposal of medicines was safe. People received their prescribed medicines safely. In discussions with us staff demonstrated a good understanding of the medicines they administered. One person told us, "They give me my pills when I need them". Staff were checked and observed regularly by senior staff and the registered manager to make sure they were competent to administer people's medicines and understood their importance. They also knew the actions to take in the event of a medicine error. All medicines administered by staff were stored safely, in designated lockable cabinets and cupboards. Arrangements were in place for medicine that required cool storage. Two people administered some of their own medicines. One person who administered their own medicines did not have a lockable cupboard in their bedroom so their medicine could be securely stored. The registered manager told us this was an oversight which they would address.

Medicine administration records (MARs) were accurately completed and no gaps in signatures were identified in the MARs we looked at. There was guidance to inform staff of people who required medicines 'when required'. The staff were all knowledgeable about the circumstances in which people may require these medicines.

Monthly audits of medicines were completed by senior staff or the registered manager. Records showed that actions were taken in response to issues identified, for example, when staff had not signed the MAR to confirm they had given a person's medicine.

Individual risk assessments were completed and risk management plans were in place to identify measures to keep people as safe as possible. For example, risks associated with falls, mobility, nutrition, skin condition, infection and risks associated with the environment. The plans were updated monthly by staff.

Emergency systems were in place to keep people safe. Personal emergency evacuation plans (PEEPS) were in place to identify people's needs in the event of an emergency. Equipment and the facilities within the home were maintained to ensure it was safe to use. Contractual arrangements were in place for routine and regular servicing. such as fire fighting equipment, water safety, lift servicing and electrical checks.

Good

Is the service effective?

Our findings

People, their relatives and health professionals expressed positive views about the standard of care provided and the staff. " A relative we spoke with commented, "Mum is looked after so well" and a health professional commented, "They (the staff) are brilliant, very proactive and take on board any recommendations or guidance".

Staff received an induction when they started in post. They completed training, for example, fire safety, food hygiene, first aid, infection control, Mental Capacity Act and safeguarding. New staff were allocated to work with other more experienced staff before they were allowed to work unsupervised. This was to ensure they were safe and competent to carry out their roles before working alone.

Staff were supported through annual performance appraisals. The registered manager told us they had introduced supervisions earlier in the year, and going forward, each member of staff should expect to receive two supervisions each year.

Staff completed dementia training to ensure they understood the needs of the people they provided care for. Staff commented positively on this training and one member of staff told us, "I thought the dementia training was really good, it helps you to understand what it's like and how to communicate and understand why people might behave in a certain way".

There were people in the care home who had insulin dependent diabetes. Guidance and supporting documentation was provided in the care plan. For example, if the person became unwell, there were descriptions of the signs and symptoms staff needed to know so they could take action if needed and report to the district nurse. This meant the person would receive appropriate medical intervention if they became unwell and unable to describe their symptoms.

Staff told us they had received training on the Mental Capacity Act 2005 (MCA) and records supported this. Staff understood how the principles of the MCA was relevant to how they supported people. Staff explained how people should always be offered choices and be involved in decisions about their care and daily lives.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care, and need protecting from harm. The local authority had authorised one person to be lawfully deprived of their liberty, and another person was in the process of having a previous authorisation renewed. The Commission was notified of these authorisations, as required.

People expressed overall satisfaction with the food provided and one person commented, "On the whole, I think the food's ok, pretty good really". People were supported to eat and drink enough and maintain a balanced diet. Menu choices were available and people chose their meals on a twice weekly basis. We noted that breakfast choices were not routinely offered. The catering staff told us they spoke with people regularly and they could request changes to their breakfast menu at any time.

The registered manager and staff told us about one person who had a 'softish diet'. The registered manager told us the diet reflected the personal choice of the person. This detail was not recorded in the care plan. The registered manager confirmed they would provide more detailed information to reflect the type of diet was provided as chosen by the person, and that it was not medically required.

People were supported to use healthcare service when needed and the home had made prompt and effective referrals when required. In addition to regular and routine visits from GPs we saw the district nurse visited regularly each week. People had access to other services such as opticians and chiropodists. We spoke with one visiting health professional who commented, "The staff are so proactive. They always discuss any concerns they have (about a person) to make sure people get the treatment they need".

Good

Is the service caring?

Our findings

The comments we received from people, relatives and health professionals were positive. People and their relatives expressed a high level of satisfaction with the care they received. One person we spoke with said, "You won't find anything wrong here. Even my friends say how nice it is". A relative commented, "The staff are just lovely and so caring, and (registered manager's name) is fantastic", and a visiting health professional told us, "The home is brilliant, excellent, the staff are so good here".

Staff were observed communicating in a friendly and caring way and it was clear they knew people well. We observed staff interacting positively with people and people were comfortable in the presence of staff. We heard continuous warm and kind interactions from staff. Comments such as, "What music would you like on?" The member staff then checked to make sure the person was comfortable and played the requested music, and "How are you feeling today, nice to see you".

A visiting health professional commented, "The staff are really good, when someone nears end of life they care really well for the person and their family". Arrangements were made to make occasions special for people who were not well. We saw relatives were supported, welcomed and appreciated what they described as acts of kindness.

Staff were able to describe how they responded to people who were living with dementia. They had received dementia awareness training and commented that the training helped them understand these people's needs. The local mental health team from the NHS provided additional support when required. Staff told us this was really helpful to enable them provide individualised support to people.

People's privacy and dignity was respected. We saw examples of this. Staff knocked on people's doors before entering. We heard staff speaking with people, asking them if there was anything they needed.

We saw a member of the housekeeping team provided assistance to a person who had requested help with sorting out items of clothing in their drawers. The member of staff willingly stopped what they were doing and provided the requested support to the person. This showed a caring attitude and a person centred approach. The person clearly enjoyed the company of the member of staff and the friendly banter as the person was being assisted.

We looked at a number of positive comments sent to the home. Comments were also obtained in a 'Moving in Questionnaire' after a person had moved into the care home. One person had noted, "Think it's perfect here".

People told us they were involved in decision making and met with their keyworkers on a weekly basis. They discussed day to day care needs and agreed any changes to their plans of care.

Contact information for advocacy services was available and on display in the main reception area. These are services for people who may need support from an independent person to speak on their behalf.

The activity programme for the current month was displayed and we saw a range of activities and events taking place during the month of the inspection. We saw people's preferences recorded in their care plan. For one person, it was recorded they enjoyed their own company, they liked to do crosswords, and they were invited to communal activities. On one occasion it was recorded, "Invited to the pantomime in the garden room. Didn't want to attend". This showed that people's rights and choices were respected.

Good

Is the service responsive?

Our findings

People and their relatives spoke positively about the care they received from staff. One person commented, "They do their best, and I think overall this is far superior to other homes. The staff do look after us well". Another person said, "It's never like home, but it's still pretty good".

People had an assessment of their needs before they moved into the home. Care records contained personal information about people, such as life history, people's likes and dislikes and communication needs and preferences. People and their relatives where appropriate were involved when care records were compiled and reviewed. The care records stated, "We update care plans every month and have frequent discussions with you regarding your care. We review your care plan with you and any relatives you nominate every six months. Are you happy with this approach". Care plans were updated and reviewed within the agreed timescales.

The monthly care plan updates were completed with the nominated key worker, and the six monthly reviews were completed with senior staff. Reviews were also completed when there were changes in a person's condition. One person had decided they did not wish to be involved in a monthly update, and this choice was respected. The person's care records stated, "I hereby request I am not involved in monthly reviews of my care plan. I would like to be involved in my six monthly reviews".

People had personalised rooms with items important to them. Some people told us they had brought some of their furniture, and some people had brought smaller items such as ornaments and photographs. People told us they liked their rooms and how they had been furnished. One person said, "My room's not too big, it's got everything I need and it's quite homely".

People's personal care needs and preferences were clearly recorded. For example, sections included mobility, nutrition, hygiene, skin condition, mental state, infection, diabetes and medication. Associated risks were identified and recorded. The detail recorded was specific and provided clear guidance for staff to meet people's needs. For example, for one person the care records stated, "Likes to rise early, washes and dresses independently" and "Needs assistance in and out of the bath".

Staff told us they used the care plans to provide guidance about the care given to people. One member of staff commented, "I read them very often, just in case something has changed".

Staff recognised changes in people's condition and promptly reported concerns. For example, where a red mark had been noted on a person's skin, this was reported to the senior staff, recorded on a body map, and an incident form was completed. Staff also sought advice, guidance and support from health professionals who visited the home each week. A health professional said that staff promptly reported when people became poorly or when their condition changed.

People told us they had the opportunity to provide feedback. A common theme arising from peoples' feedback in a recent resident survey was about food choices. The provider responded by making changes to the menu which was currently being trialled.

Regular meetings were also held with people in the form of resident meetings. At the December meeting, attended by 13 people it was noted, "The new menu choice seems to be working well. If you have any issues please see (Name of manager). (Name of person) expressed the food was better".

Good

Is the service well-led?

Our findings

People told us they were able to speak with the registered manager on a regular basis. Opportunities for feedback were also provided in the form of surveys and monthly resident meetings. We saw actions had been taken in response to issues identified.

Staff told us they were given opportunities to provide feedback and to express their views at staff meetings, supervisions, appraisals and recently introduced staff information feedback forms. The forms had been completed in October 2015 and contained some negative comments about the food. The registered manager told us they would look at how best to provide a forum for staff to openly discuss and resolve their concerns.

Staff handovers took place between shifts. The registered manager attended the handover meetings on a regular basis. This ensured all staff were kept fully up to date and informed about any changes, and they were able to provide support and guidance to staff if required. Staff meetings were also well established.

The registered provider and the registered manager were both committed to the continuing development of relationships within the local community that would benefit the people living in the care home. The provider stated in the Provider Information Return document they had strong relationships within the local community, for example, with local entertainers and priests. The activities programme confirmed these people visited the home on a regular basis.

A range of monitoring and audit tools were in use. The registered manager and senior staff completed monthly audit checks for care plans, medicine management and health and safety checks. Actions were agreed and followed up at the next audit.

The registered manager was provided with guidance by the registered provider for the daily, weekly and monthly checks and tasks expected of them. They told us they found the guidance, which included health, safety and maintenance checks, audit completion, staff rotas and an "End of Day" check and catch up with people who use the service and with staff, very useful. They told us it helped them to effectively plan their day to day work.

The registered manager showed they understood their legal obligations in relation to submitting notifications to the Commission. Notifications are information about important events which the provider is required by law to tell us about. The Provider Information Return (PIR) had been completed in detail and returned within the specified timeframe. This told us about the improvements that were being made in the home.