Sanctuary Care Property (1) Limited

Beechwood 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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced comprehensive inspection on 29 February 2016. Beechwood Residential Care Home offers accommodation for up to 38 older people. The home also provides accommodation for people with physical disabilities, sensory impairment and dementia. There were 33 people living at the home at the time of our inspection, including people who were staying at the home for a short time. People had the use of a number of comfortable communal areas, including kitchens and dining areas, lounges, gardens and areas where people could spend time doing things they enjoyed. People had their own rooms.

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 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 20 May 2015. One breach of legal requirement was found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the safe care and treatment of people living at the home. The provider told us action would be taken by June 2015. During our inspection on 29 February 2016 we found the provider had followed their plans and now met legal requirements. We found actions had been taken to further develop the safety of the physical environment, including the installation of keypads to external doors at the home. Checks were also undertaken on the security of the exterior of the home. Systems had been put in place to initially and continually assess the needs of people living at the home, so plans could be put in place to care for people in ways which promoted their safety.

Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. People managed risks to their safety with support from staff. Staff were trained in recognising and understanding how to report potential abuse. We saw there were enough staff to care for people and meet their safety needs. People were supported by staff to have their medicines, and there were systems and checks in place to promote people's safety around medicines.

Staff had received training and understood people's individual care needs so they would be able to care for people in the best way for them. People's rights and freedoms were respected by staff. Staff encouraged people to have things they enjoyed to eat and drink so they remained well. People's health was monitored

and there were good links with health and social care professionals and staff sought and acted upon advice received. People had regular access to healthcare professionals and told us staff acted quickly when they asked for help to maintain their health.

Staff had developed caring relationships with people living at the home and people enjoyed chatting to staff. People were encouraged to make decisions about their daily care and staff respected the choices people made and recognised people's need for independence. Staff considered people's need for privacy and dignity in the way they looked after them.

People had developed plans for their care with support from relatives, staff and other professionals where needed. Plans were regularly reviewed and care adjusted as people's needs changed. People had opportunities to do things they enjoyed both within and outside of the home, and were encouraged to let staff know further things they would like to do. People were supported to keep in touch with relatives and friends who were important to them. People knew what to do if they needed to make a complaint or raise a concern and staff knew how to support people to do this. There were systems in place so if a complaint was made prompt action would be taken by the registered manager to address the concern and improve the service further.

People found the registered manager and senior team approachable and were encouraged to make suggestions about the care they received through discussion with staff and at residents' meetings. There was clear and open communication between the registered manager, people, their relatives, and staff so the home would be further developed. Regular checks on the quality of the care people received were undertaken by the registered manager and provider and actions were taken where development or suggestions had been identified.

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.

People's individual risks were understood by staff and action was taken to promote people's safety. Staff knew how to raise any concerns they had for people's well-being. There was enough staff to meet people's care and safety needs. There were checks in place to ensure people received the correct medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who knew people's individual preferences and had the skills to support them. People received care they had agreed to and staff took into account people's rights and their need for freedom in the way they provided care. People were supported to have enough to drink and eat and to access health services so people's well-being was maintained.

Is the service caring?

Good

The service was caring.

Caring relationships had been built between people and staff. People enjoyed spending time with staff. People's preferences about how their daily care was given were listened to and followed. Staff took time to reassure people when needed and treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People and their relatives were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed. People were encourage and supported to maintain links with their families and friends. People were confident action would be taken if they raised any concerns or complaints about the care their family members received.

Is the service well-led?

Good

The service was well-led.

People benefited from living in a home where staff understood their roles and the values expected of them. Checks were made on the quality of care by the registered manager and provider. Action was taken to develop the home further so people benefited from living in a well-led service.

Beechwood 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.

We undertook an unannounced inspection of Beechwood Residential Care Home on 29 February 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 20 May 2015 had been made.

The inspection team comprised of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We reviewed the information we held about the home and looked at the notifications they had sent us about people's experience of the service. A notification is information about important events which the provider is required to send us by law. We looked at information that had been sent to us by other agencies. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During the inspection, we spoke with eight people who lived at the home and one relative. We also 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 spoke with seven care staff, one senior care staff member, the manager and the provider. We also spoke with a visiting health professional.

We looked at four records about people's care and medicines, three staff files, accident and complaints forms, records about the security and maintenance of the building. We also looked at the quality checks completed by the registered manager and provider and the actions they had taken to develop the service further.

Good

Our findings

During the previous inspection on 20 May 2015 we found people's care and treatment had not always been provided in a safe way. This was a breach of Regulation 12 (1) (2) (a) (b) (d) of the Health and Social Care Act (Regulated Activities) Regulations 2014, safe care and treatment. The provider had sent us a plan to say how they would meet the legal requirements.

At our inspection on 29 February 2016 we found the manager had improved the safety of the physical environment by making sure key pads on external doors were consistently used and by improving the safety of perimeter fencing. We saw further checks on people's support needs prior to them coming to live at the home were undertaken. We also saw the key pads were in use on the day of our inspection and a visiting health professional told us the keypads were consistently used. We also saw records which showed the registered manager and senior staff regularly checked the security of the home. The assessment of each person's needs we saw showed us additional information about people's support needs was taken into account before they came to live at the home. In addition, we saw people's needs were regularly reviewed. In this way, any changes in people's support needs were identified so action could be taken to promote their safety.

People we spoke with told us they felt safe at the home. One person told us, "I feel safe here. I am well looked after." The relative we spoke with told us they did not have any concerns for their family member's safety. Staff knew the signs and types of abuse people were at risk from and told us they knew what action they would take if they suspected any abuse or concerns, such as if a person had unexplained bruising. Staff told us they were confident the registered manager would take action to help people keep safe. Staff gave us examples of how they promoted people's safety. One staff member explained the actions they took to make sure people were kept physically safe. The staff member told us they did this by using the right equipment when supporting people, so that risks to people's health and well-being were reduced. Another staff member we spoke with explained how they would support people to remain safe if they wanted to leave the home. We saw throughout our inspection staff offered reassurance so people did not become isolated or distressed.

The people who lived at the home and the relative we spoke with told us they would be comfortable to raise any safety concerns they had, and said they were confident action would be taken if they raised any concerns. All the staff we spoke with knew how to raise any concerns they had for people's safety, either through the senior staff team or with external organisations, so plans would be developed to meet people's safety needs. One staff member we spoke with told us about the work they did with health professionals so

they could be sure they were caring for people in ways which promoted people's safety.

People managed their risks with support from staff where needed. People gave us examples of how staff supported them to manage risks to their physical health, such as giving them time to walk at a pace which was comfortable for them. One staff member explained how they walked with some people who needed extra help to stay safe when they walked. The staff member told us they checked people's care plans and individual risk assessments so they knew the right way to care for people. We saw staff supported people in this way where this was needed so people's risk of falling was reduced. All the staff we spoke knew the type and level of support individual people living at the home needed. This included assisting people with eating or drinking, making sure the home environment was secure and the use of specialist equipment to keep people safe. One staff member we spoke with told us about the work they did with people and their relatives before they came to live at the home. The staff member told us this was done so plans were put in place to keep people safe which were based on up to date information about people's care and safety needs. We saw records which showed people's risks had been considered and plans updated over time as their needs changed. For example, we saw a short term care plan had been put in place for one person who required extra support to stay safe for a short period of time.

We saw checks were undertaken by the registered manager before new staff started working at the home. The checks included obtaining two references and DBS clearance, (Disclosure and Barring Service), so the registered manager knew staff were suitable to work with people. Staff we spoke with confirmed they were not allowed to start their employment until appropriate clearances were obtained.

People told us there was enough staff to meet their safety and care needs. The relative we spoke with told us staff made time to chat to their family member so they did not become isolated. One staff member gave us examples of how the staffing team worked flexibly to make sure people's needs were met. This included varying the numbers of staff supporting people in the different areas of the home, if people's needs changed. The staff member gave us an example of when this was done to support a person who was ill.

All the people we spoke with told us they received their medicines. One person we spoke with told us, "I get all the medicines I need." The person went on to tell us they were confident they were getting the correct medicines. Records we saw showed staff had worked with people, relatives and external health professionals so people's medicine needs were regularly reviewed. We saw this had led to a reduction in the use of medicines for one person living at the home.

Staff showed a good understanding of the safe management of medicines. Staff told us they had undertaken training to administer medicines and their competency in administering medicines was checked by senior staff. We saw staff took time to offer people choices about how their medicines were given to them. Staff we spoke with were clear what actions they would need to take in the event of a medicine error, and gave us examples of the actions they would take so people would receive the immediate care they needed. We saw the registered manager provided staff with guidance on the administration of medicines at staff meetings. Senior staff and the registered manager also undertook regular checks to make sure medicines were safely administered. These processes and checks provided the registered manger with assurance people were receiving their medicines in a safe way. We saw medicines were securely stored.

Good

Our findings

People told us staff had the knowledge and skills to meet their needs. One person we spoke with told us staff supported them to remain well. The relative we spoke with told us staff were supported by the senior staff team who were skilled and said, "(Staff are) well-trained about dementia and people's behaviours".

Staff we spoke with explained how their training helped them to deliver better care to people living at the home. For example, one staff member told us that although she was not employed as a carer, she had been provided with training on dementia and equality and diversity and said, "There is a recognition that I have interaction with people who live here and that I need to be able to understand their needs". We saw people were supported by staff that had received a wide range of regular training so they would know how to support people living at the home. We saw there were systems in place to check staffs' training was up to date so people would continue to receive the right care as practice changed over time. Staff told us they were able to obtain guidance on the best way to care for people either immediately, or through regular staff meetings and one to one meetings with their managers.

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 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 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. The provider was following the requirements in the DoLS. Prior to our inspection the provider had submitted both emergency and standard applications to a 'Supervisory Body' for 18 people living at the home. Four applications had been authorised by the Supervisory Body at the time of our inspection and staff explained how these had been complied with. Staff described to us how authorisations by the supervisory body were discussed at regular senior staff team and shift handover meetings, so people would receive appropriate care and have their rights respected. Three staff members we spoke with told us they were also able to check people's care records so they could be sure they were following the Supervisory Body's requirements.

Staff were knowledgeable about the requirements of DoLS and the Mental Capacity Act and staff had received training to support them in understanding their responsibilities. Staff we spoke with gave us examples of how they delivered care in ways which met MCA requirements. This included checking people consented to care. Staff we spoke with told us if people would not able to give their consent verbally they checked people's physical reactions when they were offered choices, so they could be sure people agreed to the care offered. We saw capacity assessments had been undertaken. Where decisions had been made in people's best interests relatives and external professionals had contributed to the decisions made.

People told us they enjoyed the food and they had choices regarding meal options as well as portion sizes. On person told us, "I like it all, it's very tasteful". Another person told us they were able to choose food they liked and said, "It's good food." People were encouraged to eat enough to maintain their health by being offered choices about where they ate their meals, and by staff responding to people's food preferences. One member of staff explained how they encouraged one person to have enough to eat by making sure they had always had access to a lunch box. The lunch box contained the person's favourite foods which were served in a way which meant they could eat independently, when they wanted to. We saw during lunch staff explained food options to people and staff responded positively to one person's request for an alternative dessert selection which was not on the lunch menu.

We saw the chef and kitchen staff had a clear recording system to show which people required a specialist diet to maintain their health. Staff understood how this affected the food and drinks people could have. The chef explained they met with new people when they moved into the home so they could find out about people's likes and dislikes, and preferences regarding their portion sizes. We saw this information was recorded and used when creating menus and when serving meals.

People told us staff supported them to maintain their health. One person told us, "They dress my arm injury daily. They are always very quick to sort out my health needs, even at weekends. They are really on the ball on that front". Staff knew about people's health care needs and knew how to respond if people became unwell. We saw staff monitored people's health regularly so short and long term plans could be put in place to maintain and improve people's health. People benefited from living in a home where arrangements had been made for them to have regular access to health professionals, including GPs, GP practice and district nurses when required. We saw staff had also supported people to access specialist advice from physiotherapists, chiropodists and podiatrists where people needed these services.

Good

Our findings

People told us staff were kind and caring and they got on well with staff. One person we spoke with told us, "The staff are lovely." Another person we spoke with told us they found all the staff to be pleasant. The relative we spoke with told us the home was good and all the staff were "Very, very friendly and helpful." The relative explained staff had taken time to get to know their family member, which made their stays at the home more relaxed and enjoyable.

Staff told us they got to know about people by chatting to them and checking their care plans and life histories so they could find out about people's preferences. One staff member we spoke to told us this helped them to provide better care for people. The staff member gave us an example of how they had found out about one person's interest. The staff member explained how they had made arrangements for opportunities for these interests to be introduced into the home. The person had been able to continue with their interests which provided them with fulfilment and maintained their sense of well-being. A staff member told us they had got to know one person when they first came to live at the home by sitting with them and chatting to them about their family photographs. Another staff member we spoke with told us it was important to spend time working with people so they could find out about the way people preferred their care to be given. The staff member told us by chatting to people, "You build up trust with people, so they are more open and get better care."

One staff member we spoke with told us it was important to know if people had support from relatives. The staff member explained how they provided extra support and care to people who did not have relatives who could visit. The staff member told us this was not just about providing extra practical support, but to make sure people were cared for and valued in ways which meant they did not experience isolation. The staff member told us, "It's about (giving people) reassurance and love." Staff members gave us other examples of how they showed people they were valued. This included celebrating special occasions with them, such as birthdays, and talking about past events and people who were important to them. We saw staff talking to one person about their previous job. It was clear the person enjoyed chatting to staff about their life experiences.

We saw the relationships between people living at the home and staff were good, and people showed affection to the staff supporting them. People enjoyed staffs' company and shared a joke with staff.

People told us they were encouraged by staff to make choices about their daily lives and what support and care they needed on a daily basis. This included choices around their meals and drinks, their daily routines

and opportunities to do things they enjoyed. Staff understood the need for people to be as independent as possible and encouraged people to make choices. For example, we saw one person was encouraged by staff to take part in daily tasks they enjoyed doing. Staff took into account the person's disability when supporting them. In this way, the person was able to make choices and was supported to remain as independent as possible. Staff we spoke with told us how they supported people who were not able to directly communicate their choices. This included checking people's physical reactions to choices offered. We saw people were encouraged to make decisions about their daily care throughout our inspection and that staff respected and acted on people's decisions.

All the people we spoke with told us staff treated them with dignity and respected their need for privacy. One person told us, "It's really important for me to have my privacy, so I am pleased I have a key for my bedroom door and can lock it." Staff we spoke with recognised people had differing levels of independence and took this into account in the way they cared for them, so people's dignity and well-being was promoted. Staff gave us examples of how they supported people to maintain their dignity and privacy, such as by making sure people had privacy when receiving personal care. One staff member told us it was important for people's dignity to acknowledge what areas of daily living a person could do independently, and to make sure this was respected. People's care plans we saw provided guidance for staff to follow so that people would be treated in sensitive, respectful and dignified ways and we saw this was put into action by staff.

Good

Our findings

People told us they were involved in their care planning. One person said, "I know about my care plan and what it says." Relatives we spoke with told us they were included in decisions about their family members care. One relative said, "I am involved in the care plan. When [person's name] first moved in, they asked me all about her likes and dislikes". Care plans we saw recorded information about individual people's care and support needs, interests, histories and preferences. We saw care plans reflected people's preference regarding whether their personal care was delivered by a male or female carer. Staff used this information so people would receive care and support tailored to their needs and preferences. For example, we saw dogs were an important part of one person's life. Staff knew this, and had made a sign for their bedroom door with a picture of their favourite breed of dog on. People told us they could make choices and these were respected by staff. One person told us how staff had responded to a request to bring their favourite chair to the home. The person told us, "I brought my chair with me when I moved and it stays in the lounge for me to use. It's very important to me".

Staff showed a very clear understanding of people's individual care and support needs and goals. Two staff member we spoke with told us how they worked with other organisations to find out about people's care and support needs before they came to live at the home, so people's care would be planned in the right way for them.

Staff recognised people's needs changed over time. One staff member we spoke with told us how people's care needed to be adapted if they became unwell. A visiting health professional we spoke with told us how staff had responded to one person's changing needs, as they came to the end of their life. The health professional told us staff had worked flexibly with external health professionals so the person was able to remain at the home as they wished and have their care needs met.

We saw information about people's changing needs recorded in their risk assessments and care plans. These were regularly reviewed, so staff had the most up to date information on people's care needs and could make sure immediate plans were put in place if necessary, so people would continue to receive the right care as their needs changed. We saw where possible people had commented on the plans in place for their care. We also saw staff knew how individual people in the home wanted to be supported, and took action to make sure people received care and support in the best way for them.

People told us they were able to meet with family members and friends when they wanted, and there were no restrictions on when relatives could visit. People told us there were organised events such as a 'Friday

Fun Club' and regular opportunities to attend a 'Lunch Club'. One person said, "There are activities I could do, but I've always kept myself to myself and I choose to stay in my room." The person told us staff respected this decision. Another person told us, "I do enjoy the quizzes". During the inspection we saw people laughing with staff when doing gentle exercises. A weekly "Activity Programme" was displayed so people could choose from a number of enjoyable things to do. We saw during the week of our inspection there were opportunities for people to attend film screenings, take afternoon tea and to spend time with visiting pets. Staff members we spoke with told us people's relatives were invited to join their family members at some of the events. In addition to pre-arranged fun things to do, we saw people and staff spontaneously singing and laughing together and enjoying life at the home.

Staff had asked people during one of the regular residents' meeting for ideas and suggestions about things they would like to do in the future. We saw people's suggestions were acted upon. For example, trips to a safari park and a steam railway were being planned for people to enjoy.

People told us they would feel comfortable raising any concerns or making a complaint. Two people told us they attended the residents' meeting and voice their opinions there. One relative told us, "(Staff) always let me know about any meetings or events and invite me to attend so that I am involved and can say what I think".
Staff we spoke with knew how to support people if they wanted to make a complaint about the service and told us they were confident action would be taken if any improvements to the care were identified. One staff member we spoke with told us any complaints made and areas of improvement identified would be discussed at staff meetings. This staff member told us how positively the senior staff had responded when a relative raised a concern about the temperature in one area of the home. We saw systems were in place for managing complaints, which included checking to see if any lessons could be learnt so people would benefit from a service which improved.

Good

Our findings

During the previous inspection on 20 May 2015 we found this question required improvement. This was because the provider told us that they had made recent changes to ensure the organisation learned from a serious untoward incident in April 2015. They had changed their pre-admission procedure to ensure they were able to provide the level of care that people required before accepting a person's admission to the home. They had also recently changed their policy on not having keypads on external doors. The provider needed time for these changes to take place and review their effectiveness and the impact these would have on people who lived at the home.

At our inspection on 29 February 2016 we found the changes to the pre-admission procedure and the introduction of keypads to promote people's safety and security had been embedded. The effectiveness of the introduction of the new systems had been regularly checked by senior staff and there had been no further untoward incidents.

People we spoke with during our inspection were positive about living at the home and the way it was managed. People told us the registered manager was approachable and they were confident if they made suggestions about developing the home they would be listened to. People gave us examples of where they had made suggestions at residents' meetings and these had been actioned. This included people's suggestions about opportunities for them to do more things they enjoyed. One person we spoke with told us they did not have to wait for residents' meetings to make suggestions, as they would be comfortable talking to any of the staff team at any time, if they had suggestions to make.

The relative we spoke with told us their family member benefited from living in a home which was managed well. For example, the culture developed by the registered manager meant communication with the registered manager and wider staff team was good. As a result, people and relatives were encouraged to share their views on the way the home was managed through regular meetings and by completing surveys asking them what they thought about the care they received. We saw the suggestions people had made had been acted upon. This included refurbishments of areas of the home. Staff told us the registered manager had put other processes in place so people would have additional opportunities to make suggestions about the development of the home, such as comments and suggestion boxes. We saw these were available for people, relatives and visitors to use.

People who lived at the home and the relative told us the registered manager took time to talk to people living at the home and the relative said, "Senior staff are excellent, know their jobs and the (registered)

manager is very hands on." We saw the registered manager chatting to people throughout our inspection and checking people had the support they needed. People smiled when the registered manager and senior staff spoke with them.

All the staff we spoke with told us the home was managed well and they felt the registered manager and senior staff team listened to them and gave them support, so people would receive good care. One staff member told us the way the home was managed meant staff were encouraged to raise suggestions for improving people's care. The staff member gave us an example of when they had done this. This had resulted in further opportunities for people living at the home who had complex care needs to be more included in decisions about their daily care and to maintain their independence. Five staff members told us they had regular staff meetings and individual meetings with their managers. Staff told us the meetings were used to make sure staff were aware of the requirements of their roles and to discuss suggestions to improve people's care. One staff member told us support and guidance was always available from the registered manager and senior staff and said, "It's a good place to work and a good home, it's homely, and I love it."

The registered manager and senior staff had developed effective relationships with external professionals, such as GPs, occupational therapists, district and GP practices nurses. The manager had created a culture where staff would follow external professionals' advice, so people would continue to receive the right care.

We saw the registered manager and provider regularly checked the quality of the care people received. These included checks on people's safety, the home's environment, medicines, care planned for people and the quality of the care provided. We saw action plans had been developed by the registered manager and followed up by the provider so they knew the home was being developed further. We saw actions identified had been completed. For example, one audit identified actions were required to improve the cloakroom areas in the home, and this had been done.

The registered manager told us they felt supported by the provider. This included support to regularly share best practice with other registered managers and for their own training and development. The registered manager told us the provider had also supported them by providing resources to promote people's safety and care needs. Two staff members we spoke with told us the provider regularly visited and talked to people and staff and spent time checking the quality of the care delivered.