Barchester Healthcare Homes Limited

Beeston View

Inspection report

Rode Street
Clotton
Tarporley
Cheshire
CW6 0EG

Tel: 01829732454
Website: www.barchester.com

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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

Beeston View is a purpose built care home for people with dementia, run by Barchester Healthcare Homes Limited. The care home is on the same site as Iddenshall Hall. The grounds and gardens are accessible to people who use the service. Bedroom accommodation consists of 48 single rooms all which have en-suite shower facilities.

At the last inspection in July 2014, the service was rated as Good. At this inspection we found the service remained Good. Our last visit had identified improvement needed in the provision of activities and our question about the service being responsive had reflected this. Despite this, the rating for the service had been assessed as good overall. This visit found that a robust programme of activities were in place of people who used the service.

The registered provider had systems in place to ensure the safety of the people who used the service. This included arrangements for identifying, reporting and taking action on any allegations of abuse. This was reinforced through training for staff, staff knowledge and reporting processes. People's safety was further enhanced through assessments for individuals identifying risks they faced from the environment or from risks associated with their own health and social needs. The registered provider ensured that a system for the safe management of medication was in place and that the premises were well maintained and hygienic.

The registered provider took the requirement of the Mental Capacity Act 2005 (MCA) and associated safeguards into account. This meant they were working within the law to support and assist people who may lack capacity to make their own decisions. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People who used the service were supported by a staff team who had received the training and had the knowledge to best support them. The nutritional needs of people were met. Consideration was made to the dietary needs of people, their personal preferences and ensuring that those who were at risk of choking could eat safely.

Staff interactions were friendly, caring and supportive. People were supported in a patient manner with people supported in a respectful manner. Staff ensured that people were treated as individuals and had their privacy and dignity take into account through care practice. People were given information about their care and the support they could be provided with.

Care plans provided staff with the information they need to successfully support people in all aspects of their daily lives. Care plans were reviewed and updated when required. A robust activities programme was in place and activity co-ordinators employed to provide carried and regular activities. Records maintained in respect of activities complimented care plans maintained by the service so that a whole picture of people's progress could be achieved.

Information was in place in respect of how people could make a complaint. Complaints records were maintained and concerns responded to in a timely manner.

The registered manager used a variety of methods to assess and monitor the quality of the Beeston View. These included regular audits of the service and staff and resident meetings to seek the views of people about the quality of care being provided. The registered manager had provided feedback to people about the rating that we had applied at our last visit. The registered manager always notified us of significant incidents within the service as required.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Beeston View

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.'
This unannounced comprehensive inspection took place on the 28th March and was undertaken by one Adult Social Care Inspector.

As part of our inspection, we ask registered providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned to us when we asked.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at six care plans and other records such as four staff recruitment files, training records, policies and procedures, medication systems and various audits relating to the quality of the service. We also observed care practice within the service.

We spoke to six people who used the service and one relative. We also spoke to the registered manager and five members of staff. During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at information from the last visit made by the Local Authority Commissioning Team. They visited in October 2016 and found no concerns. We contacted the Cheshire West Healthwatch team. Healthwatch is an independent consumer champion created to gather and
represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. The team last visited in March 2015 and did not identify any concerns.

Good

Is the service safe?

Our findings

People told us they felt safe living at Beeston View, "Oh yes I definitely feel safe here" A relative told us that they considered that their relation was safe living there. People who used the service were not always able to directly provide us with their experiences of the support they received. We were able to observe care practice through the day and found that people appeared relaxed and comfortable with the staff team; being involved in conversations with staff and others and doing this in a relaxed manner. People with limited communication responded well to staff and sought assistance from them in a trusting manner.

Staff showed a good understanding of the types of abuse that could occur. They told us that they report any allegations of abuse and were aware of the reporting process. They had received training in safeguarding and had information available to hand as to how any concerns should be reported. Staff were also aware of the whistleblowing process for raising concerns. They had access to contact numbers within the wider organisation to report concerns and understood the role of the local authority and CQC with this.

Care plans included a reference to the risks faced by people in their everyday lives. These included risks in the environment as well as risks they faced through specific health needs. Risk assessments covered the susceptibility of people to developing pressure sores, the risks of falls and the risk of malnutrition. All care plans we looked at found that risk assessments were in place and were risk were high, appropriate action was included in care plans to ensure that people's health was promoted. The risk of people from malnutrition had been assessed and where people faced a higher risk of this, the frequency of weight monitoring was increased. Where any weight loss was identified, there was action of what steps had been taken to prevent deterioration. Risk assessments were also in place to identify those who were at risk of choking while eating. This again included actions to be taken by staff to prevent this. All risk assessments were up to date and had been evaluated at least monthly.

Accident records outlined the nature of the incident and action taken as a result. A body map picture was completed to confirm the area were people had been hurt. All accident records were then subject to checking by the registered manager. Where there had been a re-occurrence of a fall, for example, risk assessments and care plans were reviewed as a result to prevent future accidents.

Staff rotas were available indicating the numbers of staff that were available to support people on any one day. The mix of skills reflected the needs of the people who used the service. The ground floor supported people with residential care needs while the first floor catered for people with nursing needs. A registered nurse was included on the rota at all times for the people with nursing needs. The registered provider also employed ancillary staff such as domestic staff, catering staff, activity coordinators and maintenance staff. Observations during our visit found that there were sufficient staff members around to assist and support people. Staff told us there were enough staff although there had been occasions when staffing had experienced shortfalls through sickness absence. They told us that more staff had been recruited.

Personnel files demonstrated that the registered provider's recruitment of new staff was robust and protected people from harm. Files included checks made on people's suitability to perform the role

including references, health checks and disclosure and barring checks (known as DBS). A DBS is a check made to see if people had been convicted of offences which would affect their suitability to work there. Information confirmed the identity of people and notes were recorded at the interview stage to confirm their suitability.

We received an assessment of the service's management of medication from the local clinical commissioning group. Their visit was conducted in February 2017 and included a full assessment of how medicines were stored and administered. There findings were that there was safe management of medication at Beeston View. On this visit, medicines continued to be appropriately secure and accessible only to those who required access for the purposes of administration. Care plans included an up to date list of the medicines that people had been prescribed.

We observed administration of medicines prior to lunch. This included prescribed medication being given to four people who used the service. On all occasions, people were given explanations that their medications were available and what the purpose of each item was. Nursing staff ensured that a drink was available to them to assist with swallowing tablets, for example. People were provided with medication in an individual, informative and unhurried manner. Nursing staff also used this contact as an opportunity to gain information about people's general health and any other issues unique to them.

Good

Is the service effective?

Our findings

While no one we spoke with was able to give a view on staff skills and the provision of meals, we were able to make observations and identify other evidence that suggested that people received care from a well trained staff team who were knowledgeable about their likes and dislikes.

Staff told us that they received supervision on a regular basis. This included one to one supervision with their line manager as well as team meetings. Other heads of department such as catering heads, nurses and unit managers received supervision from the registered manager. All supervisions were recorded and records of future planned supervisions were in place. Staff told us that while they had supervision planned, they felt comfortable in raising key issues in between supervision sessions. A nutritional audit had been undertaken since our last visit. This looked at all aspects of the provision of food and drinks within the service. This had identified some action points including the completion of fluid and food sheets. Additional supervision for staff in relation to this was evidenced.

Staff told us that they had received training in recent months and that it was relevant to the role they had. Courses were available for registered nurses in clinical issues such as catheter care. They confirmed that they had received support from the management team to enable them to carry out the work needed to maintain their registration (known as revalidation). Care staff had received refresher training. This involved training in mandatory health and safety topics as well as training in safeguarding, whistleblowing and the Mental Capacity Act 2005. A training matrix was available and this outlined training that remained in date as well as training that would be needed in the near future. Notices indicating further refresher training were in place with staff identified to attend in April 2017. Other training included dignity and respect, dealing with behaviours that challenged the service and dementia awareness.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This visit found that the registered provider was still operating within the provisions of this Act. Staff demonstrated a good understanding of the Mental Capacity Act 2005 and how the capacity of an individual should be taken into account when promoting choice. All people living at Beeston View were either subject to a Deprivation of Liberty authorisation or applications had been made. The Deputy Manager outlined to us the process for seeking an urgent order and how this applied to a person who had come to live at Beeston View the day before our visit. We saw evidence of authorisations being applied for and granted.

Records and observations confirmed that people received access to healthcare. During our visit, people were identified as requiring to see a doctor on that particular day with preparations made for the visit. Records provided evidence that people were subject to routine medical appointments from practitioners such as chiropodists and opticians with health conditions being referred to doctors and hospitals when required. Referrals had also been made to dieticians when weight loss had occurred.

People had their nutritional needs taken into account. Care plans contained information on the likes and

dislikes of people in relation to food as well as specific diets to promote health or in line with lifestyle choices, for example being vegetarian. All people had had their risks relating to their nutrition assessed with weights being monitored more frequently the more at risk people were. We observed lunch. This was a pleasant occasion with staff and people who used the service able to sit and chat. Meals were prepared in the main kitchen area and then transferred by heated trolley to a kitchenette on each unit. Menus were on display yet people were presented with both meals so that they could make a decision on what meal they wanted. We did not see anyone requiring assistance to eat yet staff had the opportunity to sit at tables and eat with people. Softer diets were presented to some people in line with their requirements. Hot and cold drinks were available throughout the day.

Good

Is the service caring?

Our findings

People told us that they felt cared about "Yes they do care", "I feel cared about" and "The staff are caring and committed".

Staff interactions with people were positive, friendly and respectful. People were treated with patience and kindness and staff ensured that the needs of people who used the service were central to their work. Some people who used the service were able to communicate and start conversations with staff. Others did not communicate verbally yet staff sought to check on their wellbeing and adopt an inclusive approach to care. Some people preferred to stay in their bedrooms and this was respected with staff checking on their welfare. Others remained in sitting areas away from the main lounges and again staff were seen checking to see if they were alright or needed a drink, for example.

Staff gave us practical examples of how they would promote the privacy and dignity of people. They told us that they would ensure that when people were receiving personal care, bedroom doors would be closed and curtains drawn to ensure that people received privacy. We saw staff knocking on bedroom doors before they received an invitation to enter. Where people needed assistance, they were supported to go to their bedroom so that assistance could be given in private.

People had been given the opportunity to personalise their bedrooms with the inclusion of furniture, photographs and other personal items. Each bedroom door had a picture frame including photographs and signs unique to the interests, past or present, of each person. This included sporting interests or past employment that people had been involved with. We were able to cross reference these interests with information on social history.

Staff gave us examples of how people were provided with the opportunity to make decisions. They took the communication skills of people into account by providing choice to those who could verbally communicate. They acknowledged that not everyone was able to verbally communicate and outlined how people responded non-verbally through facial expressions and posture in order to provide consent. Practical examples of decision making included preference at mealtimes. People were presented with both alternatives on a plate so that they could make a decision which meal they wanted.

Good

Is the service responsive?

Our findings

People living at Beeston View were living with dementia. As a result, people were not always able to provide direct accounts of their experiences. We were able through observation to see that people were willing to participate in activities, for example, with staff providing support and encouragement in a supportive manner. One relative told us about a complaint that they had made and that the response had been slow. This referred to an historical complaint some time ago.

Our last inspection we asked whether the service was responsive. We identified that improvements were needed. These improvements centred on the provision of activities within the service and records of people's preferences in daily routines.

This inspection found that the provision of activities was robust and formed part of the overall care and support provided at Beeston View. Details of activities were on display for each day on a colourful display which included symbols and photographs. Activities took place in all areas throughout our visit. People worked making Easter cards with staff or were involved in light exercise. Others enjoyed chatting about recent events and things that had happened. Another person was involved in an exercise designed to improve their fine motor skills. Activities were varied and included activities within the home as well as trips further afield.

Two activities co-ordinators were employed at the service. They maintained records relating to the preferences and interests of people, an account of their social history and activities they had been involved with. Activities records made reference to the health and communication needs of people. An evaluation of how much people had enjoyed activities or otherwise was completed after every session. People had the choice to become involved with activities if they wished. We saw one person express an interest in making Easter cards and staff gave encouragement to this wish. Eventually the person changed their mind and this wish was respected. Activities were seen as part and parcel of the overall support provided to those at Beeston View and not just an optional addition.

Assessment information was available for each person. This involved assessments from local authorities as well as the service's own assessment. Assessments included an overview of the main health and social needs of people and there was an emphasis on their social and life histories. Assessments were then translated into a plan of care.

Care plans were up to date and accurate. Where people had experienced changes to their daily needs, a new care plan had been devised to reflect this. Care plans provided an individual summary of the needs of people to help staff understand how people could be supported as individuals. All care plans had been evaluated on a monthly basis and had been audited to ensure that they were documents which enhanced individualised care.

Evidence was available of care plan reviews with people and their families. This included a review of how successful care plans were and the chance for people to comment on the quality of the care they received.

A complaints procedure was available. This contained the information needed for people to make raise concerns with the registered provider and included details of timescales which would be applied to any investigation. Complaints records were maintained. These included details of complaints and how concerns had been investigated. Details of all correspondence to and from complainants were available with an indication of whether people had been satisfied with the outcome.

Good

Is the service well-led?

Our findings

No one we spoke with gave a view of how well- run the service was. We did see evidence of how the needs of people who were living with dementia were taken into account by the service including training for staff, the design of the environment and how the registered provider sought to include the views of people who used the service and their families.

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