

B & L Premier Care Limited

# Beechdale House Care Home

## Inspection report

Beechdale Road  
Aspley  
Nottingham  
Nottinghamshire  
NG8 3EZ

Tel: 01159292792

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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

### About the service

Beechdale House is situated in Nottingham City. The service is registered to provide accommodation and nursing for a maximum of 40 older people and people living with dementia in one adapted building. There were 31 people living at the service on the day of our inspection visit.

### People's experience of using this service and what we found

People received safe care and treatment from staff who knew and understood their needs, including how to manage and reduce known risks. Whilst some care records needed updating, this had not impacted on the safe care and treatment provided and immediate action was taken where required, to make improvements. Staff had received training in safeguarding and health and safety. Staff were deployed effectively and safe recruitment practice was used when new staff were appointed. Medicines were managed safely and people received their proscribed medicines when they needed. Infection prevention and control measures were used, to reduce the risk of cross contamination. Incidents were reviewed and analysed to consider what lessons could be learnt to reduce further risks.

People received effective care and treatment. Recognised assessment tools, best practice guidance and current legislation, were used to assess and monitor people's health care and well-being needs. Staff received an induction and ongoing training and support. People received a choice of meals and their hydration and nutritional needs were met. Staff worked with, and shared information across agencies to support people with their ongoing care needs. People's health conditions were assessed and monitored, and they received support to access health services. Improvements had been made to the environment and plans were in place for further improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who knew them well. Dignity, respect and independence was encouraged. People and their relative or representative, were included as fully as possible in their care and treatment. Advocacy information was available, should people have required this support.

People received a responsive service that met their individual needs. People's diverse needs, preferences and social history was assessed and care plans provided staff with guidance. People received opportunities of social activities and community involvement. Action was being taken to appoint a new activity coordinator, to further develop people's opportunities. Complaints and concerns were acted upon and investigated in a timely manner and resolutions found. End of life care was discussed and planned with people and their relative or representative.

The service was well-led by a management team who understood their role and responsibilities in meeting

the fundamental care standards and legislative requirements. The culture of the service was open and transparent. The registered manager actively engaged and had developed a positive relationship with the community and external professionals. This had a positive impact on people. The management team were visible and involved in providing care and clearly knew people well. The registered manager used research and best practice effectively, they had been successful in achieving recognition awards for their practice and for improvements made at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 4 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led..

Details are in our well-led findings below.

Good ●

# Beechdale House Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector, one assistant inspector and a specialist advisor who was a registered nurse.

#### Service and service type

Beechdale House is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We asked Healthwatch Nottingham for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. We also asked commissioners for their feedback about the service. Before the inspection we asked the provider to send us their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information was used to plan the inspection.

#### During the inspection

As part of this inspection, we spent time with people who used the service talking with them and observing support; this helped us understand their experience of using the service. We observed how staff interacted and engaged with people. We spoke with eight people who used the service and three visiting relatives or friends of people living at the service. We also spoke with five visiting health care professionals. We spoke with the registered manager, the nominated individual who is responsible for supervising the management of the service on behalf of the provider, a nurse, a senior care worker, three care staff, the cook and housekeeper. We reviewed a range of records. This included six people's care records. We looked at three staff files. We reviewed a variety of records relating to the management of the service, including accidents and incidents, numerous medicine records, audits, staff training and checks on health and safety.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to resident and staff meetings, the current action plan and confirmation of action taken immediately in response to some feedback from this inspection relating to records. This information was included in the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and external professionals told us staff provided safe care and supported people effectively to remain safe. A person said, "The staff are very good, I couldn't be in a better place."
- People received safe care and treatment and were protected from avoidable harm. The provider had a safeguarding policy and procedure and the multi-agency safeguarding procedures to report any safeguarding concerns to the local authority and CQC were followed.
- Staff had received safeguarding training and demonstrated a good understanding and awareness of their responsibilities. A staff member said, "I would report any safeguarding concerns to the manager and escalate to the safeguarding team if needed."

Assessing risk, safety monitoring and management

- At the last inspection, improvements were required to the frequency risk assessments were reviewed to ensure staff had up to date information. At this inspection, risk assessments had been evaluated monthly and on the whole, guidance provided to staff of actions required to reduce and manage risks were detailed and up to date.
- At the last inspection, some concerns were identified in how people were supported with their mobility. At this inspection, we saw examples of staff using best practice guidance, when supporting people.
- Risks associated with people's care needs such as skin, mobility, health conditions and managing periods of high anxiety affecting mood and behaviour had been assessed and were monitored. Equipment required to manage risks were available and safety checks completed. External professionals told us staff made timely referrals when risks were identified and followed recommendations made in how risks should be managed.
- Staff had received training in fire safety, health and safety, including first aid. Internal monitoring was completed and guidance provided to staff on safety relating to the environment. This included fire and legionella risks to ensure people, visitors and staff were free from avoidable harm.

Staffing and recruitment

- People were cared for by staff that were deployed appropriately. People told us staff responded to their needs in a timely manner. A relative and visiting health care professionals were positive about the availability of staff.
- Staff told us staffing levels were effective in meeting people's needs. The provider used a dependency tool to assess staffing requirements and if additional staff were required to support people with appointments, this was provided. Our observations confirmed there were sufficient staff to meet people's care needs and safety.

- Recruitment checks were completed before staff commenced, to ensure they were suitable to care for people. This included checks on criminal records, identity, work experience and references.

#### Using medicines safely

- At the last inspection, improvements were required in the management of medicines. At this inspection, we found improvements had been made. People received their prescribed medicines safely and medicines were ordered, stored and managed in accordance with national best practice guidance. The local clinical commissioning group completed a medicines audit in 2019 and found the service to be 98 percent compliant.
- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff had completed training in medicines management and administration.

#### Preventing and controlling infection

- Staff had received training in infection control and food hygiene, and followed national best practice guidance in the prevention and control of infections. The service was visibly clean and free of malodour.

#### Learning lessons when things go wrong

- The registered manager monitored falls and incidents and analysed these for themes and patterns. Action was taken to reduce reoccurrence such as referrals to the community falls team and the use of assistive technology to support people's safety was used, such as sensor equipment in the management of falls prevention.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and well-being needs were assessed with them before they transferred to the service. This ensured their care needs were known and understood. This included people's diverse needs and included any protected characteristics under the Equality Act 2010. This was important to ensure people did not experience any form of discrimination.
- Recognised assessment tools were used in monitoring people's health care needs. The registered manager used best practice guidance and current legislation to support staff to provide effective care and treatment. An example of this was in oral health care. A policy and procedure had been developed, people's oral health care needs had been assessed and care plans developed. People also had access to a dental practice.

Staff support: induction, training, skills and experience

- People were cared for by staff who had received an induction and on going training and support. Positive feedback was received from people, a relative and professionals about the competency of staff. A person said, "They [staff] are marvellous the way they look after you." A professional said, "Staff are competent and follow recommendations. I've never had a concern about the care people receive."
- Staff were positive about the support they received. They told us they received regular opportunities to discuss their work, training and development needs and they regularly completed training. There were good communication systems in place to share information such as detailed daily handover meetings, a communication book and regular staff meetings.
- We discussed the staff training plan with the registered manager. Where staff were due refresher training this was known and planned for. Training topics were relevant to the needs of people such as dementia awareness.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs and preferences were assessed and monitored and people received a choice of meals and drinks. On the whole people were positive about the choice of meals. A person said, "The food is nice and I always get a choice." One person told us they found the food bland, we shared this with the registered manager who agreed to follow this up.
- A visual menu was available to support people with choice making. We observed people were offered a choice of drinks and snacks. Where people required assistance with eating and drinking, staff were attentive, organised and unrushed in their approach.
- Staff were aware of people's individual needs. For example, some people required a soft diet due to swallowing difficulties, some people required a fortified diet due to concerns of malnutrition.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a range of external professionals in meeting people's ongoing care needs. For example, a professional had recommended specialised equipment. This was promptly purchased and improved the person's seating position.
- The service participated in the 'red bag scheme.' This is an NHS innovative approach to ensure important information is shared for people between care homes, ambulance staff and hospitals. The red bag contains key information about a person's needs.

Adapting service, design, decoration to meet people's needs

- Since the last inspection, improvements had been made to the environment. This included a new heating system, a new nurse call bell system and new patio doors and some replacement windows. The three courtyard areas had also been improved upon with themed areas such as a beach and sensory environment being developed.
- Improvements included new flooring and decoration and a plan was in place for further refurbishment and decoration to the lounge and dining room. Bathrooms were adapted to meet people's physical needs.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were assessed and monitored and action was taken if concerns were identified. A person said, "They [staff] are very thorough when you are poorly, they are quick to call the GP." Staff had guidance of how to support people with their health care needs, and best practice guidance was used for example in the care of pressure ulcers and head injuries.
- Staff were knowledgeable about people's health care needs and the nurse was proactive in checking people's physical health needs when changes were identified in people's behaviour. External professionals were positive and complimentary about how health care needs were managed.
- People accessed health services and were supported to attend hospital outpatient appointments. On the day of the inspection two people were supported to attend hospital outpatient appointments and external professionals were at the service caring out eye examinations.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people had an authorisation in place that restricted them of their freedom and liberty with any attached conditions, this was clearly documented for staff to follow.
- Where people lacked mental capacity to consent to a specific decision, a best interest decision had been made. However, it was not clear who had been involved in these discussions and decisions. We discussed this with the registered manager who amended the documentation, to enable better transparency in how decisions had been made.
- We observed staff encouraged and supported people to make day to day decisions about their care and they demonstrated an understanding of the principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by staff who knew their care needs, preferences and daily routines. People were positive about the care and treatment they received. A person said, "I'm happy living here, it's very pleasant and the atmosphere is good. The staff are friendly and helpful, and I can't fault anything."
- Feedback from visiting professionals was equally positive about the care and approach of staff. Comments included, "The care staff are lovely, they seem to have a good rapport with residents, I find them friendly and helpful and people look well cared for."
- People's diverse care and support needs were discussed and planned with them. Staff had detailed guidance that enabled them to have a person-centred approach to care. Examples of how people were supported with things that were important to them included pastoral care. Regular Holy Communion was provided by an external religious representative and other people received spiritual support that was important to them.

Supporting people to express their views and be involved in making decisions about their care

- People and their relative or representative were involved in their care and treatment. The management team had an open-door policy and were available and visibly seen daily by people. A person told us they had read their care plan at length and knew who the registered manager was.
- People's care records confirmed how people and others had been involved in discussions and decisions. People had a named keyworker who had additional responsibility in meeting their needs. This included involving people and advocating on their behalf.
- Independent advocacy information had also been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- People were positive about the approach of staff and felt their privacy and dignity was respected. A person said, "The staff are very caring and respectful. There is only one male care staff, but they ask if they can assist with personal care." Another person told us how staff were polite and always knocked on their door before entering.
- Staff demonstrated an understanding of the importance of respecting people's privacy and dignity. A staff member said, "You should always shut the curtains when providing personal care, knock before entering. Let people choose how they want their care."
- Independence was promoted by people being involved in their care as fully as possible. We saw examples where people were given choices of where they sat for their meals and what they wished to eat and drink.

Some people required support with eating and drinking and we saw how staff encouraged people to do as much as they could for themselves.

- There were no restrictions of people receiving visits from friends and family. Personal information about people was treated with respect and confidentiality was upheld. Information was also managed in line with current data protection legislation.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and treatment that reflected their individual needs, preferences and routines. People confirmed staff were responsive to their individual needs. A person said, "We don't have to wait long for staff to respond, I can't fault them, anything we need we get."
- Feedback from professionals were positive in how care and treatment was delivered. Comments included, "Staff follow any recommendations made and the management team show a real willingness to provide a responsive service."
- In addition to a detailed assessment of people's health and welfare needs, staff had important information about people's history such as their family, past occupation, interests and hobbies. This supported staff to understand what was important to people and how provide a personalised service.
- An example of people receiving support and opportunities important to them included how birthdays were celebrated. A person told us how they were looking forward to their birthday celebration and staff had arranged a tap dancer to visit. They said, "I'm so excited."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs had been assessed and planned for. Consideration had been given to accessible information, for example the menu was provided in picture format to support people with their choice making. The complaint procedure was being further developed in easy read. The registered manager told us other information would be provided in alternative formats such as large print if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of our inspection, the activity coordinator had recently left, and a replacement was being recruited. Staff were providing activities that included internal games and visits to local community activities such as to the bowls club and garden centre. External entertainers also visited, including the library service and children from the local school visited to read to people and provide entertainment during the year to mark different celebrations. People confirmed these activities were provided.
- The registered manager told us they recognised the importance of social activities, stimulation and occupation for people in their social and emotional well-being. The registered manager assured us the activity coordinator was an important role. In the interim to a new coordinator being appointed, the

registered manager and senior care worker were taking responsibility of organising activities.

Improving care quality in response to complaints or concerns

- Whilst some people were unsure of the procedure to make a complaint, the provider's policy and procedure was on display for people and visitors.
- Complaints or concerns received were minimal, but had been responded to and investigated fully, and in line with the provider's policy and procedure.
- The management team had an open, honest and transparent response when things went wrong.

End of life care and support

- People's end of life care and wishes, in how they received their care was discussed and planned with them and their relative or representative. This included people's advance wishes or best interest decisions in relation to resuscitation.
- We saw staff had received compliment cards from relatives thanking them for the care provided during their relations life.
- Staff had received training in end of life care and demonstrated compassion in end of life care. A staff member said, "We make sure people are comfortable. Provide much more regular checks. I painted a person's nails after they had passed on because this was important to them. We respond to death really well here."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care and treatment that met their individual needs. Feedback from people about the service provided was consistently positive. People told us they were happy living at Beechdale House Care Home. A person said, "The staff always have time for you." Another person said, "I have enjoyed every minute of being here. The staff are all fantastic."
- Feedback from professionals were equally positive about the leadership of the service and how the management team were committed in achieving good outcomes for people. Staff were described as welcoming, organised and caring.
- The management team were had continued to develop and embed a positive culture, they led by example and ensured people received consistent good quality care and treatment. Staff were positive about their role and how they worked together to achieve positive outcomes. A staff member said, "I enjoy working here, we work well as a team and have good communication, the manager is clear about the standard they expect."
- The registered manager strived to continually drive forward improvements at the service and was proactive and innovative. Examples of this was how they used best practice guidance to support staff to provide good quality care. They had also developed opportunities of social inclusion and people were active citizens of their local community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Where incidents had occurred, or complaints received, the management team investigated these and learnt from them. The registered manager had developed a non-blame culture, they were open and transparent with the staff team and had a positive approach to leaning and development.
- The provider had met their registration regulatory requirements of notifying CQC of events they were required to report. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles, responsibilities and accountability and they worked well together, to

ensure the fundamental care standards were met.

- The systems and processes that monitored quality and safety were effective and plans were in place to continually drive forward improvements.
- The nominated individual worked at the service daily and was fully involved in the day to day management of the service. This enabled them to have continued oversight of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relative or representative received varied opportunities to share their experience of the service. This included opportunities to attend relative and resident meetings, completing an annual feedback questionnaire and meeting with the registered manager, named nurse and keyworker to discuss care and treatment plans.
- Staff told us they felt well supported and valued. They received regular opportunities to discuss their work and were confident they could raise any concerns or make suggestions.
- Assessment and review processes considered people's protected characteristics to ensure they did not experience any form of discrimination.

Continuous learning and improving care

- A number of improvements to the environment had been made since the last inspection. An ongoing action plan to continue with redecoration and refurbishment was in place.

Working in partnership with others

- Feedback from professionals working with the staff were consistently positive. This included how people's health conditions were assessed, monitored and supported, and how people's emotional and well-being needs were considered and met.
- The registered manager had worked with different external forums to continually develop their awareness in new initiatives and best practice guidance and research. They had been successful in achieving Highly Commended Care Home Manager and Highly Commended for most improved care home, in the East Midlands care home sector programme – Improving safety in care homes.