

Roseberry Care Centres UK Limited

Beech Grove 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 

Overall summary

We carried out an inspection of Beech Grove Care Home on 30 January 2015 and 2 February 2015. The first day was unannounced. We last inspected Beech Grove on 26 November 2013 and found the service was meeting the current regulations.

The home is registered to provide accommodation and personal care for up to 33 older people. At the time of the inspection 32 people were accommodated in the home.

The home is located in a residential area near to the centre of Clitheroe. Accommodation is provided on two floors in 31 bedrooms and one shared bedroom. 13 of the bedrooms have an ensuite facility.

The service had a registered manager in post. 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.

Summary of findings

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding and we saw concerns had been dealt with appropriately, which helped to keep people safe.

As Beech Grove is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate mental capacity assessments had been carried out and applications had been made to the local authority for a DoLS. Staff had completed training and had a working knowledge of the Mental Capacity Act 2005.

Staff had been trained to handle medication and records gave detailed information about people's medication requirements. Records and audits were in place which ensured people received their medication in a safe manner.

We found staff recruitment to be thorough and all relevant checks had been completed before a member of staff started to work in the home. Staff had completed relevant training for their role and they were well supported by the management team.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink.

People had opportunities to participate in a variety of activities and we observed staff actively interacting with people throughout our visit. All people spoken with told us the staff were caring, compassionate and kind. We saw that staff were respectful and made sure people's privacy and dignity were maintained. People and their relatives spoke positively about the home and the care they or their relatives received.

All people had a detailed care plan which covered their needs and any personal preferences. We saw the plans had been reviewed and updated at regular intervals. This meant staff had up to date information about people's needs and wishes.

All people, their relatives and staff spoken with had confidence in the registered manager and felt the home had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The provider had systems in place to manage risks, safeguarding matters and medication and this helped to ensure people's safety. People and their relatives told us it was a safe place to live.

The way staff were recruited was safe, as thorough pre-employment checks were carried out before they started work. Staff were trained to recognise any abuse and knew how to report it.

Good



Is the service effective?

The service was effective. People were cared for by staff who were well trained and supported to give care and support to people living in the home.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate action was taken to make sure people's rights were protected.

People told us they enjoyed the meals served in the home and confirmed they had access to healthcare services as necessary.

Good



Is the service caring?

The service was caring. People told us they were happy living in the home and staff were kind and considerate. Relatives spoken with expressed satisfaction with the care provided and confirmed they were made welcome in the home.

The staff we spoke with had a good understanding of people's needs and we saw they respected people's rights to privacy and dignity.

Good



Is the service responsive?

The service was responsive. People were satisfied with the care provided and were given the opportunity to participate in a range of activities which were arranged on a daily basis.

People's needs had been assessed before they were admitted to the service. Each person had an individual care plan, which provided guidance for staff on how to meet their needs.

The complaints procedure was clearly displayed in the home. People spoken with had no complaints about the service but knew who to speak to if they were unhappy.

Good



Is the service well-led?

The service was well led. The home had a registered manager who provided clear leadership and was committed to the continuous improvement of the service for people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff. Appropriate action plans had been devised to address any shortfalls and areas of development.

Good



Beech Grove 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 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 inspection took place on 30 January and 2 February 2015 and the first day was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, including notifications. We also asked for feedback from the local authority contracts unit.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with ten people who used the service and two relatives. In addition we spoke with the registered manager, two members of the care team, the administrator and the cook.

We looked at a sample of records including four people's care files and other associated documentation, two staff recruitment files, minutes from meetings, complaints records, 32 people's medication records, policies and procedures and quality audits.

Throughout the inspection we spent time in the home observing the interaction between people living in the home and staff.

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person told us, “I feel very safe. They’ve all been very good to me and it’s the best I’ve felt for five years”. Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. We noted from looking at the minutes of residents’ meetings, that the registered manager had discussed “feeling safe” with people living in the home on two occasions. She had also explained to people who they could contact if they had any concerns about their safety.

Staff spoken with understood their role in safeguarding people from abuse. They were all able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. The training records showed staff had received safeguarding training and the staff we spoke with confirmed this. Where safeguarding concerns had been raised, we saw the registered manager had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

We looked at how the service managed risk. People who used the service and the staff told us people were supported to take risks so they could be independent. For instance several people enjoyed going for walks independently in the local area. We found individual risks had been assessed and recorded in people’s care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. For instance risk assessments were in place to help staff assist people to move safely. Records seen demonstrated all risk assessments had been reviewed on a regular basis.

Following an accident or incident, a form was completed and the events surrounding the situation were investigated by the registered manager. We saw completed accident and incidents forms during the inspection and noted appropriate action had been taken in response to any risks of reoccurrence. Following an accident a 72 hour monitoring form was completed to ensure people had recovered from any ill effects.

We looked at how the service managed staffing and recruitment. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. The registered manager explained the staffing levels were flexible and adjusted on a regular basis in line with the needs of people living in the home. For instance additional staff were placed on duty to accompany people on any hospital appointments. Staff spoken with confirmed they had time to spend with people living in the home and people told us staff were readily available whenever they required assistance. We observed call bells were answered promptly and we saw people’s needs were being met.

We looked at recruitment records of three members of staff and spoke with two members of staff about their recruitment experiences. Checks had been completed before staff commenced work in the home and these were clearly recorded. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

The recruitment process included applicants completing a written application form with a full employment history and a face to face interview to make sure people were suitable to work with vulnerable people. Staff completed a probationary period during which their work performance was reviewed at intervals. We noted the provider had a recruitment and selection policy and procedure which reflected current regulatory requirements.

We looked at how medication was managed in the home. All people spoken with told us they were satisfied with the support they received to take their medicines. Staff designated to administer medication had completed a safe handling of medicines course and undertook tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference in the medical room.

The provider operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the

Is the service safe?

medication records were well presented and organised. We found two omissions in the records, one in the controlled drugs register and the other on a medication administration record these were rectified during the inspection.

Suitable arrangements were in place for the management of controlled drugs. We noted a monthly audit was undertaken of the medication systems and an action plan was devised to address any shortfalls.

We looked at how the provider managed the safety of the premises. We found documentation was in place to demonstrate regular health and safety checks had been carried out on all aspects of the environment. For instance, water temperatures, emergency lighting and the fire systems. We also noted servicing certificates were available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed all equipment was in full working order. The provider employed a maintenance person and arrangements were in place for the on-going upkeep of the building.

Is the service effective?

Our findings

We looked at how the provider trained and supported their staff. We found staff were trained to help them meet people's needs effectively. One person told us, "The staff are very good at their job. If I need anything I only have to ask".

All staff had undergone an induction programme when they started work in the home and received regular mandatory training. Training defined as mandatory by the provider included moving and handling, health and safety, fire safety, infection control and safeguarding vulnerable adults. In addition, staff undertook training on the Mental Capacity Act 2005 and dementia awareness. The registered manager had effective systems in place to ensure staff completed their training in a timely manner.

Induction training covered the Skills for Care common induction standards. These are recognised standards new staff need to meet to enable them to care for people in a safe and appropriate way. We looked at a sample of induction workbooks during the inspection and noted they were completed over a period of time. New staff were allocated a mentor and shadowed an experienced member of staff for a minimum of three shifts dependent on their past experience.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had annual appraisal of their work performance and were invited to attend regular meetings. Staff told us they could add to the agenda items to the meetings and discuss any issues relating to people's care and the operation of the home. Staff confirmed handovers meetings were held during which information was passed on between staff. This ensured staff were kept well informed about the care of the people who lived in the home.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We noted there was information about the MCA 2005 available for visitors in the entrance area. According to

records seen the staff team had training on the principles associated with the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. Staff spoken with had an understanding of MCA 2005.

The registered manager told us one application had been made to the local authority for a DoLS. We noted all relevant documentation had been completed and the registered manager was waiting for authorisation from the local authority. We noted from looking at people's files a deprivation of liberty checklist was completed before people moved into home.

We looked at how people were supported with eating and drinking. All people spoken with made complimentary comments about the food provided. One person told us, "The food is very nice and you can always ask for more if you want it." We observed lunchtime on the first day and noted people were given support and assistance to eat their food. However, we noted one person was supported to eat by different staff throughout the meal. We discussed this practice with the registered manager who explained the person's need for assistance fluctuated and she agreed to review the arrangements to ensure the person's support was consistent. The meals looked well-presented and were plentiful. Staff engaged people in conversation and the atmosphere was cheerful and good humoured. The tables in the dining areas were nicely dressed, with place settings, tablecloths and condiments. Details of the meals were displayed in the dining room.

People were offered a choice of food every meal time and could request alternatives if they wanted something different to eat. The cook spoken with was aware of people's dietary needs and personal preferences and said she had opportunities to discuss people's views and suggestions about the food on a regular basis. People's weight was checked at monthly intervals and this helped staff to support people to maintain a healthy diet. We saw in the care plan documentation that any risks associated with poor nutrition and hydration were identified and managed as part of the care planning process.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted

Is the service effective?

assessments had been completed on physical and mental health. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people

received prompt, co-ordinated and effective care. We spoke with a healthcare professional during the visit and they gave us positive feedback about the care provided at Beech Grove.

Is the service caring?

Our findings

Our observations of the staff told us they were kind and compassionate towards the people who used the service. All people spoken with expressed satisfaction with the care provided. One person told us, "I'm very content here and have no grumbles whatsoever" and another person commented, "The staff are lovely and they are always good with me." Similarly relatives were satisfied with the care their family members were receiving, one relative said, "The staff are very caring and very approachable." The relatives also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

People said the routines were flexible and they could make choices about how they spent their time. One person told us, "I can get up when I like and I really like spending time in my room in the evening." We saw people being offered choices and staff often asked people if they were okay and if they wanted or needed anything. One person told a member of staff they were experiencing pain, the staff member took immediate action to alleviate the pain.

The registered manager and staff were thoughtful about people's feelings and welfare and the staff we observed and spoke with knew people well, including their preferences and personal histories. They understood the way people communicated and this helped them to meet people's individual needs. People told us the staff were always available to talk to and they felt that staff were interested in their well-being. Since our last inspection, the registered manager had implemented a new initiative known as "My time." This involved staff spending 15 – 20 minutes each week with every person living in the home. We saw records of this time and noted it had been used in a meaningful way for each person, for instance some people had enjoyed looking at photographs and other people had talked about their past occupations. We noted one person had specifically asked staff not to record their conversations as they wished to keep their personal information confidential, staff had respected this wish.

Before people moved into the home, the registered manager carried out an assessment of their needs and risks, which included gaining information about their preferences. This then informed the care planning process. People had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and customer satisfaction surveys. We saw records of the meetings during the inspection and noted a wide variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice.

People's privacy was respected. Each person had a single room which was fitted with appropriate locks. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about the operation of the service. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in the care setting. There was also information on these issues in the service user's guide. The guide was given to people before they moved into the home, so it could be used for reference purposes.

We observed staff supporting people in a manner that encouraged people to maintain and build their independence skills. For instance people were encouraged to maintain their mobility. Staff were also able to provide clear examples of how people were supported to remain as independent as possible. One person told us how staff helped them to maintain their personal care skills in order to promote their privacy and dignity.

There was information about advocacy services available in the home. This service could be used when people wanted support and advice from someone other than staff, friends or family members. The registered manager explained one person had been offered these services, but they had declined.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received from staff. One person said “Some staff really go out of their way to help, like taking me to the local shops”, another person told us, “We all get on so well it’s a nice place to be.” Relatives spoken with told us they were confident their family member was receiving appropriate care. One relative commented, “I have no problems. The staff keep me informed if they have any concerns.”

We looked to see if people received personalised care. We looked at four people’s care files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The plans were split into sections according to people’s needs and files contained a “This is me” form which informed staff about people’s needs, preferences, likes, dislikes and interests. We saw evidence to indicate the care plans had been updated on a monthly basis or in line with changing needs. The provider had systems in place to ensure they could respond to people’s changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting staff discussed people’s well-being and any concerns they had.

We noted an assessment of people’s needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person’s needs. The registered manager told us people had been involved in their assessment of needs and she had gathered information from relatives and health and social care staff as appropriate. This process helped to ensure the person’s needs could be met within the home.

The registered manager told us people were involved wherever possible in the care planning process. Some people spoken with confirmed they had discussed their

care needs with staff. Staff spoken with understood their role in providing people with responsive care and support, in line with any changing needs. There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Some people spoken with were familiar with their keyworker and told us they had the opportunity to spend time with them.

People had access to various activities and they told us there were things to do to occupy their time. A member of staff was designated as the activities coordinator. Activities were arranged on a daily basis in accordance with people’s wishes. During our two day visit we observed people participating in a church service, sing along and quiz. People also had the opportunity to go out of the home. There were regular bus trips in the local area and barge trips on a canal in the summer months. Some people also enjoyed going for walks in the area around the home.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure. The procedure was displayed in the entrance area and included the relevant timescales for the process. We looked at the complaints record and noted the registered manager had received five minor complaints in the last 12 months. These had been investigated and resolved.

Is the service well-led?

Our findings

All people, relatives and staff spoken with told us the home ran smoothly and was well organised. One person said, “I see the manager a lot and she always has a chat with me” and a member of staff told us, “The manager is very approachable and supportive. She is always available if there are any problems.”

The service was led by a registered manager who had managed the home for many years. The registered manager told us she was committed to continuously improving the service. She told us she was supported in this by the regional manager, who often visited the home. The registered manager was also part of the wider management team within Roseberry Care Centres UK Limited. She met regularly with other managers to discuss and implement policy changes and share best practice in specific areas of work. The registered manager described her key challenges as making improvements to the environment, the installation of Wi-Fi (wireless internet) and the introduction of a computer tablet to enhance people’s activities. Throughout all our discussions with the registered manager it was clear she had a detailed knowledge of people’s current needs and circumstances.

The staff members we spoke with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. All staff spoken with told us they were part of a strong team, who supported each other.

The registered manager operated an “open door” policy, which meant arrangements were in place to promote on-going communication and discussion. The registered manager also had specific times when she was available for people, staff or relatives to discuss any aspect of the operation of the home.

Staff received regular supervision with their line manager and told us any feedback on their work performance was

constructive and useful. There were clear lines of accountability and responsibility. If the registered manager was not in the home there was always a senior member of staff on duty.

People, their relatives, staff and visiting professional staff were given the opportunity to complete an annual satisfaction questionnaire. This enabled the home to monitor people’s satisfaction with the service provided. The questionnaires were last distributed in October 2014. We looked at the returned questionnaires during the visit and noted people had made positive comments about the service. For instance one relative had written, “Beech Grove provides a home from home atmosphere. Staff are always very helpful, nothing is too much trouble.” The results from the survey conducted in 2013 had been fed back to people who used the service, their relatives and staff at meetings. A pictorial representation of the results had also been displayed on the notice board in the entrance hall.

There were a number of quality assurance systems in place to assess and monitor the on-going quality of the service. These included audits carried out on a daily, weekly, and monthly basis. These encompassed all aspects of the operation of the home for instance care plans, infection control, medication, staff training and health and safety and included action plans in order to address and resolve any shortfalls. The registered manager also completed and submitted a monthly manager report to head office. This meant the provider could monitor activity in the home.

The home was subject to quality monitoring checks by the regional manager who undertook monthly provider visits. As part of the visit, audits and action plans were checked and feedback was sought from people living in the home, relatives and staff. We saw the regional manager had compiled detailed reports of their visits to the home. This meant shortfalls could be identified and continual improvements made.