

Mr & Mrs H Pavaday

Beechwood House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beechwood House is a residential care home providing accommodation and personal care for up to 23 people older people, some of whom may be living with dementia. At the time of our inspection there were 17 people using the service. Beechwood House is arranged over three floors of one adapted building.

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

People were safe. People's risks were assessed, and staff followed guidance to ensure they were managed and reduced. The registered manager ensured there were always enough staff available to provide care and support. People's medicines were administered by trained staff. The environment of the care home was clean, and staff followed good practice around food hygiene and infection prevention and control.

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.

Quality assurance processes were in place to monitor and drive improvement. The provider gathered feedback from people and their relatives and acted upon it, and the staff team felt supported and able to contribute their views. The service consistently worked collaboratively with external organisations to meet people's needs.

Rating at last inspection and update

The last rating for this service was good (published 25 August 2017).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechwood House on our website at www.cqc.org.uk

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beechwood House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried by one inspector and one Expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Beechwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beechwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people, 3 relatives, 1 healthcare professional, 3 staff, the deputy manager, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 4 people's care records and 4 staff files. We undertook checks of the environment and people's medicines, and we reviewed the provider's quality monitoring processes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "I feel very safe here." Relatives told us they were confident their family members were safe and well cared for. One relative said, "It is very reassuring, [they] are so much safer here than they were at home, it is a great relief." Another relative told us, "I can rest easy at night about [family member's] safety."
- The provider had a safeguarding procedure in place. The registered manager and staff understood their roles in keeping people safe in line with this procedure.
- Staff received regular training to ensure they had the safeguarding skills they required to keep people safe.

Assessing risk, safety monitoring and management

- People were safe because their known risks were assessed and mitigated. People's risks in relation to a range of issues such as falls, behaviours, choking and not eating enough were assessed, and action was taken to reduce them. A healthcare professional we spoke with told us the service managed people's diabetic needs safely and effectively.
- People were protected against the risk of pressure sores. Where there were concerns regarding people's skin, referrals were made to healthcare professionals. Whilst no-one at the service had pressure area concerns at the time of our inspection, staff knew the actions they should take if there was a risk to people's skin integrity. This included repositioning and checking that specialist mattresses were at the correct setting.
- Staff ensured that window restrictors were in place throughout the service. This meant people were protected from the risk of falling from height.
- The registered manager ensured that staff maintained a high level of readiness to keep people safe in the event of a fire emergency. Staff tested the fire alarm system and rehearsed building evacuation. People had up-to-date fire safety risk assessments and personal emergency evacuation plans.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS

authorisations were being met.

Staffing and recruitment

- The registered manager ensured there were enough staff deployed at all times to meet people's needs and keep them safe. One person told us, "There is always someone there when you need them." A relative said, "They seem well staffed."
- The provider followed robust procedures when recruiting new staff. This included reviewing applications, interviewing applicants and confirming they were of good character. This was done by carrying out criminal records checks and checking employment histories. This meant staff were safe and suitable to provide care and support.
- New staff received an induction to ensure they had the skills knowledge, competence, and confidence to support people.

Using medicines safely

- Staff were trained to administer people's medicines. Staff received training during induction and regularly through refresher courses. This meant medicines were administered safely.
- People's medicines records contained large recent photographs. This helped to ensure that the right person received the right medicines.
- Staff signed people's medicines records to confirm they had been administered the right medicine at the right time. Where people required medicines to be applied to their skin body charts were used to show precisely where they should be applied.
- Medicines records prominently noted people's allergies. This meant staff knew which medicines should not be administered to people.
- People's medicines were stored neatly in a medicines trolley. The medicines trolley was locked which protected people against the risks associated with accidentally accessing medicines. Where medicines needed to be kept at a low temperature, these were stored in a lockable medicines' refrigerator. The temperature in the medicines trolley and medicines fridge were monitored and recorded.

Preventing and controlling infection

- People were protected from the risk and spread of infection because staff followed published guidance. This included wearing personal protective equipment and positioning hand sanitiser stations throughout the service.
- The registered manager ensured that an enhanced cleaning programme was followed. This included frequently cleaning high contact points such as door handles, handrails, and work surfaces. This reduced the risk of bacteria and viruses spreading.
- Staff followed good food safety practices to keep people safe. Colour coded chopping boards were used when preparing food to prevent bacterial cross contamination. The fridge temperature was monitored to ensure food was stored safely, and opened foods were correctly labelled.
- The service was clean throughout and there were no unpleasant smells.

Learning lessons when things go wrong

- The registered manager and management team sought to ensure lessons were learned throughout the team when things had not gone to plan. Learning included discussing the cause and response to incidents. This meant the provider continually tried to improve people's safety.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 told us they liked the atmosphere at the service. One person told us it was, "Warm and friendly, you can have a laugh and a joke with staff." Another person described the atmosphere as, "relaxed and pleasant."
- Relatives expressed confidence in the registered manager and their style of management. One relative said the service was, "Very well managed, always feels well ordered." Another relative said, "The manager makes it look effortless, but I am sure a lot of hard work is involved."
- The registered manager and service leadership promoted an open culture at the service. People, relatives and staff told us their views on improving the service were encouraged and welcomed.

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

- The registered manager understood their responsibilities to keep people, relatives, commissioners, healthcare professionals and the CQC informed when things had gone wrong.

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

- The registered manager, deputy manager and staff team were clear about their roles. The registered manager arranged regular team meetings for staff where their roles in meeting people's changing needs were discussed. For example, team meeting minutes showed discussions around training, health and safety and care records.
- The quality of the care and support people received was systematically checked. The manager and deputy manager carried out a wide range of audits as well as an overall check of audits to ensure actions were completed or scheduled.

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

- People were involved in deciding how they received their care and support. For example, people selected their individual activity plans to include activities they preferred such as pampering sessions, bingo, seated dance and ball games.
- People were supported by the service's key working system. A key worker is a member of staff with specific responsibilities such as liaising with relatives, monitoring changes in needs and planning activities. Key

workers met with people regularly and recorded their views. This meant people were supported to make decisions regarding how they received their care and support.

- Staff supported people to gather together to share their views. Resident's meetings took place each month where people discussed issues related to the care home and their support. Records of resident's meetings showed people discussed food, staffing and activities.
- The provider arranged quarterly family meetings for relatives to attend. The minutes of these meetings showed relatives and the registered manager discussed issues such as COVID 19 booster vaccines, information regarding medicines, the views of relatives about people's care and support.
- The registered manager ensured equality and diversity matters were explored. People's care records noted their responses to questions regarding their gender, sexuality, religion, ethnicity and nationality and any needs arising from people's responses.

Continuous learning and improving care; working in partnership with others

- The registered manager and staff worked collaboratively with a range of health and social care professionals including dietitians, nurses, GPs, social workers and behavioural therapists.
- The service worked with a beacon hospice service to complete the 'steps for success'. This is a programme which trains staff in best practice when supporting people approaching the end of their lives.
- The registered manager and staff reviewed people's end of life experience to ensure continuous learning and the improvement of care.
- The service celebrated success. Where the provider had received awards, these were framed and displayed. This meant visitors were encouraged to have high expectations of the service and staff felt their efforts were acknowledged.