

Mrs Doreen Parkes

# Beechdene 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 inspected the service on 21 September 2015. Beechdene is registered with the Care Quality Commission to provide accommodation and personal care for up to 17 people with learning disabilities. On the day of our inspection there were 16 people living at the home.

The home had a registered manager, who was also the provider. 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.

Everyone we spoke with told us that they were happy living at Beechdene and most had done so for a number of years. People considered that the people they lived with were part of their family. They told us that they felt safe and were fully enabled to live the lives they chose with the support that they needed. People lived very independent lives.

# Summary of findings

People told us that staff met their needs effectively and were all kind and caring. Staff told us that they loved working at the home and we found that they were very knowledgeable about people's needs, preferences and life histories. They offered effective support that enabled people to live full and active lives. Staff respected people's privacy and dignity.

Staff were very positive about the support and training they received. They told us that they had received training to equip them with the knowledge and skills to support people safely. They also received training in relation to meeting the specific health needs of people. Staff understood their roles and responsibilities. Staff had a good understanding of what constituted abuse and would be confident to recognise and report it. There were sufficient staff on duty to meet people's needs effectively and staff were recruited through safe recruitment practices.

Staff told us that they were well supported by the provider and the assistant managers who had been delegated the day to day responsibility for the running of the home. Staff had regular opportunities to discuss their personal and professional development and we saw how staff 'went the extra mile' to ensure people's needs were met. We saw that staff communicated effectively and actively listened to the people they supported. People made decisions and choices about how they spent their days and routines were flexible to enable them to do so.

Care plans were personalised and had been written with the full involvement and support of the person they belonged to. People had signed their plans to say they agreed with the content and there was evidence that they were regularly reviewed and updated.

People had a good range of opportunities in relation to holidays and activities. Some people attended college courses and others had work placements. People had busy lives and had regular contact with family and people who were important to them.

People were supported to remain in good health, attending appointments and check-ups as necessary. People received their medicines safely and medicines were stored and recorded appropriately.

People were provided with sufficient food and drink to maintain their good health and wellbeing, and the standard of food provided was very good.

People felt listened to and would be confident to make a complaint or raise a concern if they needed to. Staff knew the complaints procedure and we saw outside agencies had supported people with decision making when appropriate. People living at the home and the staff team had opportunities to be involved in discussions about the running of the home and felt the management team provided good leadership. There were systems in place to monitor the quality of the services provided.

# 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.

People were safe because the provider had systems in place to recognise and respond to allegations or incidents. This meant that the risk of abuse was minimised

People received their medicines as prescribed and medicines were managed safely.

Staffing levels were sufficient to meet people's needs and offered flexible support.

Recruitment procedures were good ensuring that only people suitable to work with vulnerable people were appointed.

Good



### Is the service effective?

The service was effective.

People were involved in planning their care and were supported to make their own choices and decisions.

People enjoyed their meals and received a healthy and balanced diet.

Training gave staff the skills and knowledge to effectively support people who used the service.

Good



### Is the service caring?

The service was caring.

Staff were kind, caring and respectful when supporting people to meet their care and support needs.

People's privacy and dignity was respected and promoted.

People were listened to and were able to make decisions and choices.

Good



### Is the service responsive?

The service was responsive.

People were encouraged to remain in control of their lives. This included managing their relationships and their health care needs.

Care and support plans were very detailed to ensure staff could support people consistently and respond to individual needs.

People lived full and active lives and activities reflected their wishes and preferences.

Complaints were dealt with appropriately.

Good



### Is the service well-led?

The service was well-led.

The management team encouraged openness and involvement throughout the service and staff had opportunities to review and discuss their practice regularly.

Good



# Summary of findings

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to make changes and improvements.

# Beechdene Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 September 2015 and was unannounced.

Before the inspection we reviewed information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law.

The inspection team consisted of one inspector and an 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.

During the inspection we met with people that used the service and spoke with eleven people about the care and support they received. We spoke with the provider, who is the registered manager and two assistant managers who currently have the day to day responsibility for the running of the home. We spoke with five staff and a visitor to the home. We looked at three care records, two staff recruitment files and other records relevant to the running of the service. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

Following the inspection we were contacted by two relatives who wished to share their views with us.

# Is the service safe?

## Our findings

We spoke with people who lived at Beechdene. They all told us that they were very happy with the service provided. They all felt safe and secure. One person told us, “I am very happy living here.” Another person told us, “They [staff] keep me safe. I don’t have to worry about anything.” We saw that one person had recently completed a satisfaction form. They had commented “I am happy living at Beechdene and feel safe and enjoy my life.” A relative told us, “Knowing that [name] is safe and happy means everything to us.”

Staff told us that they considered that people were safe. They told us that they knew how to support people safely while promoting their independence. Staff demonstrated a good understanding of promoting people’s rights and choices while protecting them from harm and ensuring that they were not vulnerable.

Staff had received training to protect people from abuse. In conversations, staff demonstrated a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the different types of abuse and also signs to watch for to indicate this was happening. They also understood the process for reporting concerns. Senior staff knew how to refer incidents to external agencies if needed. They told us how they had worked with outside agencies to investigate issues to ensure people’s ongoing safety. We saw correspondence that reflected this.

Staff worked with health and social care professionals to ensure that people’s rights in relation to taking risks were not compromised while ensuring their safety. We saw that risk assessments were very detailed. They showed how risks were considered and reduced as far as possible without taking away people’s rights to live independent lives. Risk assessments were in place to support people leaving the house without staff supervision, managing their own money and enjoying holidays and activities.

People told us that they thought there were enough staff on duty at all times to meet their needs and that they had keyworkers who they had chosen themselves to, “Keep an eye on us.” Records reflected these decisions and staff told us that part of the keyworker role was to take a lead role in ensuring people’s safety and wellbeing.

Recruitment files of two staff who had started working at the home within the last twelve months showed information had been collected to help ensure that only suitable people were recruited. The assistant managers, whose role it was to recruit and appoint new staff, were knowledgeable about safe recruitment practices.

We looked at health and safety records and saw that accidents and incidents were infrequent suggesting that people were receiving safe care. The management team reviewed information to ensure that the risks of reoccurrences were minimal wherever possible. For example, after identifying that one person had had a couple of falls from bed they replaced their bed with a larger one. The person told us that they were very pleased with their new bed and now felt confident that they would not fall again.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them safely. The medication policy detailed how people should be encouraged to manage their own medication as far as they were able. We saw that some people did manage their own medication and risk assessments were in place to support them to do this safely. Where people were unable to manage their own, we saw how staff offered them appropriate support. We observed a staff member administering medicines to one person at lunch time. Afterwards the person receiving the medicine told us that the staff member had, “Done a good job” and given them their medicine as they liked it. Staff had been trained in the safe handling, administration and disposal of medicines. We found medicines were being stored securely and administration charts were appropriately completed. The service had recently been audited by a local pharmacist who had made a few recommendations in relation to improving the provider’s policy. We saw that the policy for medicines did not cover medicines to be given as and when required. Although there was no one currently receiving such medicine the management team were in the process of updating their policy to cover this area of administration.

# Is the service effective?

## Our findings

People told us that staff had the skills and knowledge to meet their needs effectively. One person told us, “We are all very well looked after here.” A relative told us, “All staff are dedicated, tolerant and enthusiastic.” Staff told us they loved working at Beechdene. One staff member told us, “I love it here.” Another staff member said, “I enjoy working here.”

Staff told us that the training they received was relevant to the type of work they did and relevant to help them understand the needs of the people they supported. We saw how the assistant managers reviewed what training staff had completed and took action to make sure staff completed any outstanding training. They also told us about training that had been arranged with health professionals to enable them to support one person with an identified health need effectively.

The provider had an induction programme for new staff that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Staff told us that they had undertaken induction training that had given them a detailed introduction to working at the home.

Staff felt well supported by each other and by managers. One staff member told us, “We are more like a family here. We put the people who use the service first and we will always help out over and above our shifts.” Another staff member told us, “I definitely feel well supported.” All staff told us that the managers and provider were approachable. We saw that the management team worked alongside the staff team, providing support, guidance and encouragement. Staff told us that managers offered support, ‘over and above’. We saw that everyone worked closely together and this created a very homely atmosphere.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. Staff, who spoke with us had received training in relation to the Mental Capacity Act 2005 and DoLS. Although people living at the home all had

capacity to make decisions the provider arranged the training to equip staff with the knowledge and skills in case people’s needs changed. Records showed how one person’s capacity had been assessed, on one occasion, by outside agencies to ensure their decision about a health issue should be supported as it was in their best interest.

People told us that staff involved them in discussions and decisions about how they wanted to receive their care. This included being asked for their consent before care and support was provided. For example, one person told us that they usually attended health appointments independently but that staff always asked them if that was what they wanted.

Everyone we spoke with said that the meals they had were ‘lovely’. People told us that they enjoyed the meals on the menu. They said that they discussed what foods should appear on the menu as a group. They also said that when they did not want a meal that was planned they could choose an alternative. We saw people eat together as a group at lunch times. One person said, “I like to have lunch with my friends.” Tables were nicely laid and we saw that lunch time was a relaxed and social occasion.

People told us that there was plenty to eat and drink. We saw that preferences were recorded in care plans and staff were aware of what people did and did not like. People were able to state their preferences and staff told us that sometimes people’s preferences changed. People required only minimal support at meal times. Although people did not cook their meals they told us that they often helped out in the kitchen. They said that they could make drinks and prepare snacks whenever they liked.

People who used the service told us they saw health professionals whenever they needed to. A relative told us that they were confident that “If there were any urgent health concerns the staff would contact the GP straight away.” Some people told us that they attended appointments independently and some people had support. Everyone we spoke with told us that they were in good health. Staff monitored appointments to ensure that people’s health needs could be met effectively. We saw how staff worked with outside agencies to ensure that people had the equipment and resources to maintain their independence.

## Is the service effective?

We found that care plans were updated when health needs changed to ensure people continued to receive effective care. One relative told us, "All medical needs are met at all times." They went on to say, "We are fully consulted about health issues."

We saw how staff liaised with health professionals when they identified changes, such as weight loss or gain. We

saw how staff kept effective records to monitor this. People told us how they liked to be weighed regularly even when they did not have any health concerns. One person told us how they had changed their diet as they wished to lose weight to be healthier. They told us, "I watch what I eat and I have an exercise bike. This makes me feel healthier."



# Is the service caring?

## Our findings

People who lived at Beechdene told us that it was like ‘one big family’. Most of the people had lived together for a long time and felt secure and contented. One person told us, “I love living here. They are my family.”

Everyone we spoke with told us that they thought that staff were caring. People told us, “They are wonderful.” Staff told us, “I love it here. It’s like being at home.” We saw staff treating people with kindness and consideration. We heard positive friendly exchanges between people who used the service and staff demonstrating people were relaxed and comfortable in staff’s company.

People who used the service shared examples with us of how they had been supported through difficult times by staff. They told us that staff had encouraged them to express their feelings and come to terms with their emotions. One person told us, “They are always here for me when I need someone to talk to.” Another person said, “I don’t know what I would have done without them.”

People were fully involved in making decisions about their lives. People told us they chose their own friends, decided what they did each day and where they went on holiday. People led full and active lives and photos reflected this. People told us how they had been on holidays and really enjoyed them. Staff told us how they made had these happen. They told us that the provider ‘went the extra mile’ to ensure people were happy and contented. People were clearly very fond of the provider and the staff.

People told us that when they had shared their views about the service and felt listened to. One person told us that they regularly attended ‘house meetings’ where they got together as a group and were consulted about the running of the home. They told us that they had had a meeting the night before the inspection. They told us what had been discussed and how they had felt that they had been able to contribute to the meeting.

Staff told us how they listened to people and acted in accordance with their wishes. They told us that they had to be flexible because people often changed their minds about the support they wanted (and needed). Staff said they were able to accommodate people’s decisions and choices.

Staff told us that they promoted people’s independence and offered guidance when appropriate. People told us that they asked staff for advice and that staff helped them.

We saw how religious and cultural values and beliefs were recorded on care plans. We also saw how a person’s emotional and sexual support needs were considered. Plans detailed significant people in people’s lives. Relatives told us that they were, “Always welcomed.” This meant that people’s social and emotional needs were considered and met.

Staff told us how they respected people’s privacy and dignity. One staff member told us, “We treat people like we would treat our own family member.” We saw examples of how staff offered discreet support to enable people to maintain their dignity. Staff told us how they encouraged people to look and feel good about themselves. One person told us how they liked to wear their jewellery and another person had their nails painted. Everyone looked well-groomed and dressed to suit their individual personalities. On the day of our inspection a group of people went to have their hair cut ready for a forthcoming holiday.

We saw that when staff entered people’s bedrooms they knocked and waited to be invited in. One person told us, “They always do that. They never just walk in.” We saw that it was possible to see into one bathroom through a gap in the door. The assistant manager took immediate action when we pointed this out to ensure that people’s privacy would not be compromised.

# Is the service responsive?

## Our findings

The service was responsive to people's individual needs and wishes. Everyone who we spoke with told us how they lived full and active lives with the right amount of support to enable them to do this independently. People received personalised care and they were fully involved and consulted in developing care and support plans.

People told us that they had plans that detailed what they needed and what they could do independently. The care plans that we looked at were very detailed and very person centred. This meant that they were written around individual needs, wishes and preferences. We saw that plans had been signed by people to confirm that they were in agreement with them. They were regularly reviewed to ensure that they remained current.

We saw that relatives and other significant people were invited and involved in reviews of the care and support people received. People who used the service told us that they decided who they wanted to invite to such meetings. Some people did not want to formally be part of reviews and staff respected this. They arranged for their support needs to be reviewed informally. Staff knew people's care and support needs. They told us that care and support plans were very thorough and detailed. They also told us that they had worked at the home for a while so they knew people well. They told us about people's individual needs, preferences and wishes.

People told us of the good range of opportunities they had to enjoy holidays and activities of their choice. People shared their memories and photographs of holidays with us. People enjoyed a range of activities. Some people went to college. One person told us that they worked with

computers. Some people liked to go shopping and we saw how people visited the local shops unsupported. People told us that they lived full and active lives. Relatives confirmed this. There were also activities arranged within the home. People told us how they enjoyed relaxing, knitting, puzzles and watching TV in the evenings when they were not out and about.

We saw how staff had sought external support and advise when supporting people at difficult times. We saw how they had been able to respond to people's changing plans to ensure that the people who used the service could have time to come to terms with situations and explore their feelings.

People who used the service and their relatives told us that they were regularly invited to attend meetings in relation to how the service was run. There were also opportunities for people to make suggestions as to the running of the home. This meant that the provider could hear people's views and respond appropriately. One person who used the service told us, "We had a health and safety meeting last night. We talked about what cleaning things we should use." We saw that when visitors and relatives were invited to meetings that the provider provided a buffet to make it a more social occasion. This demonstrated the importance that the provider placed on listening to the views of people and involving them in how the service was run.

We saw the complaints procedure and people told us that they knew how to make a complaint. They said they would be confident to do so. We saw how compliments were also recorded and shared with the staff team. One person told us, "Any problems we tell staff. If we get stuck we call staff." They all said that they were confident that staff would help them make things better.

# Is the service well-led?

## Our findings

The service promoted a positive culture that was person centred, inclusive and open.

People who used the service told us that they thought that the home was very well run. People had an excellent working relationship with the provider. The provider had delegated the day to day responsibility of running the home to two assistant managers. The registered manager still retained overall responsibility and it was evident that the assistant managers and the provider worked very closely together. Staff told us there was a positive and open atmosphere within the home and our observations reflected this.

Staff told us that all members of the management team, including the provider were approachable and knowledgeable about the people who used the service. One staff member told us, “You would want to live here yourself. It’s that good.” Staff had structured opportunities to discuss their role, their training and their professional development. One staff member said, “We are well supported. It’s a pleasure to work here.” One staff member told us, “We are a close knit team. We have good support and training. We are like one big family.” Staff were clear about their roles and responsibilities.

Staff said they felt valued and were able to raise any issues, concerns or suggestions. Staff knew about the whistle blowing policy and said they would use it if necessary. Staff told us how they shared information between staff teams and they told us that these systems were informal and effective. Staff told us that meetings regularly took place to enable staff to meet as a whole team and discuss the

service provided. We looked at the meeting records and saw discussions took place about the standards of care expected and plans of how they could meet people’s needs and wishes.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.

The service had quality assurance systems in place that monitored quality and safety.

We saw how the provider had sent out quality assurance questionnaires to people. Responses had been collated and shared with everyone who had been involved. We saw the latest outcomes and they were very positive and complimentary about the service provided, the management and the staff team. We also saw minutes to show that meetings were held with people who used the service, with relatives and with staff to discuss the running of the home.

We saw that all aspects of the running of the home were monitored and reviewed. For example, we saw that records were checked to ensure they were completed appropriately and were up to date. We also saw how the provider made sure that the environment was appropriate and well maintained. Records showed that repairs and maintenance tasks were regularly carried out and were overseen by the registered manager. This meant that people could live in a well-run and well maintained home.

We saw how accidents and incidents were monitored for trends and how care plans were updated following changes. This meant that staff could have access to up to date information to enable them to provide a good service.