

Charnley Care Homes Limited







Beech House - Binfield

Inspection report

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Date of inspection visit: 14 and 15 October 2015
Date of publication: 19/11/2015

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 14 and 15 October 2015 and was unannounced.

We last inspected the service on 25 November 2013. At that inspection we found the service was compliant with all essential standards we inspected.

Beech House - Binfield is a care home without nursing that provides a service to up to 31 older people, some of whom may be living with dementia. At the time of our inspection there were 28 people living at the service.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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. The registered manager was present and assisted us during this inspection.

Summary of findings

People felt safe living at the service and were protected from abuse and risks relating to their care and welfare. They were protected against environmental risks to their safety and furniture and fixtures were of good quality and well maintained.

People received effective care and support from staff who knew them well and were well supervised. Staff training was not all up to date but plans were put in place to address this issue before the end of the year. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans reviewed monthly or as changes occurred.

People received effective health care and support. People saw their GP and other health professionals such as occupational therapists and chiropodists when needed. Health professionals thought the service supported people to maintain good health, have access to healthcare services and receive on-going healthcare support. Medicines were stored and handled correctly and safely. Meals were nutritious and varied and people told us the food at the service was good.

People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People were treated with care and kindness. During our inspection the atmosphere at the home was calm and happy and the care staff were chatting and laughing with people. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity.

People benefitted from living at a service that had an open and friendly culture. People felt staff were happy working at the service and had a good relationship with each other and the management. Staff told us the management was open with them and communicated what was happening at the service and with the people living there. Health professionals thought the service demonstrated good management and leadership and people and their relatives told us they felt the home was managed well.

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 protected from the risks of abuse. People were protected from risk related to the care they received and the premises and equipment.

Robust recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were stored and handled correctly.

Good



Is the service effective?

The service was mostly effective. Not all staff training was up to date and new induction training, although being developed, had not been implemented.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications as required when applicable.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Requires improvement



Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People's dignity and privacy were respected and staff encouraged people to live as full a life as possible, maintaining their independence where they could.

Good



Is the service responsive?

The service was responsive. People received care and support that was personalised to meet their individual needs. The service provided was continually reviewed and improved in response to people's changing needs.

People were able to enjoy a number of activities, based on their known likes and preferences.

People knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Good



Is the service well-led?

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Good



Summary of findings

Staff were happy working at the service and we saw there was a good team spirit.

Staff felt supported by the management and felt the training and support they received helped them to do their job well.

Beech House - Binfield

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 14 and 15 October 2015 and was unannounced. The inspection team for the first day comprised 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. One inspector carried out the second day of the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we

had collected about the service. This included previous inspection reports and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with eight people who use the service and seven visiting relatives. We spoke with the registered manager, the head of care, six care workers, the chef and kitchen assistant. Additional information was provided by a visiting health professional present during our inspection. We observed interactions between people who use the service and staff during the two days of our inspection. We spent time on both days observing lunch in the dining rooms. Following the inspection we received feedback from five health professionals and two social care professionals.

We looked at three people's care plans and medication records, four staff recruitment files, staff training records and the staff training log. Medicines administration, storage and handling was checked. We reviewed a number of documents relating to the management of the service. For example, utility safety certificates, legionella risk assessment certificate, fire equipment checks, food safety checks and the complaints and incidents records.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse. They knew what actions to take if they felt people were at risk and were aware of the local authority safeguarding procedure. All staff told us they would report to their manager, in line with the provider's policy, and were confident safeguarding concerns would be taken seriously by the management. Staff also knew there was a poster in the office which had contact numbers they could use if any allegation of suspicion of abuse occurred.

Staff were aware of the provider's whistle blowing procedure and who to talk with if they had concerns. All said they would be comfortable to report concerns and felt they would be supported by the management. People felt safe living at the service. One person told us they felt safe and added: "I was apprehensive at first but it is nice and friendly." Another person said they felt safe and: "there are lots of people about." Visiting relatives also told us they felt their family members were safe with one relative commenting: "My relative is safe here, we are more than happy with the home, it is marvellous."

People were protected from risks relating to their care and welfare. Care plans included in-depth risk assessments related to all areas of their care and support. Where a risk was identified reduction measures had been incorporated into their care plans with clear instructions for staff to follow to reduce or remove the risk. For example, risks related to the potential for skin breakdown, risks of inadequate food intake and risks of falls. Health professionals thought the service, and risks to individuals, were managed so that people were protected.

There were sufficient numbers of staff deployed to ensure people's needs were met at all times. The care staff team included the manager, the head of care, one senior care worker and 17 care workers. Additional staff included an administrator, one housekeeper, one cleaner, two cooks and a kitchen assistant. The service also employed a part time maintenance person. Staffing levels at the time of our inspection were five care staff and either the head of care or the senior care worker on the early shift and five care workers on the late shift. Overnight there were two care workers on duty, with the registered manager or the head of care on call if needed.

During our observations in the dining rooms at lunchtime there were ample staff available to assist people eating their meal. There were also sufficient staff available at other times. Call bells were answered quickly and staff had time to sit and chat with people as well as providing their care. One visitor told us there always seemed to be plenty of staff available. People told us staff were available when they needed them and they never felt rushed. One person said: "I never feel rushed." and another commented: "They come fairly quickly." Staff members felt there were usually enough staff on duty at all times to do their job safely and efficiently.

Accidents and incidents were reported to and investigated by the registered manager. The form used included a section for the registered manager to record what lessons could be learnt to minimise the risk of recurrence. Records were clear and included actions taken to reduce the risk. People were protected against environmental risks to their safety and welfare. Staff monitored general environmental risks, such as hot water temperatures, fire exits and slip and trip hazards as they went about their work. Appropriate measures were in place regarding infection control. The provider monitored other risks and we saw an up to date electrical installation certificate and legionella risk assessment. Other household equipment and furniture was seen to be in good condition and well maintained. Service contracts were in place to regularly service equipment in use, such as hoists and fire equipment. Emergency plans were in place, for example evacuation plans in case of emergencies.

People were protected by robust recruitment processes. Staff files included all recruitment information required of the regulations. For example, full employment histories, proof of identity, criminal record checks, and evidence of their conduct in previous employments. This ensured, as far as possible, that people were protected from staff being employed who were not suitable.

People's medicines were stored and administered safely. Only staff trained and assessed as competent were allowed to administer medicines. Staff had received medicines training to ensure the right people received the right drug and dosage at the right time. This was confirmed by the staff we spoke with and documented in their training records. Medicines administration record (MAR) sheets were up to date and had been completed by the member of staff administering the medicines.

Is the service effective?

Our findings

People received care from staff who were mostly well supported, although staff induction and ongoing training had been identified by the service as areas that required improvement. The service had just started reviewing their induction training and amending it so that it was in line with the new Care Certificate training. Unfortunately this work had not been completed prior to three new recruits starting work the week before our inspection. The new staff had been provided with induction training relating to the premises, the provider's policies and procedures and introductions to the people living at the service. These staff were spending their first week working extra to numbers and were only observing more experienced staff.

The service had a training log to enable the manager to monitor and ensure established staff were up to date with ongoing training. The training log had not been updated since the staff member, who had been responsible for updating the information, had left in July 2015. This meant the registered manager was not aware of staff who were out of date with the training the provider determined as requiring mandatory updates. Following the inspection the registered manager contacted us with details of their improvement plan. It had been agreed the head of care would take responsibility for developing and implementing training and would be given time off rota in order to set this up. The plan included actions designed to ensure all staff not on induction completed their mandatory training updates by the end of December 2015. A meeting had been arranged for the week following our inspection with the three new staff to explain the Care Certificate and start that induction training with them. Plans were also in place to source and book English tuition, where required, for staff where English was not their first language. We saw training in moving and handling had already been arranged for new staff the day after our inspection.

People felt staff had the skills they needed when supporting them. One person told us: "The staff that look after me are very good." and another said: "They are good." One person said a member of staff couldn't speak English and they had to ring for someone else. A visiting relative said most of the staff had the training and skills they needed when looking after their family member. Staff felt they received training that helped them do their job efficiently and safely.

People received effective care and support from staff who knew them well. We observed staff working with people and providing assistance. At all times they were skilful and professional. Where people were confused or agitated staff followed clear guidelines that had been set out in care plans to help them calm the person and reassure them.

People benefitted from staff who were well supervised. Staff had one to one meetings (supervision) every six to eight weeks with the registered manager or head of care to discuss their work. Staff felt they were well supported by the managers and found the regular supervision meetings useful. Staff also confirmed they had yearly performance appraisals of their work carried out by the registered manager.

People's rights to make their own decisions, where possible, were protected. Most staff had received training in the Mental Capacity Act 2005 (MCA). Training was being arranged for those who had yet to attend. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made on behalf of a person who lacks capacity, are made in the person's best interests. The registered manager and head of care had a good understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Throughout the inspection we observed staff asking people's permission before providing care or assistance. However, the care plans did not include evidence of people's consent to their care or agreement with their care plan. On discussion, the registered manager decided to include a recording of people's involvement and consent in the care plans in future.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The service had assessed people living at the service and, where applicable, had made DoLS applications to the local authorising body appropriately.

People told us they enjoyed the meals at the home. There was only one main meal option but people knew they could ask for something different if they didn't like what was on the menu on the day. The chef had a list of people's likes and dislikes and we saw these had been taken into

Is the service effective?

account as each person was served their meal at lunchtime. Menus showed the meals were nutritious and varied. Comments received about the food included: "Very good." "It is ok." "Beautiful food." And one person explained: "I am a very fussy eater. I hated eating out because of this but I eat all the food here – it is very good." People confirmed snacks were always available whenever they wanted and included fresh fruit and biscuits. One person told us: "The food is alright here, I have fruit and biscuits with my tea. I get a drink when they bring me one, I can ask for more."

Staff used a nationally recognised malnutrition screening tool to identify people at risk of malnutrition. People were weighed every month or more often if concerns were

identified. On the days of our inspections we saw people were enjoying their lunch which was served hot and was well presented. Ample staff were available to provide support and assistance if required.

People received effective health care and support. People could see their GP and other health professionals such as occupational therapists and chiropodists when needed. Specialist health professionals were consulted as necessary and their advice and recommendations were documented in the care plans. Health professionals thought the service supported people to maintain good health, have access to healthcare services and receive on-going healthcare support. One health professional commented: "They have been very good every time I have been in there. All the care staff seem very good."

Is the service caring?

Our findings

People were treated with care and kindness. Comments made by people when asked if staff were caring included: "Yes, very.", "I was very apprehensive about coming here but is nice and friendly."

"They are all good to me." and "Yes, very much so." Relatives also told us staff were caring. Health professionals told us, from what they saw when they visited, that staff were successful in developing caring relationships with people living at the service. During our inspection the atmosphere at the home was calm and happy and the care staff were chatting and laughing with people. One person told us: "They (the staff) make me feel good."

People were involved in the day to day life of the home and information was available so people knew what was happening. The notice boards contained information for people and their relatives. For example, people's birthdays for the month; dates of the home library service; an advertisement for senior exercise; healthy eating tips; complaints procedure; and many photographs on different boards of activities and outings that had taken place. One person told us they had been involved in drawing up their care plans and one person thought a relative of theirs had been involved in the development of their care plans. Others said they couldn't remember. They confirmed staff knew how they liked things done and did them that way. People felt staff listened to them and acted on what they said. People told us: "The staff are very caring, very much so. There is never any trouble here, in fact it is very pleasant."

Staff knew the people well and care plans contained details about people's histories and personal preferences. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Staff were aware of people's abilities and their care plans highlighted what people were able to do for themselves. This ensured staff had the information they needed to encourage and maintain people's independence. People confirmed they were encouraged to remain as independent as possible. People commented: "The staff give me things to do. I can decide when I get up and what I wear. Everybody is lovely here.", "The staff encourage you to be independent. I never lay in bed I like to be up. There is nothing strict here.", "The staff pop in all the time, we mostly sit in the lounge." and "I am independent, they run me a bath and they come back and keep checking me, the staff are always ready to help."

People's wellbeing was protected and interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity. One person told us: "The staff treat me with respect." And another said: "The staff are very caring. They treat me with respect and dignity, they always knock on the door." Relatives felt staff treated their family members with respect and protected their dignity and privacy.

People's right to confidentiality was protected. All personal records were kept securely. Visits from health professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors. Staff never entered a room without asking permission from the room owner.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. Since our last inspection the registered manager and head of care had developed and implemented a new care planning system, designed to put the person at the centre of their plan. The registered manager told us the care plan system was continually improving and being added to. Staff liked the new care plans and told us they referred to them when needed. They thought the care plans were good and gave an accurate picture of the person they belonged to.

People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Care plans were geared towards what people could do and how staff could help them to maintain their independence wherever possible. The care plans gave details of things people could do for themselves and where they needed support. People's abilities were kept under review and any increased dependence was noted in the daily records and added to the care plans. The registered manager planned to introduce a new "one page profile" into the care plans so that staff could identify on one page what was most important to the person.

Each care plan was based on a full assessment carried out prior to the person moving to the home. All care plans had been reviewed and updated where needed within the month prior to our inspection. Where people were assessed as requiring specialist equipment, this was provided, either by the service or via GP referral to occupational therapists or other health professionals. Health professionals we spoke with all felt the service had a good relationship with them. They were complimentary about the service and the staff and thought they provided personalised care that was responsive to people's needs.

One health professional commented: "They have a really good rapport with each and every service user." Another told us the manager was always quick to act and seek advice whenever there was a change in a person's health needs.

People were supported to maintain relationships with their family and friends. We saw visitors were welcomed warmly to the home and were offered drinks during their visit. Visitors could also arrange to join their relative for a meal on the day they visited, if they wished to.

The complaints log showed complaints were dealt with quickly and resolutions were recorded along with actions taken. Not all people were aware of how to make a formal complaint but all said they would speak to the registered manager or one of the staff if they had concerns. Relatives told us they had not made complaints but said they would talk with the registered manager or staff. We saw numerous thank you cards complimenting the staff on their care of their relatives during their stay at the home.

The service employed an activity coordinator who had left in July 2015. The new activity coordinator was due to start at the service at the beginning of November 2015. In the interim, activities had been arranged and had taken place. People had been out to local events and to attractions further afield. Some external activities this year had included trips to Marwell Zoo, Bird World, and a trip to Sandbanks, where some people had enjoyed a paddle for the first time in years. Activities inside the home included gardening, games and quizzes, exercise classes, local entertainers and visits from the Pets as Therapy dogs once a week. One person told us they would like to do some dusting. This was passed to the registered manager who planned to arrange for the person to talk with the home's housekeeper.

Is the service well-led?

Our findings

People benefitted from living at a service that had an open and friendly culture. People felt staff were happy working at the service and had a good relationship with each other and the management. One person said: "Yes (they are happy). They are fantastic people." Other comments included: "They appear to get on well together." and "Lovely team." Staff told us: "I absolutely love it here.", "I love working here. It's teamwork, other staff are happy to cover shifts." and "Good rapport, like having a family."

Staff told us the management was open with them and communicated what was happening at the service and with the people living there. Staff felt they had the tools and training they needed to do their jobs properly and fulfil their duties and responsibilities. Staff said they got on well together and that management worked with them as a team.

People told us there was a good atmosphere at the home. Comments included: "Happy atmosphere.", "Lovely atmosphere." and "Very often a nice atmosphere." One relative told us the service had a "very nice atmosphere. A home from home."

Since our last inspection there had been a number of improvements. Improvements to the building and environment meant the service was more dementia friendly and aids were available to help people find their way around. For example, dementia signage on bathroom and toilet doors. Clear signs in the lounges told people the day and date. Pictorial menus in each dining room showed people what meals were available through the day. Colour coordinated handrails along the corridors enabled people to easily distinguish the hand rail from the wall behind, reducing the risk of falls. Pictures on bedroom doors of items of significance to the individual helped people identify their own room. A small lounge had been refurbished with a 1940's theme, with furniture and ornaments from that age. One person told us they always liked to sit in that room. The provider had an on-going plan of refurbishment and refurnishing and all areas of the service looked clean, bright and well cared for.

The care plan system had been replaced with a new one. The new system included new assessments as well as a

new format for the care plans and risk assessments. Staff we spoke with felt the new system was an improvement and helped them to see quickly what each person's needs were and how they liked things done.

The provider carried out annual surveys with people living at the service, their relatives and health and social care professionals. The survey for 2015 was underway, running from September until November 2015. The registered manager told us once the survey forms were returned they would correlate the results and deal with any issues raised.

The provider had a number of quality assurance systems in place. Those systems included recently re-introduced unannounced visits by a representative of the provider. The provider visits audited areas of the management and running of the service. Other quality assurance and health and safety checks were in place. For example, fire equipment operation checks, emergency lighting checks, fire drills and a weekly audit of medicine administration records and medicine stock levels. Daily food safety and kitchen checks were carried out by the kitchen staff and were up to date. The home had been awarded a food hygiene rating of 5 (very good) by Bracknell Forest Council in October 2014.

The service had a registered manager in place and all other registration requirements were being met. The manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Management records were up to date and kept confidential where required.

People benefitted from a staff team that felt supported by the management and their colleagues when working at the service. They felt encouraged to make suggestions and felt the management took their suggestions seriously. Staff comments included: "Nice manager, nice head of care." And "The manager is very, very supportive." One health professional commented: "All the staff are really nice. They all get on." Health professionals thought the service demonstrated good management and leadership. They thought the service worked well in partnership with them and other agencies. Comments included: "They are very cooperative.", "They do liaise with us very well." and "The manager is very pro-active. She worries about the residents."

Is the service well-led?

People and their relatives told us they felt the home was managed well. One person told us: "I asked to come in this home and I am very happy here. I love it." One relative commented: "This home is good. I would live here."