Care Concept HCP Ltd

The Beeches

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 Beeches on 3 & 10 November 2015. This was an unannounced inspection. The service provides care and support for up to 22 people. When we undertook our inspection there were 22 people living at the home. They also provided a service where people were looked after in their own homes.

People who used the service were older people. Some people required more assistance either because of physical illnesses or because they were experiencing memory loss. The home also provides end of life care.

There was 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have

Summary of findings

capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect them. At the time of our inspection there was no one subject to such an authorisation.

We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff. The staff knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People had a choice of meals, snacks and drinks. And meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it. Staff took into consideration the times people in their own homes said they wanted staff to visit and those times were respected.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements.

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.

Checks were made to ensure the home was a safe place to live. Risk assessments were completed in people's own homes, prior to staff attending to their needs.

Sufficient staff were on duty and deployed in the community to meet people's needs.

Staff in the home and those working in the community knew how to recognise and report abuse.

Medicines were stored safely and were in a clean environment with in the home. Record keeping and stock control of medicines was good.

Good

Is the service effective?
The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Good

Is the service caring?
The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Good

Is the service responsive?
The service was responsive.

People's care was planned and reviewed on a regular basis with them.

Activities were planned into each day at the home and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated in a confidential manner.

Staff were able to identify people's needs and recorded the effectiveness of any treatment and care given.

Good

Is the service well-led?
The service was well-led.

People were relaxed in the company of staff and told us staff were approachable.

Good

Summary of findings

Audits were undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

The Beeches

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 the 3 and 10 November 2015 and was unannounced.

The inspection team consisted of an 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 service.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service. We also spoke with other health care professionals during our visit.

During our inspection, we spoke with eight people who lived at the service, four relatives, and six members of the care staff, a cook, an activities co-ordinator, the registered manager and the provider. We also observed how care and support was provided to people.

We looked at six people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, audit reports and questionnaires which had been sent to people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and did not have any concerns about the staff caring for them. They also told us that they had no fears of staff entering their own homes. One person said, "Nothing is too much trouble." Relatives told us they felt their family member was in a safe environment.

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right action to safeguard people. Notices were on display in staff areas informing staff how to make a safeguarding referral.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. There was a process in place for reviewing accidents and incidents on a monthly basis. We saw the review for June 2015.This ensured any changes to practice by staff or changes which had to be made to people's care plans was passed on to staff. For example, when a person required a review of their care plan after a series of falls, this was passed to staff at the next handover period between shifts. We saw in the care plan where safety equipment had been put in place to ensure a person was safe in bed. Staff told us the incidents of falls had been reduced for that person. This ensured staff were kept up to date with people's needs and care plans could be reviewed more frequently if required.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, where people could visit the shops with a minimum amount of help. Also risk assessments had been completed to see how well people could move around. Permissions were in place if they required bed rails so they did not fall out of bed. Each risk assessment was reviewed at least monthly or more frequently if people's needs changed.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm or other emergency and how they required to be moved. For example, when a person struggled to walk without the use of a frame. The individual personal emergency evacuation plans were in each of the care plans and a summary was available in a staff area. This gave details of the person's understanding about emergencies, other factors to consider (such as the use of oxygen), if they could manage to use the stairs and if not which evacuation aid to use (such as a sheet to slide down the stairs). This ensured staff knew how to move people quickly if an emergency arose.

The building had lots of small areas and corridors, but there were no obvious trip hazards. Notices were on display if changes of floor level were about to occur. However, one such storage area which was not for general access, where the floor level changed, still had a key in the door. We brought this to the staff's notice and they removed the key to ensure people did not go into that area by mistake. There was a smoking area for people to use, but this was in the garden area. We observed people using this area and where required they were supervised by staff when smoking.

People told us their needs were being met. One person said, "They are doing a grand job for something that is a difficult job." Another person said, "You can never have enough staff in a place like this." Relatives told us they did not feel their family members' care was compromised by a lack of staff.

Staff told us there were adequate staff on duty to meet people's needs. One member of staff said, "We have sufficient time in the community and when on duty in the home." Another staff member said, "We have sufficient staff in the home, everyone helps each other." Staff told us times of calls for people living in the their own homes took into consideration travelling time between calls. This ensured they could arrive at the agreed time. People living in the community told us this happened.

Senior staff and the provider showed us how they had calculated the numbers of staff required, which depended on people's needs and daily requirements. The last calculations were completed in October 2015. The records showed this was completed at least monthly but more often if numbers of people using the service or people's needs changed. Staff requirements in the community were on a contracted basis with the local authority or with the person themselves if they paid for their care needs privately.

Good

Is the service safe?

The staff rotas for the home reflected the numbers of staff on duty during our inspection. Staff told us there was very little sickness or other absence leave amongst staff, which was reflected in the rotas. Staff told us this helped to ensure continuity of care for people. The records for staff working in people's own homes confirmed what was on their contract with the local authority or privately with the provider. This ensured they were receiving the help when they required it.

We looked at two personal files of staff that had been recently recruited. Checks had been made to ensure they were safe to work with people at this location. The files contained details of their initial interview and the job offered to them.

People told us they received their medicines at the same time each day and understood why they had been prescribed them. This had been explained by GPs', hospital staff and staff within the home or staff working in the community. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken.

Medicines were kept in a locked area. Each trolley and cupboard was clean and tidy. There was good stock control. Temperatures were recorded to ensure the medicines were stored in suitable conditions. This would ensure the stored medicines were safe to use and were stored appropriately and safely. Records about people's medicines were accurately completed.

Staff who administered medicines had received training. Reference material was available in the storage area and staff told us they also used the internet for more detailed information about particular medicines and how it affected people's conditions. An audit had taken place in May 2015 which showed no actions were required to be taken by staff. Spot checks on staff administering medicines had been completed in May 2015 by the registered manager. This was to ensure they were using safe practices during the adminstration process. No actions were required.

Good

Is the service effective?

Our findings

Pre-admission assessments had been completed for people to assess the care and support they needed. Each care record had a personal profile to provide key information about them. Each care record provided details about the person's health issues and treatment or the action taken if their health deteriorated.

A staff member told us about the introductory training process they had undertaken. This included assessments to test their skills in such tasks as manual handling and bathing people. This provided the skills they needed to meet people's needs safely. Details of the induction process were in the staff training files.

Staff said they had completed training in topics such as basic food hygiene and manual handling. They told us training was always on offer and it helped them understand people's needs better. The training records supported their comments. Some staff had completed training in particular topics such as healthy eating and dementia awareness. This ensured the staff had the relevant training to meet people's specific needs at this time.

Staff told us they could express their views during supervision and felt their opinions were valued. This ensured they had a voice in their workplace and could comment on the running of the home. We saw the supervision planner for 2015. This gave the dates of when supervision and appraisal sessions had taken place and when other sessions were due to take place. Staff confirmed these had taken place.

The Mental Capacity Act 2005 (MCA) legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. Deprivation of Liberty Safeguards (DoLS) is a framework which is intended to ensure that people are appropriately supported to obtain care and treatment in a residential setting when it is needed and they do not have the capacity to give their agreement.

Staff were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted.

People told us that the food was "good" and "very good" and was the type of food they liked. One person told us the staff provided them with meals they particularly liked that were not on the main menu, such as curry and pizza. Relatives told us they were offered refreshments and could have a meal if they wished.

Most people ate their lunch in the dining room, but we observed staff asking people if they wanted to eat in the dining room or other areas of the home. Their wishes were respected and some eat in the main sitting room, the conservatory or their own rooms. In the dining room people were chatting to each other and the atmosphere was calm. Menus were on display around the home and in the dining room. Staff told us picture options for menus were being explored. We observed people were given hot and cold drinks throughout the day according to their individual preferences. We observed a staff member assisting someone with their meal. The staff member maintained eye contact with the person, focused on what they were doing and described what was on the plate.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as a problem a person was having eating their meal. The records stated and we saw they had been offered adapted cutlery and were eating their meal well. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. Staff told us each person's dietary needs were assessed on admission and reviewed as each person settled into the home environment. This was confirmed in the care plans. The kitchen also kept copies of people's likes, dislikes and what they were allergic too.

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatment. For example, one person was being encouraged to walk with a frame to help their mobility. We heard staff speaking with relatives, after obtaining people's permission, about hospital visits and GP appointments. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made.

Good

Is the service effective?

There was evidence of people's access to other health professionals such as the community mental health team, a family doctor, opticians and chiropodist. One person told us of the emotional support they had received after bereavement. Relatives told us their family members received good health care and that their needs were taken care of by staff.

Good

Is the service caring?

Our findings

People praised the staff. One person said, “Very cheery.” Another person said, “They are very good and very friendly.” The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, “They are very kind, very willing.”

Relatives told us they had input to their family members’ care and discussions took place with the registered manager if ever they wanted anything. There were forms in the care records which people had signed to say they had agreed to their care plan and consented to treatments.

All the staff approached people in a kindly, non-patronising manner, speaking in a quiet respectful tone. Staff were observed sitting with people and having conversations with them. Staff were observed knocking on doors before entering people’s bedrooms and they waited for an answer before opening the door. They were also observed asking people’s permission before they did tasks, such as wiping food from a person’s face.

Relatives and people who used the service told us communication in the home was excellent. Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, where in the home they would like to sit and whether they would like to join in activities.

People’s care records were stored securely which meant people could be assured that their personal information remained confidential. We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task. This included helping with a bath, reassuring people as they escorted them to see a community nurse and assisting them with personal toileting needs.

Relatives we spoke with said they were able to visit their family member when they wanted. They said there was no restriction on the times they could visit the home.

Staff knew how to access the services of an independent advocate. We saw details of the local advocacy service on display. Staff told us no one currently required an independent advocate’s services. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs. They said they were given choices about how often they could shower or what clothes to wear. People living in their own homes told us their care needs had been discussed with them and times of visited planned to suit their individual needs.

Although some people were not aware of the care records staff kept. However, they did say that staff kept them informed about their care. This was confirmed in the care notes we reviewed. Staff knew the people they were caring for and supporting. They told us about people's likes and dislikes. For example, who people liked to sit next to in communal areas and when people liked to have a visit in their own homes to help them dress in the morning. This was confirmed in the care plans.

Care records contained a personal profile providing information about each person. There were a range of care plans to indicate their care and support requirements and these contained person centred information.

Staff also received a verbal handover of each person's needs at each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. Each staff member had a written handover sheet which gave details of each person and treatment which had to occur daily. Health and social care professionals we spoke with before and during the inspection told us staff informed them quickly of any issues. They were confident staff had the knowledge to follow instructions.

People told us there was an opportunity to join in group events, but one person told us that they would like to go on walks. We passed this information to senior staff. There were mixed views given to us about what people expected to receive regarding activities. One person told us how they were able to visit the local town on their own. Whilst one person told us, "I find it boring." They had not told staff their views.

People in their rooms all day were watching the television; some had visitors for part of the day and some were reading magazines or books. Staff interacted with people in their bedrooms and were observed sitting, holding hands and talking to people. People were also helping with housekeeping tasks such as setting the tables in the dining room and another person was observed dusting ornaments in the sitting. They told us this made them feel useful.

The provider employed a person to specifically organise activities and there were also two volunteers who assisted with specific activities. These included bingo, quizzes, carpet bowls and skittles, crafts and jigsaws. The provider employed professionals who organised music sessions and reminiscence sessions, which people told us they enjoyed. One person enjoyed what they described as "tinkering" and a staff member was helping them use a screwdriver to dismantle an article.

People told us they were happy to make a complaint if necessary and felt their views would be respected. Each person knew how to make a complaint. No-one we spoke with had made a formal complaint since their admission. People knew all the staff names and told us they felt any complaint would be thoroughly investigated and the records confirmed this. We saw the complaints procedure on display. This had been reviewed in May 2015. There has been no formal complaints made since our last inspection.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People told us they were well looked after, could express their views to the registered manager and felt their opinions were valued in the running of the home. One person said, “She is wonderful”, when speaking about the registered manager and how they dealt with concerns. Another person said, “We just need to speak with her and she gets things done.”

People who lived at the home and relatives completed questionnaires about the quality of service being received. Some people could not recall completing questionnaires, but told us they felt their opinions were valued. We saw the results of questionnaires which had been undertaken in September 2015. There had been a 100% response from people who used the service. The provider told us they were happy with the responses from relatives, staff and other health professionals. Staff told us the service given to people in their own homes had recently expanded and they intended to ask them to complete questionnaires, but felt it was too early into the process.

Staff told us they worked well as a team. One staff member said, “I’m happy to come to work.” Another staff member told us, “I love it. I love working with elderly people and feel supported by other staff.” Staff were aware of the whistle blowing policy, but the staff we spoke with had not had to use it. Staff said they were listened to and their opinions were valued.

Staff told us staff meetings were held occasionally. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of staff meetings for June 2015 and October 2015. Each meeting had a variety of topics which staff had discussed, such as rotas, laundry issues and meals. This ensured staff were kept up to date with events. Staff told us they had regular contact with senior staff and the registered manager when working in the community. One staff member said, “Help is only a phone call away, always.”

The provider and senior staff were seen walking around the home during our inspection. They talked with people who used the service and visitors. They could immediately recall items of information about each person to help conversations flow. The daily walkarounds were recorded each day. We saw those records which gave brief details of people spoken with, observations and occupancy. Actions were highlighted and signed when completed.

There was sufficient evidence to show the registered manager and provider had completed audits to test the quality of the service. These included medicines, care plans, beds and equipment. Where actions were required these had been clearly identified and signed when completed. Accidents and incidents were analysed monthly to ensure people were not at risk and staff told us that they amended people’s care plans when necessary. Any changes of practice required by staff were highlighted in staff meetings so staff were aware if lessons had to be learnt from incidents. The provider also completed audits monthly to check the home was abiding by the policies and principles set out and people were being looked after safely. A maintenance plan was in place for 2015 which gave dates of when purchases had been made, such as replacing easy chairs and work completed, such as painting a bedroom to suit a new person’s tastes. Environmental checks had been made in people’s own homes to ensure they were safe for staff to work in. These were in the care plans.

The registered manager understood their responsibilities and knew of other resources they could use for advice, such as the internet. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.