South West Care Homes Limited

Beechmount

Inspection report

Rousdown Road
Chelston
Torquay
Devon
TQ2 6PB

Tel: 01803605607
Website: www.southwestcarehomes.co.uk

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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

Summary of findings

Overall summary

Beechmount is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beechmount accommodates 25 people in one adapted Victorian building. Some people living at Beechmount are living with a dementia related condition. There were 18 people living at the home at the time of the inspection.

We last inspected the home in October 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

There was a registered manager in post at the time of our visit. 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.

Why the service is rated good:

People when asked if they felt safe said; "Yes." A relative said, "She can't just walk out of the door so yes she's is safe living here." Another said, "I honestly can't say a bad word about the place."

People were protected from abuse and neglect. We found staff knew about risks to people and how to avoid potential harm. Risks related to people's care were assessed, recorded and reviewed. The management of risks from the building were also satisfactorily managed. We found appropriate numbers of staff were deployed to meet people's needs and had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were well trained and competent in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. People's consent to care was sought, and their rights under the Mental Capacity Act 2005 understood and promoted.

People's nutrition and hydration was appropriate. People's dietary and nutritional needs were assessed, recorded and managed and advice was sought from nutrition specialists when needed. People had support to access professional medical advice and treatment and attend routine medical appointments, where they needed this.

Staff approached their work in a kind and caring manner, and knew the people they supported well. People's contribution towards decision-making that affected them was actively encouraged. Staff understood and respected people's rights to privacy and dignity.

People received care and support based around their individual needs and requirements. Care plans were person-centred and reviewed regularly. People were able to make choices about their day to day lives. There was a variety of activities for people to do and take part in during the day, and people had enough social stimulation. Complaints were fully investigated and responded to.

The home continued to be well led. The management team promoted open communication with people, their relatives and healthcare professionals involved in their care. Staff were clear what was expected of them, and expressed enthusiasm for their work at the home. The management team completed audits and checks to assess and improve the quality of the service people received at Beechmount.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Beechmount

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 was a comprehensive inspection; it took place on the 6 November 2017 and was unannounced.

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 home.

As part of our inspection, we reviewed the information we held about the home this included information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make. We contacted a number health professionals and Healthwatch for their views about the home and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spent time in the communal areas of the home to observe how staff supported and responded to people. The people living at the home had very complex needs that limited their ability to communicate and tell us about their experience of being looked after. We spent several short periods of time carrying out a short observational framework for inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

During the inspection, we spoke with ten people who lived at the home and three relatives. We also spoke with a specialist nurse who was visiting the home. In addition, we spoke with the registered manager, deputy manager, three care staff, catering staff and maintenance staff.

We looked at five people's care records, complaints records, medicines records, accident and incidents

records, three staff members' recruitment records and records associated with the provider's quality assurance systems.

Good

Is the service safe?

Our findings

People when asked if they felt safe said, "Yes." A relative said, "She can't just walk out of the door so yes she's is safe living here." Another said; "I honestly can't say a bad word about the place." Staff said, "Yes it's very safe because staff are very conscientious about the people they look after." Another said, "We give them [people living at the home] lots of reassurance, try to make them feel safe and make them feel at home."

Staff continued to protect people from avoidable harm and abuse. Staff had received training in, and understood, how to recognise, respond to and report abuse. One staff member told us, "We know people well and would be able to tell if something was wrong. I would definitely tell a senior or management." Clear procedures were in place to ensure information about anyone at risk of or experiencing abuse was shared with appropriate external agencies, such as the local authority, police and CQC. Where a safeguarding concern had been identified, we saw the registered manager had applied the appropriate policies and procedures to investigate fully.The home had a 'zero tolerance of bullying and harassment policy' in place for people and staff.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Employment histories and written references were sought and Disclosure and Barring Service (DBS) checks were carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults.

There were sufficient numbers of suitable staff on duty to meet people's needs. We checked staffing rotas which confirmed that during the day, a team leader and two care staff were on duty, plus the deputy manager on some weekdays. The home also employed an extra care worker for three hours twice a day, 08.00am to 11.00am and 5.00pm to 8.00pm, to cover the busier periods when people required more support. In addition, there were catering and domestic staff. At night, two waking staff were on duty. The manager used a dependency tool based on people's needs to determine the staffing level and deployment arrangements for each shift. We saw that staff were available when people needed them and they responded to people's requests for assistance promptly.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff were aware of people's needs and how to meet them. People's care records included detailed risk assessments that identified how risks were minimised. These included risk assessments associated with moving and handling, nutrition, falls and skin integrity. People who were vulnerable as a result of specific medical conditions such as diabetes had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

Some people who displayed behaviour that challenged, staff sought guidance and support from health professionals to understand, prevent and manage people's behaviour. Detailed risk assessments and behavioural development plans were in place and staff had clear guidance on how to support people. For example, one person's plan informed staff, "I need staff to provide me with reassurance as I think people are

trying to hurt me so please tell me what you are doing and why." Staff told us this approach had helped to ensure personal care given to the person was less traumatic for them and reduced the incidences of physical aggression towards staff.

Staff assisted people, where required, to maintain their safety. This included helping them to mobilise safely using appropriate equipment and ensuring they had access to their walking frames to reduce the risks of falls.

Accidents and incidents were monitored to see if improvements could be made to keep people safe. For example, accident reports indicated that one person was experiencing an increase in falls. Staff responded by informing the falls team, referring the person to their GP for a medication review and held a best interests meeting with the persons family to discuss the use of sensor alarm mats so that staff would be alerted if the person moved from their chair without assistance.

People continued to receive their medicines safely and as prescribed by their GP. Medicines were ordered, stored, and disposed of safely and securely. Medicine administration records (MARs) were completed fully and explanations recorded if people refused their medicines. Staff had undertaken training in medicines management.

The premises was clean, hygienic and free from odour. People were protected from the risk of infection because staff understood their roles and responsibilities in relation to infection control. We observed staff using protective gloves and aprons where needed. Maintenance and safety checks of the premises and equipment were regularly carried out to ensure they were safe to use. Required test and maintenance certificates were in place. Fire safety was regularly reviewed and plans were in place to support people in emergency situations.

Good

Is the service effective?

Our findings

People and relatives told us they were confident staff could meet their needs. A relative said "Staff who come here are trained or qualified, or both. All of them know what they are doing."

The home continued to provide staff with the training, support and opportunity to obtain qualifications in care to meet people's needs effectively. Staff told us they were happy with the training and support they received. Training was provided in a number of areas, including dementia awareness, fire safety, first aid, infection control, moving and handling and pressure care. Training was regularly reviewed by the registered manager and deputy manager.

Newly recruited staff completed an induction programme before they could work without supervision this included shadow shifts with a senior member of the care staff as well as learning about the home's policies and procedures. Staff with no previous experience of working in care were required to complete Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Records and discussions with staff showed that staff continued to receive supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where people lacked capacity, mental capacity assessments and best interests decisions had been completed, for example, receiving their medicines. Records of best interests decisions showed involvement from people's family and staff. This meant people's ability to make particular decisions had been upheld and their freedom to make decisions maximised, as unnecessary restrictions had not been placed on them. Where people's movements were being restricted we saw that applications had been appropriately made to the local authority.

We observed staff gaining consent throughout the inspection. For example, people were asked if they wanted assistance, were ready for their medication or wanted their meal.

People told us they enjoyed the food. One person said, "It's really good here. The food is very good. It's lovely." Another person told us, "The food is lovely. Yes, I can choose." A relative told us, "She does like the food. She has vegetarian meals because she doesn't eat meat."

Within the care plans we saw that there was documentation in relation to people's dietary needs and the support they required with maintaining a healthy diet. We spoke with the chef who was knowledgeable about people's individual diverse needs, likes and dislikes. People had their weight regularly recorded. Any changes were monitored and guidance was sought from healthcare professionals. Some people were receiving supplements to their food to increase their calorie intake. Some people had been assessed as needed a soft or pureed diet. Staff were available to support people with their meals if needed.

Technology was used to support the effective delivery of care and support. For example, pressure floor and chair mats which alarmed to alert staff when a person was up and about in their room.

People had access to healthcare professionals and their health care needs were met. One person told us, "The GP visits occasionally. I have been very good, healthy, so far. I can tell the staff if I'm not feeling well." A relative told us, "If there is a problem they ring me up. If she goes to the hospital they ring me and I go as well, the home gives the hospital her details." Another visitor told us how the staff responded to their concerns about the health of their friend, "I was concerned about [name's] putting on a lot of weight. Staff listened and now regularly monitor her eating and weight." People's care records confirmed that staff worked with health care professionals and other agencies and people received medical attention when they needed to. One visiting health professionals told us, "The staff seem well informed and know people well. I can't fault them. They are very quick to respond to requests and there is always staff around when I need them."

The home had some pictorial signage to help people who needed orientation to their immediate environment. For example, toilets and bathrooms were clearly marked to encourage independent use. People had personalised their rooms and they were decorated as they wished. We saw that the home's communal areas and corridors were looking very tired with paintwork badly chipped and marked and wallpaper damaged, or torn off. The registered manager told us that redecoration of the communal areas was part of their home improvement plan. There was a secure outside space which people used in good weather. However, there was a lot of debris from a palm tree, which was scattered along the path, which was a trip hazard, and potentially slippery. We spoke with the registered manager about this and this was immediately dealt with.

Good

Is the service caring?

Our findings

People told us staff were very caring. Their comments included, "They're very good here," "I'm happy here" and "They[staff] are very kind." A relative commented: 'The girls seem very nice. They are very kind and very caring." Another relative told us "All staff are friendly and caring."

We found that staff worked hard to make people and their relatives feel cared for. One staff member told us, "It's a nice home, people are happy and they are well looked after. We play an important role in their lives and we need to make them feel safe and feel they are 'at home'." Staff were able to tell us about each individual, for example their likes and dislikes, backgrounds and family.

During the inspection we spent time in the communal areas of the home. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks. Throughout the inspection most people were comfortable in their surroundings with no signs of anxiety or stress. If a person became upset staff were available to sit and talk with them. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the home.

Staff were seen providing care in a relaxed way, giving explanations to people before providing them with support and ensuring they were calm throughout.

We saw people's privacy and dignity was respected, for example being spoken to appropriately and when being assisted with meals or care. Staff had an understanding of privacy and dignity. One staff member said, "We make sure the doors are shut, we close the curtains and ensure people are always covered with a towel." One person told us, "They [staff] knock on the door." They went on to tell us staff always wait until they say 'come in' before they entered their room.

As much as they were able, people were supported to express their views and make choices and decisions about their care. People were asked by staff where they would like to sit and whether they wanted to join in with the activities on offer.

People living at the home had a similar ethnic background and religious beliefs and there was nobody with an obviously diverse need. People were asked about their cultural, spiritual and sexual needs during the care planning process. Care plans contained guidance to staff on promoting these, for example by arranging religious services at the home. Staff received equality and diversity training to help them provide for people's individual needs.

People's bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things which were particularly important to them and to have things around them which were reminiscent of their past. One person told us, "I have a beautiful room at the end of the corridor. The bed is comfortable."

Good

Is the service responsive?

Our findings

At this inspection we found staff continued to be responsive to people's needs and concerns.

People received support that was tailored to them as individuals. People's support needs had been assessed and care plans developed based on people's needs and preferences. The things that were important to people were recognised. People were supported by staff who understood their specific needs and how to support them in the ways that they wanted to receive care.

People's care records were accurate, reflected their needs, and were regularly reviewed and updated. They were held securely on an electronic care system that staff could access and input information via a hand held device or computer in the office. Care plans were detailed and informative with clear guidance for staff on how to support people well. The care plans contained information on a range of aspects of people's support needs. These included mobility; if they required any adaptations to their environment or specialised equipment, communication; if there were any barriers to effective communication, such as, wearing a hearing aid, nutrition and hydration; including likes and dislikes and special diets and particular health needs.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017. At the time of the inspection no-one at Beechmount was living with a sensory loss. We spoke with the registered manager who told us the provider had an Accessible Information policy for staff to refer to. Communication and information needs were identified during the pre-admission process and communication plans indicated people's strengths as well as areas where they needed support. The registered manager told us that following identification of a communication or information need they would ensure the support required to aid communication, such as, braille or pictorial charts, would be used and training would be provided for staff to ensure individual needs were met.

People's records were comprehensive enough to give staff a good understanding of people's preferences and life experiences. This helped staff to support people to engage in meaningful activities that they enjoyed. People told us they enjoyed the activities provided. Activities were organised by staff and external entertainers also visited the home. Activities on offer were displayed for people to see and were numerous, including games, arts and crafts, films, music and chair exercises. On the day of our inspection, musical entertainment was being provided by a regular visitor to the home. People were clearly enjoying the session. One person was dancing with the organiser and people were singing along to the songs, playing tambourines and shaking cheerleader pom poms in time with the music. There were seven residents actively involved, and others were sitting and watching. One relative told us, "There's a lot of activities. They also bring animals in."

People's wish to not participate in group activities was also respected with one person telling us, "I'm happy

staying up here in my room." Staff ensured that people who spent time in their rooms were not at risk of social isolation. We saw staff checked on people and responded promptly to any call bells. Activities were provided for people on a one to one basis in their rooms. One person's relative told us "She's not involved in activities much. Never liked it. She loves cats." They went on to tell us how the home bought the person a toy cat and how much their relative loved to have the cat in bed with them giving them comfort. We saw that this was the case during the inspection. The home's cat also visited their room on a regular basis, which they enjoyed.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were provided to people. People told us they had not had any reason to complain. The registered manager told us they had not received any complaints recently.

People were supported by staff to maintain their personal relationships. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People's end of life wishes were discussed with them and their needs and choices recorded in their care plans. This ensured that people's final days were as they wished for and their choices known and respected. At the time of our inspection no one was receiving end of life care, but policies and procedures were in place. Staff received training on end of life care and were supported by the community nurses and the local hospice.

Good

Is the service well-led?

Our findings

The home continued to be well led. People, relatives, visiting healthcare professionals and staff told us the registered manager and deputy manager were approachable and friendly. A person living at the home described the manager as "Good."

The registered manager was passionate about providing personalised care and told us, "I've got a passion for people with dementia; I want to make a difference." The registered manager had completed the 'Dementia Care Matters' training. Dementia Care Matters approach is to make a real difference to lives of people living with dementia and involves changing culture. The registered manager was also trained to bring this knowledge back to their team as a 'Dementia Care Matters' trainer. The registered manager told us they also attended meetings with other care home managers in the local area where good practice and resources were shared.

The registered manager promoted an open and transparent culture where staff told us they felt valued, listened to and supported. Staff told us they enjoyed working at the home. One said, "I think the manager is very approachable. We work well as a team. It's a really well organised home."

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

The provider used annual questionnaires to gather people's views. Where comments had been made the provider had responded to them and the actions taken had been recorded. This demonstrated that people's views were listened to and acted upon, ensuring people had a voice. Feedback from the last questionnaire included, "I am extremely happy with every aspect of Beechmount", "Beechmount feel's like mum's home, not a care home. I feel welcome and involved in mum's care" and "When we are away from mum we have no need to worry about her, we know she is safe and well looked after."

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits. These helped to highlight areas where the home was performing well and the areas which required development. This helped the provider to ensure the home was as effective for people as possible.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.