

Cloister Care UK Limited

Beechwood House

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 ●

Summary of findings

Overall summary

Beechwood House a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Personal care is provided in one adapted building for up to 10 older people.

This was our first inspection of the service against this registered provider, since their initial registration in March 2017. This was a comprehensive, unannounced inspection, which took place on 25 October 2018, carried out by one inspector. There were seven people living at service, receiving personal care.

There was a registered manager for the service at the time of this inspection, who is also one of the registered partners [care providers]. A registered manager is a person who has registered with the Care Quality Commission. They are responsible for the day to day management of the regulated activity of personal care at the service. Like providers, as a registered person they have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe, and kept clean, hygienic and well maintained. Staff understood and followed their role and responsibilities to ensure people's safety at the service, including for infection control and prevention.

People felt safe and informed to raise any safety concerns. Staff knew how to recognise and report the witnessed or suspected abuse of any person receiving care at the service. The provider regularly took account of and acted to ensure people's safety needs were met, when required.

The provider's care management systems helped to ensure people's safety at the service. Staff understood and followed people's safety needs, as shown in their care plans. People's medicines were safely managed.

Staff were safely recruited, trained and deployed to provide people's care. Emergency contingency planning and information sharing arrangements helped to ensure people's safety at the service or, if they needed to transfer to another care provider.

People received effective care, which they and their relatives were happy with. Staff supported people to maintain or improve their health and nutrition, in consultation with relevant external health professionals when needed. Systems were in place to ensure relevant and timely information sharing with relevant care providers when required for people's care.

People were happy with their environment, which was adapted to provide sufficient space and support people's independence, including access to well a well kept garden area.

People received care from staff who were kind, caring and had established good relationships with them

and their families. Staff treated people with respect and ensured their dignity, privacy, comfort, choice and independence when they provided care.

Staff knew people well and followed what was important to them for their care. People and relatives were informed about the care people could expect to receive at the service. Service information was under review to fully ensure readily available accessible information, for any person with a disability or sensory loss.

People received, individualised personal care, which met with their choices, daily living and lifestyle preferences. People were enabled to engage and participate in home life and to access the local community, friends and family as they chose.

People and relatives were informed and confident to make a complaint and to access to local advocacy services if they needed to.

People's end of life care wishes were recorded, as agreed with them. Work was in progress to review and optimise people's end of life care experience against recognised national standards. This aimed to maximise people's comfort, choice and ensure a consistent and informed approach to people's end of life care.

The service was well managed. People and their relatives were confident in this. Staff understood their role and responsibilities for people's care. The registered manager complied with the responsibilities for their registration.

Effective communication and governance systems were operated for the quality and safety of people's care and ongoing service improvement. Relevant partnership working with other agencies, health professionals, care and educational provider's helped to further benefit people's care experience at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of avoidable harm or abuse and their safety needs were effectively accounted for. People's medicines were safely managed.

Staff were safely recruited and deployed. Measures in place for the prevent and control of infection, helped to protect people from the risk of a health acquired infection.

Is the service effective?

Good ●

The service was Effective.

People were supported to maintain and improve their health and nutrition, in consultation with relevant external health care professionals. Systems were in place to ensure relevant, timely information sharing with other care providers, when required for people's care.

Staff were trained and supported to provide people's care. People received care that was lawful and in their best interests.

The environment was well maintained and adapted for people's comfort, independence and access to outdoor space.

Is the service caring?

Good ●

The service was Caring.

Staff were respectful, kind and caring and promoted people's dignity, choice, independence and rights when they provided care. Staff knew people well, how to communicate with them and followed what was important to people for their care.

People and their families were involved and informed to help agree people's care and to access to relevant advocacy services if needed. Action was in progress to review and ensure accessible information for people living with a disability or sensory loss.

Is the service responsive?

Good 

The service was Responsive.

People's care was individualised; met with their choices, daily living and lifestyle preferences. Staff knew how to communicate with people in a way they understood.

Complaints, concerns and relevant care feedback from people and relatives, were acted on and used to make care improvements when needed.

End of life care was under review, to maximise people's comfort and choice at the end stage of life, against relevant national standards.

Is the service well-led?

Good 

The service was Well Led.

People, relatives and staff were confident in the management and leadership of the service. Staff understood their role and responsibilities for people's care and the manager complied with the responsibilities of their registration.

Effective governance arrangements helped to inform and ensure the quality and safety people's care and continuous service improvement.

Beechwood House

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 was a comprehensive, unannounced inspection, which took place on 25 October 2018, carried out by one inspector.

This service was also selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This included support with oral hygiene and access to dentists. We will publish a national report of our findings and recommendations from this review in 2019.

We spoke with local authority health and social care commissioners and Healthwatch, Derbyshire. Healthwatch is a registered charity and independent health and social care watchdog. Its aim is to influence service development across health and social services by representing the views of people who use services and their representatives. We looked at all the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about. We also looked at recent reviews of the service, posted by two people's relatives on a national care homes website.

We spoke with four people who lived at the service and we observed staff interaction with people. We spoke with the two care staff, a cleaner and the registered manager who is also the nominated individual for the provider. We looked at three people's care records and other records relating to how the service was managed. This included medicines records, meeting minutes and checks of the quality and safety of people's care. We did this to gain people's views about their care and to check that standards of care were being met.

On this occasion we did not ask the provider to send us 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 any

improvements they plan to make.

Is the service safe?

Our findings

People felt safe when they received care from staff at the service. One person said, "I feel safe here – definitely." Another person said, "We are kept, safe, warm and happy; staff look after us well." Information was visibly displayed to help inform people how to stay safe or to report concerns they may have about their own or other's safety. All we spoke with said they were confident and knew how to raise any concerns if they needed to.

Staff were kept informed through relevant training and policy guidance; so they understood how to recognise and report suspected or witnessed abuse of any person receiving care, or any safety concerns, if they needed to. Relevant action was taken by the provider in consultation with the local safeguarding authority, to check and ensure people's safety when required, following anonymous safety concerns raised regarding two people's care at the service.

People received care that was safely managed. Risks to people's safety associated with their health condition, environment or any care equipment used, were assessed before people received care and regularly reviewed. Staff we spoke with, understood and followed people's care plans, which showed any risks identified to their safety and the care actions required, to help reduce this. Throughout our inspection, we observed that staff supported people safely when required. For example, to move, eat and drink and take their medicines safely. Any health related safety incidents which occurred at the service, such as falls, were routinely monitored and analysed, to check for any trends or patterns. This information was used to inform people's care and related safety needs and help prevent any re-occurrence.

Staff we spoke with described a safe, consistent and least restrictive approach to people's individual care. Any equipment used for people's care was subject to regular checks, servicing and maintenance when required. This included, hoist equipment to help people move, sensor mats to alert staff to people's movement where they were at risk of falls, or pressure relieving mattresses, used to help prevent skin damage to any person from prolonged pressure. In May 2018, the local fire authority told us they found a reasonable standard of fire safety at the service.

The provider's emergency contingency planning arrangements, helped to ensure people's safety at the service. This included a management on call system for staff to access urgent advice, outside routine working hours. Staff were able to describe the procedures they needed to follow, in the event of any health emergency or safety incident, such as a person's sudden collapse, fall or serious injury. Key care information concerned with people's safety needs was recorded in a standardised format to go with the person, if they needed to be admitted to hospital. For example, to ensure people received their medicines consistently and safely.

Staff were safely recruited and deployed to provide people's care. Account was taken of people's individual care needs, to help inform staff planning and deployment arrangements required for people's safety. Throughout our inspection we saw staff were visible and provided timely care when people needed it. Staff described safe procedures followed by the provider for their recruitment and employment, which related

records showed. This included checks of staffs' employment history, care experience and checks with the governments' national vetting and barring scheme. This helped the provider to make safe recruitment decisions and prevent unsuitable people from working with vulnerable adults.

People's medicines were safely managed, stored and given to people when they needed them. Related records were accurately maintained. Staff responsible for the handling and administration of people's medicines, were regularly trained and assessed to make sure they were competent and safe to do this. Regular management checks helped to ensure the safety of people's medicines arrangements at the service.

People were satisfied with standards of cleanliness and hygiene maintained at the service, which we also observed. Remedial actions were in progress to upgrade the on site laundry; and also to provide a dedicated dirty sluice, for hygiene purposes. Additional measures were in place until the latter work was completed, to help reduce any increased risk of infection to people through cross contamination from handling body waste. We found staff understood and followed their roles and responsibilities concerned with the prevention and control of infection and cleanliness at the service. Equipment provision, staff training, guidance and regular management checks, helped to ensure this. The local environmental health authority had recently awarded a five star rating for food hygiene safety at the service.

Is the service effective?

Our findings

People received effective care they were happy with. One person said, "I get my eye's checked; staff get the doctor if needed." Another person told us, "They [staff] are very good; they know what they are doing." A relative had recently posted their comment of praise about the service on a national care homes review website. This showed, 'My [person receiving care], has received excellent care from a dedicated group of staff with great professionalism and personal attention to [person's] needs and care'.

Staff supported people to maintain or improve their health and nutrition. This was done in consultation with them and relevant external health professionals when required. This included for routine health checks and any specialist health screening, advice or treatment needed. Staff understood people's individual health conditions and how they affected them. People's related personal care needs and support requirements, were assessed and regularly reviewed in consultation with them, or others who knew them well. Staff were able to show us how they ensured and followed care instructions from relevant external health professionals concerned with people's care at the service, when required.

Senior staff responsible, understood to ensure relevant and timely information sharing to support people's agreed care. This included use of a nationally recognised care pathway that is used to transfer standardised paperwork, medicines and personal belongings with the person, if they need to transfer to another care provider, or in the event of a person's admission to hospital due to ill health. This information stays with the person and is returned home with them. It can also be added to. For example, to ensure accurate discharge and ongoing care information. This helps to ensure that everyone involved has the necessary information to provide the person with consistent, informed and effective care. It also helps to reduce the amount of time taken for ambulance transfer times and for accident and emergency assessment time; and avoidable hospital admissions.

Staff were trained and supported to carry out their role and responsibilities for people's care. Staff described comprehensive arrangements for their work induction, training and support, which related management records showed. One staff member said, "Training is very good; always plenty." Another staff member told us, "We get good support and regular training updates; I am doing my NVQ (national vocational qualification) level 3; and we can always ask for any additional training." The registered manager explained that all new staff were expected to undertake the Care Certificate as part of their initial training and induction to the service. The Care Certificate is a nationally agreed set of standards, that sets out the knowledge, skills and behaviours expected of non professional care staff in the health and social care sector. Existing staff skills had also been reviewed against the standards to ensure consistency of care across the staff team.

Staff understood and followed the Mental Capacity Act 2005 (MCA) when required for people's care. The 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 who lack

mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found people's consent or appropriate authorisation for their care was sought and obtained in line with legislation and guidance. Regular management checks were made to ensure the MCA was being followed. This helped to ensure people received care that was lawful and ensured their rights and best interests.

People were supported to eat and drink sufficient amounts of food they enjoyed, which met with their assessed dietary needs. People were happy and made positive comments about meals provided at the service. One person said, "Oh yes, the food is very nice here; we are having beef casserole today." Another person said, "You can always have something else, if you don't want the main; there's plenty of choice. A relative's recently posted comments about the service on a national care homes website included, "The meals are fresh, tasty and homemade."

We saw that lunchtime was a relaxed and sociable experience for people. People were complimentary about the quality of the food served. One person said, "It's lovely; you do a great job." Staff knew and followed people's dietary needs, preferences and any related health requirements concerned with people's nutrition. This included ensuring people received the correct type and consistency of food, with varied portion sizes to suit people's wishes and dietary needs. For example, one person received fortified food, to help boost their calorie intake for their health. People were provided with adapted crockery and drinking cups if required, to support their independence when eating and drinking. People said they were consulted about their choice of food, drink and menus, which showed a varied and balanced diet. Drinks and snacks were regularly offered throughout the day.

The environment was clean, well maintained and adapted to meet people's individual independence and orientation needs. People were able to move around the home, which provided sufficient space for any equipment they needed to use, such as walking frames. We saw there was a well kept patio and garden area, which provided level access and seating for people to use. People said they were happy and comfortable with the environment and their own rooms, which they had personalised as they wished. One person said, "It's lovely here; and the garden is pleasant to look out on."

Is the service caring?

Our findings

People were happy with the care provided by staff. All felt staff had good relationships with them and made to feel welcome at the service. One person said, "Staff are kind and very helpful." Relatives comments about the service, posted before our inspection on a national care homes review website, also showed this. Their individual reviews of the service showed they would be extremely likely to recommend the service to others. Comments included, '[Person receiving care] was greeted with open arms and made to feel the important person that we, their family believe they are;' 'The care and respect that all staff given to the residents is commendable;' and; 'We couldn't have found a more caring home.'

Throughout our inspection we saw that staff treated people with care, kindness and respect. Staff supported people in a way that ensured their dignity, privacy, independence and choice. For example, by closing doors before providing personal care; offering choices about what to eat and drink, or where and how to spend their time; and making sure they adjusted people's clothing after assisting them to move. Staff checked with people to make sure they were comfortable and had their personal items to hand, such as drinks, call bells or walking frames before leaving them.

Staff knew people well and they understood and followed what was important to people for their care. We saw that people were well presented and dressed smartly, with their hair and any jewellery items worn as they chose. One person said, "I love my jewellery, staff help me put it on every day." People's care choices, daily living routines and lifestyle preferences were agreed and regularly reviewed with them, or their representatives when required and recorded in people's individual care plans. Staff understood this and knew how to communicate with people in the way they preferred and understood. We saw that staff used people's by their preferred term of address, when they spoke with them. This information was checked with people and recorded in their care plans following their admission to the service.

People and relatives were provided with a range of service information, which included large print for people who required this; to help them understand what care and daily living arrangements people could expect to receive at the service. This included written information about how to access and national independent lay advocacy services, if people needed someone to speak up on their behalf.

The registered manager told us they had commenced a review of the service against the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The registered manager had sourced related training and a range of suitable picture aids that may be needed for future use. For example, to help people living with dementia, who experienced perceptual difficulties to understand and make food choices. This showed people's autonomy, rights and choices in their care, were promoted.

Is the service responsive?

Our findings

People received timely, personalised care, which met with their choices, daily living and lifestyle preferences. People said staff provided their care and support when they needed it. People also felt staff supported their choices and preferred daily living routines, which we saw during our inspection. This included supporting people to spend their time where and how they chose and supporting people's preferred daily living routines, such as bathing, rising and rest times. People said staff regularly consulted with them to ensure this happened. One person said, "They always ask me what I think." Another said, "Staff are very good; they know what I like and what I don't." A relative had recently posted a comment about the service on a national care homes review website. This included, "From day one there has been open, two way communication to support [person's] care."

People were involved in make decisions about their care and daily living arrangements. People's care plans detailed their personal care choices, daily living and lifestyle preferences and preferred night time routines. This helped to inform their care in an individualised way. Staff understood what was important to people for their care and they took time to communicate with and support people in a way that was meaningful to them. This included making sure people were comfortable, or they understood what was happening and what they needed to do to accomplish their individual routine daily living tasks when needed. One person, often liked to speak in French, which they particularly enjoyed with one of the staff members at the service, who was also fluent in French. We saw staff ensured people's hearing aids, spectacles or any other aids they needed were to hand and in good working order. This helped to ensure people's independence, autonomy and inclusion.

Staff provided people with timely emotional support when needed. For example, by providing gentle encouragement and support, to enable one person's confidence in their ability to move safely and independently to another area of home when they needed to. Staff told us about another person who could easily become distressed, if they didn't understand what was happening around them. When this began to occur, we saw staff responded promptly, to successfully divert the person's attention. This was done in a positive way that was known to be effective and helpful to the person, as shown in their written care plan. This resulted in the person become visibly more relaxed and happy.

People were supported to engage and participate in home life and with the local community as they chose. A range of occupational, social and recreational activities were regularly provided. This included regular visiting entertainers, such as singers, a magician and a visiting company call 'Pet Zoo.' One person said they particularly enjoyed the latter as they, "Liked the fluffy animals." People were regularly offered a range of recreational and occupational activities they could choose to join. This included, quizzes, puzzles, board games, reading, crosswords, reminiscence and gentle exercise. A monthly church service was held, which one person said they particularly enjoyed, as this was important to them. Another person told us they regularly went out to visit family.

Throughout our inspection we found a calm, organised and sociable atmosphere at the service. Staff regularly took time with people to check they were comfortable, support their chosen activities, such as

reading, pampering, listening to music; and to talk with them about their lives and interests. We saw that a range of birthday cards, hand crafted by some people at the service, were on display for sale. Proceeds from this went into the residents' fund, which was used to support the purchase of activities materials to support people's engagement and enjoyment.

The registered manager told us how they were developing links between the service and local community. Through liaison with relevant external agencies and by prior arrangement, they had sought to invite older people from the local community, who may benefit from meals, or to engage socially with others at the service. One person we spoke with at our inspection, felt this was helpful and enjoyable. This enabled them to eat, drink and spend time with others, rather than alone in their own home.

People and their relatives were informed and confident to raise any concerns or make a complaint about care, if they needed to. People and relatives views about the care provided were regularly sought. For example, through care reviews or by individual discussion. Related records showed how information from any concerns or feedback, was used to help inform care changes or improvements when required.

Before our inspection, two people's relatives had posted their views on a national care homes website, about end of life care people had recently received at the service. Their comments included, 'My [person receiving care] received excellent care from a dedicated group of staff who showed great professionalised and great personal attention to their needs, dignity and care; The management and staff made [person's] last journey a very comforting one for both [person] and ourselves'. Another relative wrote, '[Person receiving care's] advance care plan was put in place; the service was tenacious in getting this right and placed on their care file'.

At this inspection there was no-one receiving end of life care. The provider told us about their work in progress, to ensure the service met with nationally recognised standards concerned with people's end of life care in care homes. This included the development of timely, bespoke care plans with people; in consultation with relevant lead health professionals; to support people's personal care, comfort and choice for their end of life care. This aimed to ensure people received timely, consistent and co-ordinated care, through shared decision making; with related policy development and staff instruction, via Dying Matters. Dying Matters is a coalition of individual and organisation members across England and Wales, set up by the National Council for Palliative Care; which aims to open the public dialogue about dying, death and bereavement and to make plans for end of life.

People's care plans we looked at, showed how their end of life care was planned and agreed in consultation with them, or their chosen representative when needed. The registered manager explained that discussions were held to suit and inform people's individual pace and understanding of relevant care options available to them. For example, one person had made an advance care plan for their end of life care and an advance decision (living will), which showed their care and treatment wishes, who they wished to be involved and where they wished to receive their end of life care. A living will is a written statement detailing a person's desires regarding future medical treatment in circumstances in which they are no longer able to express informed consent, especially an advance directive. Senior staff were supporting another person, to consider their end of life care. This helped to ensure a consistent and informed approach to people's end of life care.

Is the service well-led?

Our findings

People, relatives and staff felt the home was well managed and said the registered and deputy managers were supportive and accessible to them. One person said, "They are always here and at least one of them speaks with us every day." Staff said, "Management support is really good; the deputy manager is brilliant." We looked at reviews of the service, posted on a nationally recognised care homes ratings website during 2018 before our inspection. This showed three people's relatives had rated their family member's service experience as 'Excellent' with an overall score of 9.1 out of 10. All said they would be extremely likely, to recommend the service to family and friends.

The service was well managed and run. The registered manager understood and had complied with the responsibilities of their registration with us under the Health and Social Care Act 2008. They had sent us written notifications when required, to tell us about important events when they happened at the service. For example, notifications of expected death or relating to any hospital admissions. The registered manager was able to show us how they kept up to date with care policy and practice relevant to the service. Their recent areas of professional development during 2018, included management and leadership skills training, end of life care strategy and Accessible Information Standard training.

Staff understood and followed the provider's stated aims and values for people's care, which included, to promote people's dignity, privacy, confidentiality and rights when they received care. Related staff training and management monitoring of care practice helped to ensure this. Staff felt well supported and informed to carry out their role and responsibilities. One of them said, "Management are approachable; they act and listen; the manager and deputy work well together." Group and individual meetings were regularly held with staff and recorded for their reference and information. Staff we spoke with felt this was structured and informative. This included care handover information for staff at the start of each working shift.

All staff employed were provided a staff handbook, containing key service information, personnel policies and procedures relevant to their role. The provider had established a range of operational policies and procedures for staff to follow for people's care and safety at the service. Staff were given timely access to up to date non confidential service and care policy information, via an app on their phones or electronic hand held devices. These arrangements helped to ensure a consistent, informed approach to people's care.

A range of management checks of people's care, environment and equipment were regularly operated, which helped inform and ensure the quality and safety of people's care. This included checks of people's health, nutritional status, medicines arrangements and checks of environmental and equipment safety. Accidents, incidents and complaints were monitored and analysed to identify any trends or patterns to help inform people's care and related safety needs. People, relatives and staff were involved in developing and improving the service through regular consultation with them, such as through meetings and care reviews. A number of service improvements were either made or in progress from this. This included areas of environmental upgrade and repair and a review of care planning methodology, to streamline and ensure more concise, easily accessible record keeping. Records relating to people's care and staff employed at the service, were accurately maintained and securely stored

The registered manager had established local business partnership links and regularly liaised or worked in partnership with a range of local and national care agencies; care providers and commissioners to help inform and improve people's care experience. A number of related care initiatives or improvements were either made from this, or in progress at the service. This included for people's health promotion and hydration; care involvement and decision making and end of life care pathways. As part of their existing participation in an management and leadership educational programme; the registered manager was also running a research based project at the service; to review and ensure an effective staff supervision system.