

Prylor Properties Limited

Beech House

Inspection report

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Heywood
Rochdale
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Date of inspection visit: 10 August 2015
Date of publication: 14/09/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Beech House is a care home providing personal care and accommodation for up to 27 older people. Beech House is a traditional Victorian style building, which has been converted and extended to provide all single bedrooms, one of which has en-suite facilities. The home is situated approximately one mile from Heywood town centre and is on bus routes to and from Rochdale, Middleton and Bury.

The service was last inspected in September 2013. Areas reviewed during that inspection were assessed as meeting the regulations in force at that time.

This inspection was carried out on the 10 August 2015. At the time of our inspection there were 26 people living at Beech House.

The manager is registered with the Care Quality Commission. 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.'

Summary of findings

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. Although monitoring records in relation to people at risk of weight loss were not accurately maintained ensuring information clearly showed people received adequate nutrition and hydration to meet their needs.

People who used the service told us they felt safe living at Beech House. People's visitors said they were happy with the care their relative received and had no concerns about their safety. We saw that interactions between people and staff were polite and friendly. What staff told us clearly demonstrated they understood the individual needs of people they cared for.

People's care records contained enough information to guide staff on the care and support they required and the risks people might experience. We saw that people and their relatives were involved and consulted about the development of care plans.

We saw there were sufficient numbers of suitably trained and experienced staff available to support people in meeting their emotional, social and physical needs so their health and well-being was maintained.

Records showed people who had applied to work at the service had been properly recruited so only those applicants suitable for employment were offered work at the home.

We found the management of people's medication was safe. People were supported to access health care support so their current and changing health needs were met.

The registered manager and senior staff were able to demonstrate their understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Staff were also able to tell us what they would do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We saw systems were in place to monitor, review and assess the quality of service provided so that people were protected from the risks of unsafe or inappropriate care.

Complaints records showed that the registered manager reported and responded to any issues or concerns brought to their attention. People felt confident any issues raised with staff would be taken seriously and dealt with.

Suitable arrangements were in place in relation to fire safety and the servicing of equipment was undertaken to help keep people safe from harm or injury.

We saw improvements were being made to enhance the standard of accommodation provided for people. All areas of the home were clean, well maintained and accessible; making it a safe environment for people to live and work in.

We found a breach in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe living at Beech House and staff responded when they needed them.

We saw safe systems were in place with regards to fire safety, the safe administration of medicines and recruitment practices.

People were cared for by sufficient numbers of staff who knew how to keep people safe.

People were provided with a good standard of accommodation which was clean, secure and well maintained.

Good



Is the service effective?

The service was not always effective.

People were provided with a choice of suitable and nutritious food. Meal times were relaxed and people told us they enjoyed the food. However nutritional monitoring records were not accurately maintained ensuring people received adequate nutrition and hydration to meet their needs.

Opportunities for staff training and development were provided. This helped staff understand what was expected of them and enabled them to develop the knowledge and skills required to meet the specific needs of people.

Where people were being deprived of their liberty the registered manager had taken the necessary action to ensure that people's rights were considered and protected.

We found the service worked closely with health and social care teams so that people were appropriately supported to maintain their health and well-being.

Requires improvement



Is the service caring?

The service was caring.

People told us they were happy with the care and support they received. We saw staff respect people's privacy and dignity when offering support. Interactions between people, their visitors and staff were polite. Staff had a good understanding of the individual needs of people and offered encouragement and support where necessary.

We saw individual care records were in place for people living at Beech House. Information was secure so that confidentiality was maintained.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Where possible people were offered choice and helped to make decisions about their daily life. People maintained relationships with family and friends and consideration was given to people's religious needs. Opportunities were provided for people to take part in activities both in and away from the home.

People's records contained sufficient information to guide staff on the care and support people needed.

People and their visitors told us they could speak with staff or managers if they had any issues or concerns, and were confident these would be addressed.

Is the service well-led?

The service was well-led.

The service had a manager who was registered with the Care Quality Commission (CQC). Staff spoken with told us they felt the manager was supportive and approachable.

Effective systems were in place to regularly monitor and review the service and facilities provided at Beech House. Opportunities were provided for people living and working at the home to comment on their experiences. Where improvements were identified these were acted upon.

The registered manager notified the Care Quality Commission (CQC) as required by legislation of any accidents or incidents, which occurred at the home.

Good



Beech 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 checked 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 an unannounced inspection and took place on the 10 August 2015. The inspection team comprised of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who joined the inspection had experience of caring for someone living with dementia.

During the inspection we spent time speaking with ten people who used the service, four visitors, six care staff as well as the cook, laundry/activity worker, assistant manager and registered manager.

As some of the people living at Beech House were not able to clearly tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at three people's care records, three staff recruitment files, eight medication administration records and staff training records as well as information about the management and conduct of the service.

Prior to and following our inspection we contacted various agencies to seek their feedback about the service. This included the local authority commissioning team, adult social care team, Healthwatch, speech and language therapists and the health protection agency.

We also considered information we held about the service, such as notifications, safeguarding concerns and whistle blower information. We did not ask the provider to complete a Provider Information Return (PIR), prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

All the people we spoke with said they felt safe in at Beech House. People told us; “I feel safe because there is always somebody around and people popping in and out of my room” and “If there was any trouble I would tell my key worker”. All the people we spoke with said that when they pressed their buzzer the staff came quite quickly. This helped to ensure people’s safety was not compromised.

People’s visitors also felt their relatives were cared for safely. One person told us, “The way they look after my mum is good; the staff make her feel safe, they watch her and are behind her all the way”.

The assistant manager told us they took responsibility for overseeing the medication system in place. We looked at the system for the receipt, safe storage and administration of medicines. We also looked at the medication administration records (MARs) for eight people who used the service. We found accurate records were maintained, including where people required PRN ‘when required’ medicines or where people received their medication ‘covertly’. This means that medicines are disguised (placed in food or drink) when being administered to people. We saw written agreement on people’s records to show decisions had been made in the person’s best interest and agreement had been sought from the person’s GP for their medicines to be given this way. We saw that items, such as controlled drugs, were stored securely and accurate records maintained. Suitable arrangements were made for those items to be returned to the supplying pharmacist.

We looked at the staff training records, these confirmed care staff responsible for the administration of people’s medicines had completed training in medicine management. Formal assessments of their competence were also completed to check they administered medicines safely. Prior to the inspection the registered manager had made us aware of two medication errors. Appropriate action had been taken to ensure the risks to people were managed. We found the management and administration of people’s medicines was safe.

We looked at three staff personnel files and saw that a safe system of recruitment was in place. The staff files contained an application form documenting a full employment history, two written references, a record of the interview, proof of identity and a signed contract of employment.

Checks had also been carried out with the Disclosure and Barring Scheme (DBS) before employing a new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

We looked at the staffing arrangements in place to support people living at Beech House. We spoke with people, their visitors and staff, looked at staffing rotas and observed the support offered throughout the day. The registered manager told us that staffing ratios had been increased due to the level of support people needed. Rotas examined confirmed what we had been told. Records showed that in addition to the registered manager and assistant manager, there was a senior care worker and three care workers available throughout the day. They were supported by kitchen, domestic, activity and maintenance staff. Night cover comprised of two care staff with additional support from ‘on-call’ staff should further assistance be required. From our observations we found there were sufficient numbers of staff to respond to people requests in a timely manner. One person told us; “There are plenty of people in attendance, there is always one member of staff on the floor”.

The care records we looked at showed that personal risk assessments were completed and reviewed on a monthly basis. These included areas such as poor nutrition, pressure care prevention or falls. Where people had been assessed as high risk additional monitoring records were being completed so that people’s changing needs could be monitored and acted upon where necessary.

We saw policies and procedures were in place to guide staff in the safeguarding of adults. Records showed that staff training had been provided in this area. Those staff we spoke with were able to tell us what they would do if they would if an allegation of abuse was made to them or if they suspected that abuse had occurred. The staff were also able to demonstrate their understanding of the whistle blowing procedures. They knew they could raise concerns in confidence and contact people outside the service if they felt their concerns would not be listened to.

We looked at what systems were in place in the event of an emergency, for example a fire. Fire safety checks were carried out to check the system and equipment was in good working order. We saw the fire risk assessment, reviewed in 2014 and a continuity plan, which provided

Is the service safe?

information for staff about the action they should take in the event of an emergency. We saw individual personal emergency evacuation plans (PEEPs) were in place. These were kept in people's individual care records and with the fire records. We spoke with the registered manager about this information being made more accessible should an emergency arise and evacuation is required. The registered manager said this would be addressed following the inspection.

We saw documents, which showed the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

Infection prevention and control procedures were in place for staff to refer to. We saw infection control audits were undertaken and infection prevention and control training

was provided for staff. Throughout the building protective clothing of disposable gloves and aprons were available and seen to be used by staff when carrying out personal care duties. Hand-wash sinks with liquid soap and paper towels were in place in the bedrooms, bathrooms and toilets, where personal care support was provided. This helped to promote good infection control procedures.

The registered manager told us that the service had been inspected by the local authority health protection agency in May 2015. They had achieved 70% compliance and areas of improvement were identified. The registered manager told us that all action had been taken and that an action plan confirming this had been sent to the team. From our observations we saw that action within the environment had been taken. We contacted the health protection team who confirmed an action plan had been received however reassessment of the service had yet to take place.

Is the service effective?

Our findings

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. A four weekly cycle of menus was in place. Daily menus were placed on the dining tables for people to refer to should they wish. The cook asked people which choice of meal they would like prior to each meal. We also saw that hot and cold drinks and snack were served throughout the day.

We observed the lunchtime service. The food looked hot and tasty. People spoken with said they had enjoyed their meal. One person said; "If I want any more I can have it but usually it's enough". We saw staff were attentive to the needs of people offering support where necessary or offers of help, such as cutting food up so people were able to manage their meal independently. All the people who needed support with their meal were encouraged and supported by staff in an unhurried manner. We saw one staff member patiently support a person with their meal, explaining what they were having and encouraging them to eat their meal.

We looked at the kitchen and food storage areas. The kitchen, had undergone a full refurbishment, provided a good working environment. There was also a food storage area in the cellar with sufficient fresh, frozen, tinned and dried food stocks available. The service had been inspected by the food hygiene inspector in July 2015. They were awarded the highest level of compliance, 5 stars.

The care records we looked at showed that additional monitoring was completed where people were at risk of inadequate nutrition and hydration. We found that records were not completed following each meal but prior to staff finishing their shift. We heard staff asking each other what and how much people had eaten that morning, staff were not always sure. This meant monitoring records may not be as accurate as they should be. We discussed this with the registered manager who said staff had been instructed to complete records immediately following each meal and that this would be reinforced again. Monitoring records were in place for those people identified as being at risk of malnutrition or weight loss. Without clear and accurate information there was no assurance people were receiving

adequate nutrition and hydration to meet their needs. This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that action was taken, such as referral to a dietician, speech and language therapist (SALT) or a person's GP, if a risk was identified. We were told by the SALT that, "Staff have improved their knowledge over the last few years in managing people with dysphagia (swallowing difficulties)". We were also told of one instance where staff had responded well to the needs of one person, reducing the level of risk so that they were kept safe.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager told us that there were currently 12 people living at the service who were subject to a DoLS and two further applications pending. They were aware of their responsibility in seeking authorisation to the supervisory body (local authority) where a person was being deprived of their liberty.

We saw a policy and procedure was available to guide staff in the Mental Capacity Act 2005 (MCA) and DoLS procedures. An examination of training records showed that 19 of the 32 staff had completed training in MCA and DoLS. We saw information to show that further training was planned for other members of the team. This training is important and should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make informed decisions about their care and support. It should also help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

A review of people's care records showed that where possible people had been asked for their consent with regards to the care and support to be provided. Throughout the day we observed staff asking people for their consent when offering support. We observed a senior member of staff patiently administering one person's medicines. The staff member sought the persons consent and explained each tablet before giving it to them. The person responded well to this interaction.

Is the service effective?

The care records we looked at showed that people had access to external health and social care professionals. We saw evidence of visits or appointments with GPs, opticians, chiropody, hospital clinics and the community nursing team. The service also liaised with the 'Outreach Team'. This service offers advice and support to care providers with regards to the specific needs of people living with dementia. One person said; "I still have my own doctor who sees me often and I am very happy living here". People's visitors told us they were kept informed if there were changes in their relative's health. One visitor commented, "The staff know what they are doing, they know how to handle people with challenging behaviour". Another visitor said; "The staff get the chiropodist in and the optician and the doctor if needed, they let me know about my relatives care and keep me informed".

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Beech House. We spoke with the registered manager and care staff and examined training records.

The registered manager told us that training was sourced from the local authority partnership group, distance learning as well as in-house training. Additional training had been provided by the community nursing team with regards to specific health care support. The registered manager was a trained trainer in moving and handling, the area manager held a teaching certificate and another member of the team was a trained trainer in safeguarding adults. This meant training could be easily facilitated to staff. Staff spoken with confirmed they received on-going training and development.

We looked at the training records to see what training had been offered to staff. Training opportunities included areas such as moving and handling, MCA and DoLS, safeguarding

adults, catheter care, nutrition, dementia care, fire safety, medication and infection control. Opportunities for staff training and developments helps to ensure people's individual needs are met by staff with the relevant knowledge and skills to do so. One person told us; "I think the staff know what they are doing they seem to be trained well".

We asked the registered manager how they supported the staff team in their role. We were told there was a programme of staff supervision and appraisal and team meetings. We saw records and minutes of meetings, which confirmed what we had been told. Staff spoken with said they felt supported in their role. One member of staff said "I had an induction and I felt it covered everything I needed to know at the time, training is on-going and we are encouraged to get as much training as possible. When I come back from a training course I feel better that I have learned something new that will improve my skills as a carer".

The registered manager told us that a new programme of induction, 'the care certificate' introduced in April 2015 was to be implemented. It was anticipated both new and existing staff would complete this training.

Beech House comprises of 27 single bedrooms on two floors. On the ground floor people had access to a lounge, conservatory and a large lounge/dining room. A programme of redecoration was taking place. Communal areas looked clean and bright and were appropriately furnished providing comfortable accommodation for people. We saw people had personalised their bedrooms with belongings from home and photographs. Bedrooms were in the process of being redecorated. Two people spoken with said they had been involved in choosing their colour scheme and wall paper for their rooms. A visitor to the service said; "The environment inside and out is good".

Is the service caring?

Our findings

All the people we spoke with said the staff were kind and caring. One person said, “Staff go out of their way to make you feel better”. Another person told us, “The staff are very good. They help me, they are good girls”. Other comments included; “We get support when we need it”, “I chose this home for my wife and I to live in so that we could be together” and “The staff are respectful but you can have a laugh with them”. One person’s visitor also said; “The staff are kind and caring. They are always cuddling and kissing my mum, she loves it”.

People’s visitors spoke positively about the staff and that consideration was given to people’s privacy and dignity. Visitors said they were able to see their relatives in private. During the inspection we saw people spending time with their relatives in their own rooms and the communal lounges. One person told us; “If I want privacy with my family we come into my room and the staff leave us to it”.

We spent time speaking with people and observing the support offered by staff in the open plan lounge dining room. Routines were relaxed and interactions were respectful and caring. We saw staff chatting with people throughout the day, responding to their requests. Some care staff were seen to take the time to chat with people, offering reassurance when they became anxious or restless. People and their visitors were seen to enjoy a friendly rapport with staff.

We looked at how staff cared for people in a respectful and dignified manner. From our observations we saw people were clean, had been helped to brush their hair and were nicely dressed. Some people had their hair done by the visiting hairdresser and the activities worker painted people’s fingernails. One person told us “When my pants came back from the laundry they had not put a crease down the front so I told them and they put one in immediately, now that’s caring for you”. Another person commented; “The staff ask for my permission before they shower me and they treat me with dignity at the same time, I feel comfortable with the staff”.

From our observations and discussions with staff, they were clearly able to demonstrate their understanding of the individual needs of people and how they wished to be cared for.

We saw bedrooms were being decorated as part of the refurbishment programme. The registered manager told us people were involved in making decisions about the colour scheme and wall paper they would like. This was confirmed by two people we spoke with. One person told us they had requested to move bedroom so they were next to their husband. This was agreed and the room was being redecorated ready for them to move into.

We were told and saw people’s records were stored securely in the office so that confidentiality was maintained. Additional records, such as daily records completed by care staff were kept discreetly in dining room and therefore accessible to staff when needed.

Is the service responsive?

Our findings

We looked at what opportunities were made available to people to offer variety to their day. We spent time observing and speaking with people and spoke with the activity worker about their role. The activity worker was also the laundry assistant and spent some time each morning and afternoon providing activities in between completing the laundry tasks. We were told that at times this was 'difficult to juggle'. The activity worker told us they were completing a vocational training course in activities. They hoped this would help them develop in their role.

We saw an activity plan displayed detailing what activities were available. These included a pamper day when the hairdresser visited, a coffee morning, bingo and armchair exercise. We were told that people had also taken part in the 1940's day celebrations held in the town centre and an open day at the home, which included an auction, tombola and barbeque. We also saw two people were visited by people from the local church, taking part in Holy Communion. People told us that they were able to choose how they wished to spend their time. One person told us, "I make my own choices, as to what time I go to bed and get up and what to wear or eat". Another person said, "I like to play bingo and I like to sing a long, sometimes a man comes in to sing and I get up and sing with him, it's good". One person's visitor told there was a bowling green next door and sometimes they took their relative to watch.

The activity worker told us that they organised residents/relative meetings every two months so that ideas could be discussed. People's relatives were contacted regularly by telephone inviting them to join. We were told that few people attended these meetings.

We looked how people and their relatives, if relevant, were involved in decisions about people moving into the home and in the development of people's care and support plans. The registered manager told us and records showed that discussions were held with people as part of the initial assessment process so that their needs and wishes could be considered. Information was then used to develop their care plan.

We examined the records for three people. We found the care records contained sufficient information about people's support needs and areas of identified risk. Records were reviewed regularly to ensure that information was accurate.

Staff spoken with said they were kept informed of people's current and changing needs. We were told each person had their own key worker and that twice a year care plans were reviewed with the person and their relatives to check that plans reflected their needs and wishes. One person's relative confirmed what we had been told, adding; "I have a lot of input in Mum's care, I see her care plan". Staff also told us, "We get to know the residents, their likes and dislikes. We look at the care plans all the time and if something has changed we all discuss it; we all communicate all the time so that everyone is up to speed" and "When we have a hand over we look at the care plans".

Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort. Staff told us that although some people needed assistance with some tasks they did their best to enable people to keep their independence as much as possible.

We looked at how the service managed complaints. A copy of the complaints procedure was displayed in the reception area and was included in the Service User Guide. The procedure explained to people how to complain, who to complain to and the times it would take for a response. We saw that since our last inspection in 2013 the registered manager had received four complaints. Records showed these were appropriately recorded and responded to. We also saw several compliments had been received about the care received by people who used the service.

All the people we spoke to said they had no complaints or concerns. One person's visitor said, "I have never made a complaint because everything is good". A person living at the home commented, "I can talk to the staff and they listen I trust them". Another person said, "I know the manager she is very nice and I can talk to her".

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place who took responsibility for the overall management of the service. They were supported in their role by an assistant manager and area manager.

The registered manager said they felt fully supported in her role and had confidence in the staff team in carrying out their duties safely and effectively. The registered manager told us they took part in care provider meetings and attended courses to keep them informed. They were also a member of the care provider's safeguarding forum, which helped to increase their knowledge and understanding of local procedures.

Staff spoken with during the inspection, were complimentary about both the registered manager and assistant manager and the support they received. Staff felt the service had improved a lot since the registered manager's appointment 18 months ago. They told us they were "happy to come to work". One staff member told us "The manager gets us together and tell us what we need to do, we work as a team and there's lots of communication". All the staff we spoke with said they would have no hesitation in informing the registered manager or assistant manager if a member of the team was not doing their job properly and had confidence it would be dealt with. Staff said the home was well led and that the registered manager was 'firm but fair'.

We asked the registered manager how they monitored and reviewed the service so that areas of improvement were identified and addressed. We were told and saw records to show checks were completed regarding the environment,

care files, accidents and incidents, fire safety, staff training and development and infection control. Detailed audits were also undertaken by the area manager. Where improvements were needed, action plans had been completed and followed up to check relevant action had been taken. The registered manager had also carried out 'spot checks' at different times of the day and night. These checks were carried out to check staff were completing tasks expected of them, such as completion of care records, cleaning schedules and safety of the building.

We saw opportunities were also provided for people, their visitors and staff to comment on the service and share ideas. We were told and saw records to show that relative/resident meetings were held as well as care staff meetings, senior care meeting and management meetings. Annual feedback surveys were also sent out to people, their visitors and health and social care professionals who visited the service. We saw completed surveys which had recently been returned; responses were positive about people's experiences.

Before our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

Prior to and following our inspection we contacted various agencies to seek their feedback about the service. This included the local authority commissioning team, adult social care team, Healthwatch, speech and language therapists and the health protection agency. We were not made aware of any issues or concerns about the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Without clear and accurate information there was no assurance people were receiving adequate nutrition and hydration to meet their needs.