

Maricare Limited

Beech Haven

Inspection report

Beech Haven Care Home
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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

About the service

Beech Haven is a care home providing personal and nursing care for people aged 65 and over. It accommodates up to 29 people some of whom may be living with dementia. There were 24 people living at the service at the time of our inspection.

People's experience of using this service and what we found

People continued to remain safe at the home. There were appropriate measures to manage any risks identified to people and their well-being. People received their prescribed medicines when needed and good infection control practices were followed. There were sufficient staffing to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to maintain good nutrition and they had help with accessing external healthcare services to ensure they received right treatment. People benefitted from staff that were suitably trained, skilled and well supported.

People's care plans were current and reflected people's personal preferred routines. Staff used information about people to deliver care that was responsive to people's individual needs. People were offered to participate in activities to stimulate their social interaction. People knew how to complain and had confidence any issues raised with the staff would be responded to appropriately. Staff ensured people were supported to have a pain free and dignified death.

People complimented the staff and told us staff were compassionate and kind. Staff ensured people were treated with dignity and respect. People were supported to be independent and their confidentiality was respected. The team was committed to valuing people's diversity and individual, cultural needs.

The service remained well-led by the long-standing registered manager and the regular team of staff. The provider used quality assurance processes to monitor the quality of the service. Where an area for improvement had been identified an action plan was put in place so it could be promptly addressed it. The management team worked well with a number of external local health and social professionals and promoted an open and transparent culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 30 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Beech Haven

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Beech Haven 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. The service had a manager, who was registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave at the time of our inspection.

Notice of inspection

This inspection was unannounced and took place on 20 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

We spoke with six people who used the service and one relative to get their views about their experience of the care provided. We spoke with the deputy manager, one nurse, a senior carer, three care staff, the

maintenance person, the leisure and well-being co-ordinator, the chef, and the trainer. We also spoke with two visiting professionals.

We reviewed a range of records. This included three people's electronic care records and samples of the medication records. We looked at two staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including meeting minutes and the audits were also viewed.

After the inspection

We contacted the local authority and professionals who worked with the service to obtain their views about the service. We received additional feedback from one person's relative via email.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home. One person said, "I feel safe here, why wouldn't I?"
- Staff received training around safeguarding and the registered manager knew how to appropriately report any safeguarding concerns to the local safeguarding team.
- The provider had safeguarding policy that included whistle blowing. Staff knew how to report any concerns, including alerting external agencies. A staff member said, "I would report to senior staff and blow the whistle if needed, I am aware of the policy".

Assessing risk, safety monitoring and management

- People's individual risks had been assessed and the risk management plan were put in place. For example, one person was a frequent faller and their care plan gave details on how to manage this risk. The care plan included detailed information such as ensuring the person had appropriate footwear on and showed the input from the external professional consulted.
- Staff were aware of people's risks and knew how to ensure these risks were managed safely. There was a system to report accidents and incidents. The sample of the records we saw confirmed appropriate action was taken when a person suffered an accident.
- The provider had a contingency plan that included information what to do in a variety of emergencies. There was a system in place to ensure fire and water safety. The registered manager also ensured checks and servicing of equipment, such as hoists, took place as required.

Staffing and recruitment

- There were sufficient staff to support people. People benefitted from unhurried support and had access to call bells. One person said, "If I use call bell they (staff) come to me quickly".
- Staff told us there was a good team work and shifts run smoothly. Staff appreciated the importance of continuity of care provided by regular staff. One staff member said, "We don't use any agency (staff), we know each other so well and we get to know people well".
- The provider ensured safe recruitment and selection processes were in place to ensure staff were suitable to work with people using the service.

Using medicines safely

- People were supported with taking their prescribed medicines safely. We observed staff administering medicines and saw they followed good practice guidance. The medicines were stored safely, this included medicine that required cold storage. We checked the stock of the randomly chosen medicines and the number of tablets corresponded with the records.

- Staff received training to manage the medicines and told us they had their competencies checked.

Preventing and controlling infection

- Staff received training and followed infection control procedures. Personal protective equipment such as gloves and aprons was available and we staff used colour coded equipment for cleaning. This ensured the risk of cross infection was minimised. One person told us, "Home is kept clean. Good laundry service".

Learning lessons when things go wrong

- There was evidence the management team reflected on instances where practices could be improved and took appropriate action when needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior admission to the service, an initial assessment of people's needs was carried out. The management referred to the good practice guidance to ensure people's needs were going to be met. This included oral hygiene. For example, one person's care plan stated, "[Person] needs full assistance with dentures, cleaning and placing in their mouth, removing and soaking in denture pot".
- People and their relatives, if appropriate, were involved in the assessment process. Where applicable an assessment obtained from the commissioners was used to inform the care planning process.

Staff support: induction, training, skills and experience

- People benefitted from staff that were well trained, skilled and competent. There was a designated trainer appointed who ensured staff had been offered refresher training as needed. People felt staff were well trained. One relative commented, "[Person] said she was happy with the staff. I think they know what she needs". Staff completed training that met Care Certificate standards. It's a nationally recognized set of standards the social care staff need to adhere to.
- Staff told us, and records confirmed staff had regular supervision with their line manager to discuss work practices and training needs. A staff member said, "We've got quite a lot of training. I felt prepared for the role. The trainer chases us up when we need a refresher (training). Yes, recently had supervision with the manager". Another member of staff spoke positively about the supervision process, they confirmed they were able to contribute with their ideas. "Yes, it's a two-way process" they said.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plan reflected information about people's dietary needs, allergies, likes or dislikes. For example, one person's care plan stated the person required, "Pureed diet and fortified food". The kitchen staff had the information about people's dietary requirements and they followed the most recent guidance around the food texture principles. People were positive about the food and said they were offered a choice of meals if they did not like what was on offer. One person said, "They know I don't like curry, so they give me an alternative".
- We observed the lunch experience and we saw the food was served promptly and looked appetizing. Where needed staff assisted people by giving gentle encouragement. There was a positive and relaxed ambience in the dining room including a gentle background music. Where people chose to have their meal in their bedroom staff assisted them appropriately.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported with accessing health services. People's care plans reflected input from GP, Speech and Language Therapist and various specialist consultants as needed. One person told us, "I see professionals if I need to, for example, opticians".
- The team worked alongside other professionals to ensure people received good care and support. There was evidence advice received was incorporated into people's care planning.
- We received positive feedback from an external professional who said, "Staff are excellent, always take our advice on board. They know people well".

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff asked people for their consent before helping them with anything. We observed staff ensured people were gently encouraged to consider the support. For example, we saw a member of staff being attentive around the breakfast time and they checked with the person, "Are you sure you don't want a toast"?
- People's rights to make own decisions were protected as staff worked in line with the MCA. One staff member said, "Even when people's care plans say they have dementia we need to listen to them and talk to them and try to encourage people to make own decisions".
- Where DoLS applications had been made to the local authority there was evidence the best interest decision principles had been followed. The registered manager had a system that monitored the DoLS applications, so the renewal would be requested when required.

Adapting service, design, decoration to meet people's needs

- There was a choice of communal areas, including an enclosed garden and people were able to personalise their bedrooms. The staff created memory boxes for people, these included items and symbols that represented people's past life history and interests. For example, a favourite sport or a hobby.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People complimented the staff that supported them and expressed general satisfaction with the service. Comments included, "Staff are very nice", "We have a laugh and joke" and "I chose to live here, best place around".
- Staff demonstrated their genuine caring approach and told us they liked their job. Staff appreciated the importance of caring for people with a smile. One staff member said, "Just by being positive (it helps) as people pick up on our approach when we (staff) are encouraging".
- Staff built caring relationships with people. One person commented, "I get a lot of love given to me from staff, they are lovely".
- The provider was committed to respecting any cultural differences including equality and diversity. One staff member said, "In my opinion it's good to work in a multinational team and by having different mentalities we learn about other cultures". Staff told us how they respected people's diverse needs; a member of staff told us that one staff member spoke the same first language as one person. They said, "[Staff member] sometimes sings to him in [native language] and he responds".

Supporting people to express their views and be involved in making decisions about their care

- We observed staff listened to people how people wanted their care and support to be delivered. People told us staff listened to them. One person told us, "Staff pay attention to what I say".
- People and their relatives, as needed were involved to make sure the support people had met their expectations. The provider used shorter, thematic questionnaires to explore people's feedback. They found that specific surveys worked better as people were able to be more focused on a certain area. We saw that some of the areas discussed included personal care and around the help with administering of medicines.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to complete as much of tasks for themselves as possible. Staff were aware of the importance of promoting people's independence.
- People's dignity was respected and staff ensured when people received personal care their bedroom door were shut. One person said, "Staff are respectful". Another person said, "Staff always knock before coming into my room". We also saw staff knocked at people's bedroom door before entering.
- People's confidentiality was respected and all records kept securely. The introduction of the new electronic system aided security and staff all had individual login access that ensured confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support that met their needs. We saw evidence people received care in line with their care plans. For example, one person's behaviour varied and on some of their more anxious days they needed two staff to assist them. We saw on the day the person was assisted by two staff. Staff explored the people's history and interests and used this information to tailor the support appropriately. For example, staff found out one person used to do a motor sport that required them to wear a helmet with a bandana. They used that knowledge to try to encourage the person to wear the head protective equipment suggested by a falls specialist as the person was a frequent faller.
- Since our last inspection a new electronic system was introduced to record people's care plans. These were detailed, current and reviewed when needed. The system flagged up when a care plan needed a review and allowed for a real time instant access to the notes made by the staff. People's care plans included personalised information about people, for example, one person's care plan explained that because of the nature of work the person did previously, the person was get used to waking up very early. The person's care plan was they were to be assisted by the night staff with their morning personal care which met their wishes and preferred routine.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and reflected in their care plans. For example, one person's care plan stated staff needed, "Speak in clear and loud voice". Staff knew how to ensure effective communication. Staff gave us numerous examples, they told us one person had a board and that the board was updated with information the person may needed such as remembering to use dentures. One staff member said, "Even if the person does not respond verbally you can get the response by body language and facial expressions". Staff highlighted how by having a regular team that knew people well aided the communication and getting to know people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were designated staff that encouraged people to take part in social activities. There were plenty of pictures displayed of the activities that had taken place. These included reminiscence sessions, baking and pet therapy. People told us they liked the activities at the home. One person told us, "We have drawings,

quizzes, skittles. We have outings, was offered a boat trip".

- The staff ensured there were good links with the local community. For example, there were visits from the local school enjoyed by both, pupils and the people at the service. One person said, "Have visited the private school for the afternoon tea". The service liaised with the local community and secured a use of their minivan that was used for outings.

End of life care and support

- No people received end of life support at the time of our inspection. People's end of life wishes were incorporated into the care planning process. People were actively involved in discussions around their end of life wishes. One person told us, "(Staff) recently asked what I would want if I was ill, I wouldn't want to be resuscitated". The management team were exploring options of further training towards a nationally recognized accreditation in end of life care delivery.
- We received a very positive feedback from a relative of a person who passed away a few days before our visit. They said, "I would like to inform you that the staff at Beech Haven were amazing, so caring. [Person's] final hours were made more bearable with their help especially the [staff's name] who I believe is going to become a nurse and their bed side manner will be second to none".

Improving care quality in response to complaints or concerns

- Information how to complain was available to people and visitors. No people we spoke with raised any concerns. One person said, "If I was unhappy I would speak to the deputy, I feel they would listen to me".
- The information how to complain was available to people and displayed in the reception. There was only one complaint received and a number of compliments since our last inspection visit.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The team at the service were led by example, the staff were passionate, enthusiastic and motivated to care for people. One of the senior staff said, "We all go on the floor if needed, it is really important for team work". The staff told us there were good staff morale. Comments from staff included, "(Management team) definitely easy to approach" and "If I was not happy I would not be (work) here".
- Staff told us there was a no-blame, positive, open and transparent culture. There was an emphasis on a team work and we saw motivational notices that encouraged good team work were displayed in the office. Such as "Team – together everyone achieves more".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service remained well-run and all staff knew their roles and responsibilities. This was particularly demonstrated by the fact that the registered manager was on annual leave at the time of our inspection visit. We found the shift went smoothly, there was a calm, positive and supportive atmosphere. All staff knew what to do and were confident in answering all our queries.
- The registered manager had a system to regularly monitor a number of areas such as care planning or medicines. The quality assurance system used remained effective. For example, when we raised a query around the records we found the provider's own audits already identified this area to be addressed before the next month's audits were due.
- The provider ensured they met the regulatory requirements, including ensuring their latest CQC inspection rating was displayed and they met the duty of candour. It is a specific requirement that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider ensured people were able to feedback about the care they had in a number of ways. There was an open-door policy, surveys and reviews. People's visitors had unrestricted access and were able to visit people at any time.
- The staff were encouraged to share their ideas and input. Staff told us how some of the ideas suggested by them, for example, a change to staff breaks allocation, were adopted by the management team. There were various staff meetings available for staff to attend. There were designated management meetings used to

review and action any points arising from the monthly quality assurance audits. The registered manager was regularly supported by the director.

Continuous learning and improving care and working in partnership with others

- There was an emphasis on continuous development. For example, the management team were due to attend additional training surrounding introduction of apprentices. One staff member told us there were discussions to introduce a development opportunity for senior staff by adding more clinical responsibilities to their already existing job description, if they wished.
- The staff at Beech Haven worked closely with a number of local health and social professionals and two local care providers' associations. The registered manager referred to good practice sources to obtain further training, for example, the Social Care Institute for Excellence (SCIE) or The Skills Network and Skills for Care. We received positive feedback from an external professional who said, "Manager committed, staff well trained and caring".