

M Chawla

# Beresford lodge Residential Care Home

## Inspection report

88 Beresford Road  
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Tel: 01912377272

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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

Beresford Lodge is a care home which is registered to provide personal care and accommodation for older people or people with dementia. Accommodation is provided in one adapted building over two floors. The home is registered to provide care for up to 26 people. At the time of the inspection 15 people were living at the home.

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

People told us they felt safe and established systems were in place for responding to any safeguarding concerns. Staff were confident in the actions they would take to protect people from any type of abuse. Staff were recruited safely and there were enough staff deployed to meet people's needs.

Person-centred risk assessments and care plans were in place which contained information relevant to the needs of people. Records were detailed and provided guidance to staff on how support should be delivered. In addition, environmental risk assessments were completed which considered any potential risks associated with the building.

The service was effective in meeting people's needs. Staff received appropriate training and their competence and knowledge was checked by the registered manager. Systems were in place to monitor people's nutritional intake and staff worked to ensure the meal time experience was socially enjoyable. Staff told us they felt supported in their work and received regular supervision.

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.

Staff were caring and treated people in a dignified manner. People's preferences for their care and support were recorded and staff respected the choices expressed by individuals. Support was provided by a consistent staff team who understood the needs of people well.

Effective quality monitoring systems were in place to ensure the home was well managed. The registered manager led by example and promoted a positive culture where staff were encouraged to reflect on their work to continually deliver improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

The last rating for this service was good (published 28 April 2017).

Why we inspected

This was a planned inspection based on our inspection programme.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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.

# Beresford lodge Residential Care Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

Prior to the inspection, we checked all the information we had received about the service. We assessed the information received in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

#### During the inspection

We spoke with five people who used the service and six relatives.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. We spoke with the registered manager and three members of the staff team.

We reviewed a range of care records for four people. We looked at a range of records in relation to the safety and management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We received feedback from two visiting health and social care professionals to gain their views of the service. In addition, we continued to seek clarification from the provider to validate the evidence we found.

# 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 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

- Systems were in place to safeguard people from the risk of abuse.
- Without exception people and their relatives told us they felt safe. One person said, "I feel safe, they [staff] leave the door open and keep checking on me in case I fall." A relative told us, "[Name of person] is safe and happy with the care received. When I come here there are no negatives and everything is positive."
- Staff were knowledgeable and understood their role in how to protect people. Staff told us they were confident in the actions to take if abuse was suspected and knew how to escalate their concerns if necessary. One staff said, "I've never had to raise a safeguarding concern but I would if I had to. It's part of my job, I need to make sure everyone is safe."

Staffing levels and recruitment

- There were enough staff deployed to meet the needs of people.
- Procedures were in place to ensure staff were recruited safely. The registered manager described the process in detail and the recruitment checks made prior to any new employee starting work.
- People were involved in the recruitment process. People were introduced to employment candidates and were able to share their views about potential new staff with the registered manager.

Assessing risk, safety monitoring and management

- A range of risk assessments were in place. These included risks due to the health and support needs of the person. Risk assessments were reviewed and updated when a change in need was identified. Risk assessments included information of the actions taken to mitigate the risks people were exposed to.
- People were encouraged to be independent where they could be. Risk assessments were in place which supported positive risk-taking. The benefits of positive risk-taking can outweigh any possible harmful consequences of avoiding risk altogether. For example, a risk assessment was in place for one person at risk of falls who was independently mobile.
- Environmental checks had been completed to help ensure the safety of the building. Risk assessments relating to the environment were in place.

Using medicines safely

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.
- Assessments were completed to consider the person's ability to self-medicate if they chose to do this.

Learning lessons when things go wrong

- Systems were in place to review accidents or incidents. Accidents and incidents were reviewed to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks.
- Staff were updated of any accident or incident at every handover where 'flash meetings' were held.
- Action was taken to implement changes if improvement actions were identified.

Preventing and controlling infection.

- Infection control procedures were in place and followed by staff.
- The environment was clean, homely and had no malodours.



# Is the service effective?

## Our findings

Effective – this means 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to eat and drink enough to maintain their health and well-being. Staff were knowledgeable about people's dietary needs and preferences.
- Relatives were welcomed into the home to join people to eat their meals together. People were positive regarding the choice and quality of the food available. One person said, "If I don't fancy something they give me an alternative and they make a note of it. They [staff] are very kind." A relative told us, "[Name of person] likes the food, I can join my relative here, you just have to let them [staff] know. They ask if you would like a cup of tea when you are here as well."
- Staff promoted a positive meal time experience for everyone. Staff and people ate their meals together. The registered manager told us this helped to encourage people to eat and also contributed towards making the meal time experience socially enjoyable.
- Systems were in place to share information with the catering department. This ensured catering staff were aware of people's dietary needs and preferences. The home had been awarded a five star food hygiene certificate.

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

- Comprehensive assessments of people's needs were completed. The registered manager ensured care plans were developed for every assessed need people had.
- Care plans contained all the relevant information to guide staff on how to deliver care and support.
- Care plans were reviewed at the frequency identified by the provider and updated when there was a change in need for the person. Handover meetings took place from one shift to the next to ensure important information was passed from one staff team to the next.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such

authorisations were being met.

- People's ability to consent to their care and treatment was assessed.
- Staff understood the need for best interests decisions to be made for people who lacked the mental capacity to make certain decisions for themselves.
- Measures were taken to involve people and their representatives in decisions about their care. People shared their views which were incorporated in the development of care plans.

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

- The design and décor of the home met people's needs. The environment had some adaptations to meet the needs of people living with dementia. For example, contrasting colours schemes had been used in bathrooms to help people recognise equipment such as grab rails and toilet seats.
- There was an accessible garden which people could use safely. Garden furniture was available for people who wanted to sit outside in nice weather.
- People were able to personalise their bedrooms with belongings of their choice.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and supported. All mandatory training was provided to staff.
- Staff's understanding and skills were checked and monitored through supervision, observations and team meetings.
- The care certificate training was provided to staff. The care certificate sets out the skills, knowledge and expectations of staff in care based roles.

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 to have access to a range of healthcare professionals to ensure they remained healthy. Staff worked with other agencies and accessed services when people's needs changed. For example, people were supported with appointments such as GPs, dietitians, podiatry and dentists.
- Staff followed any recommendations provided by health care professionals.

# 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 good. At this inspection this key question has 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; equality and diversity

- People and their relatives said staff were caring. One person said, "I am settled here, it couldn't be better. The staff are very good and friendly." A relative told us, "The staff are lovely with [name of person], they have a bit of a chat and are like extended family."
- Throughout the inspection we observed interactions between staff and people which were gentle, kind and caring. Staff were compassionate in their engagements with people and offered reassurance to people when this was required.
- The registered manager promoted a positive and caring culture within the home. They led by example and ensured they were a visible presence around the environment.
- Staff understood people's needs and told us they were proud of the support they delivered. One staff told us, "One of the residents told me I have the nicest smile they have ever seen and I always light up their day. I'm proud that they look forward to seeing me." Staff were knowledgeable about the support each individual required and knew which people had routines which were important to them. Staff worked to ensure these routines were maintained.

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

- Assessments and care plans demonstrated the involvement of people and where appropriate their representatives. Where people were able to they had agreed decisions about their care. Staff actively encouraged individuals to make decisions about their day to day support.
- Staff knew how to refer to advocacy services if people required this type of support. An advocate helps people to access information and to be involved in decisions about their lives. The registered manager said, "If someone came in who didn't have family or a care manager I would speak with the local authority to discuss advocacy to ensure that we are carrying out our duties for that person."

Respecting and promoting people's privacy, dignity and independence

- People's preferences of what was important to them was respected. This included people being asked which gender of staff they wished to be supported by. One person told us, "They [staff] ask me if I want to have a bath, I say I prefer a female carer for a bath and I get that."
- 'Dignity Goals' care plans described the actions staff should take to maintain the dignity of people. Relatives confirmed they thought staff were respectful. One relative said, "That is one of things I love about it [privacy at the service]. I can bring [name of relative] somewhere private when I need to like I have today."
- People were encouraged to be as independent as possible. Staff recognised the importance of allowing people to do things for themselves rather than doing everything for people. The registered manager told us,

"We promote independence and for people to remain as independent as possible for as long as possible."

- Staff worked in ways which respected the dignity and privacy of people. Staff were able to describe why this was important and gave examples of how they respected people's dignity. For example, during personal care support.

# 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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated the involvement of other health and social care professionals.
- A range of meaningful activities were available for people. Staff were responsible for providing meaningful activities which met the individual needs of people. People gave positive feedback of the range of activities available.
- Technology was used to meet the needs of some people. For example, web based programmes were used to support some people to maintain face to face contact with relatives who were unable to visit in person.

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.

- The provider ensured people's communication needs were met. Communication needs were recorded in care plans and adjustments were made to share information with people in alternative formats if necessary.
- Some information was available in accessible formats. For example, some easy read documents had been produced to support people who could not understand written words.

End of life care and support

- Person-centred end of life care and support was provided to people. Staff had completed end of life care training and provided compassionate care to people and their relatives.
- End of life care plans were in place for all people using the service. These contained person-centred information and people's preferred priorities for their end of life care were recorded. Any cultural needs of the person were respected and religious needs were met.

Improving care quality in response to complaints or concerns

- Systems were in place for any concerns, complaints, or compliments to be acknowledged. The provider had a clear policy which detailed how any complaints would be investigated and responded to.
- People and their relatives told us they knew how to complain if they needed to. One person said, "Without a doubt I haven't got any complaints. I didn't think I could find a place which was so good."
- People or their relatives were empowered to raise any concerns or complaints. Information was shared with people on admission about how to raise any concerns. In addition to this, information was displayed

around the home to inform people of how to complain. The registered manager described they had an open door policy to allow people to approach them to raise any issue. In addition, they met with people weekly to assess if there were any issues or concerns which needed addressed.

# Is the service well-led?

## Our findings

### 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 good. At this inspection this key question has 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest when something goes wrong

- The manager and staff were clear about their roles and responsibilities. Systems were in place to ensure legally required notifications were submitted to CQC. The registered manager understood their responsibilities in what needed to be reported to CQC and their responsibilities in relation to the duty of candour regulation. They worked in an open and transparent way.
- Quality assurance audits and checks were carried out by the registered manager to monitor the quality of the service. Action plans were developed to address any areas where improvements were required. In addition, a home improvement plan was in place which was reviewed and updated annually. This plan set out the provider's priorities for the coming year.

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

- Staff were encouraged to reflect on their performance to think about how they could better support people.
- The registered manager promoted a positive culture within the home and staff worked well together as a team. The registered manager told us they were proud of their achievements and those of the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were involved in the running of the home. Staff told us the registered manager and deputy were approachable and they felt well supported.
- Staff were confident to raise any issues. Staff felt assured they were listened to and confident any concerns would be responded to and investigated.
- Meetings were held and surveys carried out to obtain the views of people, relatives and staff. The registered manager was proactive in responding to feedback to deliver service improvements.

### Working in partnership with others

- The service worked with health and social care professionals to make sure people received joined up care. Relatives and external health and social care professionals were complimentary of the service and how they engaged with others.

- Staff had positive relationships with people and understood the needs of the people they supported well.
- Some links had been established with the local community. The registered manager was proud of the positive reputation the home had within the local community.