Leonard Cheshire Disability

Beechwood Care Home

Inspection report

8 Bryan Road
Edgerton
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Tel:
Website:

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. At the last inspection in September 2013 the home met all regulations and there were no breaches found.

Beechwood Care Home provides personal support and nursing care for up to 26 adults with a physical disability. There were 24 people resident on the day of the inspection. A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

Staff were kind and caring and there were positive relationships with people . We saw friendly banter and evidence that staff knew people well. However, there were not always enough staff to be able to promptly attend to people's needs.

People had access to their own care records as they kept these in their rooms and we saw they were written in a person-centred way. People were consulted about their care plans and they contributed to the content of them.

Relatives spoke highly of the service and said they found the staff and management team responsive and approachable. People said they felt staff cared about them and listened to their views.

People who lived at the service were encouraged to voice their opinions about their care and treatment and they spoke freely with positive comments. Feedback was actively sought from people and relatives to help improve the quality of the service.

People told us they felt safe and they felt their freedom was supported and respected. The registered manager and senior staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

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?

Requires Improvement

The service was not safe. Staffing levels were not adequate to ensure people's needs were met in a timely way. Staff were unable to respond promptly when people used their call bells because they were attending to others.

Although there were risk assessments in place for people's personal care, some risk assessments were not in place. For example, some upstairs windows opened fully which may have posed a hazard to people who lived in the home.

People told us they felt safe and they felt their freedom was supported and respected. The registered manager and senior staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

Good

The service was effective. People's individual dietary needs were met and they had good access to health care services. There were opportunities for regular staff training for staff to support people and people praised staff's skills and knowledge of their individual needs.

We saw there was a substantial amount and variety of assistive equipment readily accessible to promote people's independence and meet their needs.

One relative thought agency staff were not always clear about people's needs, such as what pain relief they needed and felt staff lacked specific knowledge relating to particular conditions such as Huntingdon's disease. We were informed of plans to bring in additional support and resources for those people with Huntingdon's disease.

Is the service caring?

Good

The service was caring. Staff interactions were caring and empathic, with evidence of close, supportive relationships with people.

Staff respected people's dignity, privacy, cultural and spiritual needs. People were encouraged and confident to express their views and spoke positively about the service overall.

Is the service responsive?

Good

The service was responsive. Staff knew people's individual preferences and their abilities and this information was reflected in people's care plans.

Summary of findings

People, relatives and allied health professionals told us the service was responsive to people's needs. People said they felt confident to raise any issues with staff and managers and said their concerns were always listened to.

Is the service well-led?

Good

The service was well-led. Systems were in place to monitor the quality of the provision and the manager was visible and active in the service. Systematic audits of practice and documentation helped to ensure good standards of care.

Beechwood Care Home

Detailed findings

Background to this inspection

The inspection team consisted of an inspector, a specialist professional advisor and an Expert by Experience, whose expertise was in caring for someone who used this type of service. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

We visited this home on 28 July 2014. We used a number of different methods to help us understand the experiences of people who use the service. We spoke with ten people who used the service, five relatives, four members of staff, the registered manager and two allied professionals; a commissioning officer from the local authority and a practice manager representing a local practice. We spent time observing care and support for people. We looked at four people's care records and other documentation relating to the management of the home, such as policies and procedures, training records and staff files.

Before the inspection we reviewed information we held about the service. This included notifications sent to us by the provider. We had received the provider information return (PIR), a document that was completed by the provider with information about the performance of the service. We contacted the local authority safeguarding team, local healthwatch and commissioners to ask them for their views on the service and if they had any concerns.

Requires Improvement

Is the service safe?

Our findings

There were not enough staff on duty to ensure people's needs were promptly met. We saw staff made every effort to respond when people used their call bells to summon assistance, however we saw people had to wait to be attended to and call bells rang continuously. This meant people had to wait longer than they wanted to for assistance. Some people with complex needs required two staff to assist at any one time, which meant there were limited staff to respond to the competing demands of others.

People told us they felt safe, although they said staff were busy with care tasks and had little time to spend in conversation. One person told us: "They [staff] get irritated if I press the buzzer continually." Another person said: "I know staff are busy seeing to other people so I try not to buzz too often."

One relative we spoke with said: "Occasionally [my family member] has to wait a long time for [their] buzzer to be answered and I think that is because they are short staffed" and "There are not enough nurses on duty – if they are called away to an emergency there is no one to cover." The relative's observations were that "sometimes the nurses on shift look absolutely shattered."

We spoke with four staff, all of whom said they had concerns about staffing levels, particularly regarding nursing cover in the home. Staff described their work as "incredibly busy" and reported little flexibility in the workload for contingencies. Staff said their work was largely task-focused with few opportunities to interact informally with people and they said they frequently worked more than their contracted hours to complete paperwork. Staff told us they were unhappy when they could not respond quickly to people's call bells and they tried to be fair in their response, attending to those who called first and helping people in turn.

We saw in minutes of residents' meetings, staffing levels had been discussed as had the length of time it took staff to respond to call bells.

These observations evidence a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were confident in how to identify the signs of possible abuse or neglect and they knew the procedures to follow should a safeguarding concern or allegation be raised. The registered manager and senior staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had a good working knowledge of the Mental Capacity Act 2005 and knew how to consider people's capacity to make particular decisions. Where people did not have the capacity to make decisions, their needs were assessed and their friends and family were involved where appropriate or they had access to an independent advocate to help them make decisions in their best interests.

Staff confidently described the whistleblowing policy and said they would not hesitate to challenge and report bad practice. They said they were confident they would be supported by the organisation in this process. We saw leaflets from the organisation, freely accessible and clearly explaining who staff and people could contact for information and advice about abuse. People told us their rights were promoted well in the home and if they felt they were at risk of harm they would be confident to speak out. Relatives told us they were satisfied their family members were safe from harm.

We saw people's assistive and mobility equipment was in good working order in their individual rooms and in communal areas. There was clear evidence of servicing dates to show equipment had been maintained safely. We also saw evidence that motor vehicles used for transporting people in wheelchairs were maintained well in line with safety regulations and staff were suitably trained to drive them.

We saw there were risk assessments in place for many aspects of the premises. However, some risk assessments were not in place. For example, we saw upstairs some of the sash windows opened very wide and this may have presented a falls hazard to some people. In one first floor room we saw a balcony with double doors opened wide. We discussed this with the registered manager, who told us they had considered people's safety and the person occupying this room would not be able to access the balcony, but confirmed this had not been formally risk assessed and there was nothing to prevent others from entering this area.

Requires Improvement

Is the service safe?

The provider information return stated staff completed a monthly check on health and safety issues relating to the environment, risk assessments and equipment suitability and maintenance. We saw staff worked in a safe manner when assisting people to mobilise round the home.

Good

Is the service effective?

Our findings

People told us staff knew them well, were well trained and had the right skills to care for them effectively. One person said: "They know all about me and what I'm like". People told us they chose what time they got up, when they had their meals and which activities or outings they wanted to be involved in. We saw staff promoted people's choices and respected their particular preferences in all aspects of their care and support.

The provider information return (PIR) told us people's needs were assessed prior to them moving into the home and we saw evidence of this in people's care records. The PIR explained future plans to ensure each person has a 'care conversation' with the organisation's personalisation involvement officer in order that their views are clearly expressed in the care plan.

We looked at four care plans which were very person-focussed in complex areas such as nutrition, communication preferences and continence. We saw care plans demonstrated best practice and showed innovation in some areas. For example, for manual handling there was pictorial representation of correct sling use and fitting, percutaneous endoscopic gastrostomy (PEG) feeding guidance (PEG feeding is used where patients cannot maintain adequate nutrition with oral intake of food or have difficulty with eating normally) and planning and night support plan with people's input as to their choices and preferences. People's consent, best interest decisions in relation to the Mental Capacity Act, do not attempt cardiopulmonary resuscitation (DNACPR) assessments and end of life wishes where applicable were all recorded on people's care plans and reviewed within agreed timescales. We saw one person's care plan had information that had not been updated as agreed. For example, some aspects of the person's care said to review monthly but there were no entries since April 2014 to show these had been reviewed.

People we spoke with knew they had their care plans in their rooms and could look at them whenever they wanted to. Although all people knew they had a care plan, not all of them said they had been involved in its planning. However, most people (and relatives where appropriate) told us they were involved in regular discussions about their care and evidence of this was clearly documented in their care plans.

People had good access to a substantial amount and variety of assistive equipment in order to promote their independence and meet their needs. The provider information return stated people had access to an assistive technology advisor to look at the optimum use of equipment.

We spoke with four staff who were happy with the level of training that was offered to keep their skills up to date. We looked at the training record which showed a wide variety of training was regularly undertaken by staff, however we noted that some staff had not done safeguarding refresher training since 2011. Staff told us that as well as completing mandatory training, they felt supported by the organisation to undertake external training of value and interest. We spoke with a volunteer and the activities co-ordinator, both of whom said they felt supported in developing skills to work with the people.

One relative expressed concern that agency staff were not always clear about people's needs, such as what pain relief they needed. The registered manager told us where agency staff were used the organisation tried to obtain consistent staff for continuity of care for people. The relative also felt staff lacked specific knowledge relating to particular conditions such as Huntingdon's disease. We discussed this with the registered manager who told us there were plans being considered to bring in additional support and resources for those people with Huntingdon's disease.

People were supported to maintain good health. For example, they had regular access to health professionals such as their GP, dentist, optician, speech and language therapist, physiotherapy, occupational therapy, dietitian, chiropody, tissue viability and continence services. The registered manager told us people had a communication passport which ensured information was quickly available and the home provided transport for people to attend medical appointments.

We saw people were involved in the planning and content of their meals. People were consulted and asked to contribute their meal ideas so they could have their favourite foods added to the menus. We saw the menus were varied over a four week period and included a daily supply of fresh fruit and vegetables along with a choice of dishes. People told us they liked the food although one person said the food was 'ok, but not nutritious'. The assistant cook told us they used fresh ingredients in the meals. They said they spoke with people when they moved

Good

Is the service effective?

in to find out their likes and dislikes. We saw in the residents' meeting minutes, people had voted to have fish and chips once a week. We saw people regularly accessed drinks throughout the day and made frequent use of the cold drinks dispenser which was readily accessible. One person we spoke with said it was important to them to be able to access drinks whenever they wanted in order to stay healthy.

Is the service caring?

Our findings

Our discussions with staff demonstrated they were very caring in their approach and delivery of the service. We found there was a genuine care for people and one staff member described the bonds they had with people and how they were able to empathise with people and protect their privacy and dignity. Staff told us there was a resident-focused culture in the home and said they would have no problem in reporting disrespectful or neglectful practice to their manager. Staff reported excellent teamwork and said "we are here because we really do care."

People and relatives told us the registered manager and staff were kind and caring and this was confirmed in our observations of staff interaction with people. Comments included: "Carers are very friendly", "Staff are generally very good", "Staff are lovely", "They [the staff] are 90% brilliant and 10% just general", "I do have a good rapport with most of the staff", "They take care seriously."

One person said staff sometimes "can talk in a patronising way". One relative said they felt the home had a caring culture and that "some of the staff are superb."

We saw people's religious and spiritual needs were met. For example, during our visit one person was privately taking communion. People's dignity and privacy was respected consistently. For example, staff knocked on people's doors and waited to be invited in and people were consulted before staff assisted them with personal care.

We saw people's bedrooms were personalised with items of their choice and they had been consulted about the style of décor. People were supported to spend time in meaningful activities of their choice. For example, we saw people played dominoes outdoors and some engaged in personal activities such as knitting. Staff we spoke with were knowledgeable about people's personal interests and hobbies. We saw people had contributed to the newsletter which highlighted activities that took place, such as singing, dancing, sports and art events as well as outings. The registered manager told us about the garden renovation project in which people and volunteer staff planned to enhance the garden area at the front of the home and provide open spaces for sitting in.

The PIR stated people chose their individual holiday which was facilitated by staff who supported them. People we spoke with confirmed they looked forward to their holiday.

We found people's input into their care records was based upon caring principles and the recording of people's real and genuine choices in a meaningful way. The home obtained the 'Gold Standard Framework' for supporting people with their end of life care and we saw their wishes were discussed and recorded where relevant.

We obtained the views of allied health professionals associated with a local group practice. The practice manager reported the collective view on behalf of the partners that "Beechwood treat their patients with dignity and respect. Communication levels are good." They stated they had no problems or concerns and deemed them to be a good care home.

Good

Is the service responsive?

Our findings

People felt the service was responsive to their needs overall. People especially reported the monthly residents' meetings were a useful way to discuss care practices and raise any concerns. We saw from the minutes these sessions were well attended and people had their say on a range of matters affecting the quality of the service. People said they felt their voices were heard and they were actively listened to. They told us that outside the meetings, they felt able to discuss any matters with the registered manager or staff.

One person told us that because staffing levels were often low, this meant they were unable to have a bath as frequently as they wanted to. One relative also said their family member was not bathed as much as they may have wished but was not given the choice. We spoke with staff who agreed they did not have enough capacity to be able to offer a bath or shower every day but felt people's requests would be met if they asked for more.

The registered manager told us it was important to actively gather people's views and improve the service based upon what people wanted. The PIR gave examples of how the service had acted upon feedback from people, such as by installing wi-fi throughout the building so people could access the internet independently. We saw complaints and compliments were collated and the organisation conducted an annual customer survey, with plans to conduct a further 'friends and family' survey in the autumn. People who used the service had access to provide feedback online or by telephone to the customer helpline.

Relatives told us when they had discussed any concerns with the registered manager these had been quickly addressed and resolved to their satisfaction. They were confident the registered manager listened and took their views seriously. The registered manager told us when they were not present, they were on call and this was extended to relatives so they could make contact with the manager at any time.

The registered manager told us that people received individualised support through person centred planning. This focussed on individual's preferences, interests, social networks, family connections and personal aims and objectives. In order to facilitate people's individualised support relatives could use the home's smaller vehicle to transport their family member if they registered as a volunteer and underwent relevant checks and instruction.

We contacted the local authority commissioners who told us where they had visited and made recommendations for the improvement of the service, the registered manager had responded in good time and rectified matters.

Is the service well-led?

Our findings

We found quality assurance systems were robust. The service was supported by the organisation's national teams, such as the property team, finance support, contracts, the quality team including the complaints and safeguarding advisor in addition to management support locally.

There were systematic audits of documentation and practice to ensure quality standards were maintained. For example, health and safety checks were carried out by senior staff and health and safety auditors for the organisation. Reviews of accidents, incidents and safeguarding concerns were carried out monthly by management. The organisation ensured learning from accidents was disseminated to all services . The PIR stated service quality was audited by the organisation's national quality improvement team. This meant services were audited thematically or within a full service audit. Where audits raised recommendations for improvement action plans were drawn up and implemented within set timescale.

The registered manager told us where trends and patterns were established from the reviews of accidents and incidents, information was used to update personal risk assessments and care plans.

The PIR said 'we work hard to ensure the service is run in a person-centred, open, inclusive and empowering way' and our inspection findings demonstrated to us that this was happening in practice though there were some shortfalls which we noted and are highlighted in this report in respect of adequate staffing which directly correlate to peoples experience of personalised care. We saw the registered manager was visible in the service, readily engaged with people and staff and had a good knowledge of the people who lived there. There was an open door policy to the manager and we saw people, staff and relatives made use of this. This fostered a positive culture for those living and working in the home.

People we spoke with said the service was well run. They spoke highly of the manager and those who had been at the home a long time reported recent improvements.

Staff we spoke with said management and leadership was mostly effective and they felt they had support from their immediate line managers. However, some staff reported that although they had opportunities to meet and express their views, they did not always feel they were listened to or their views acted upon. Some staff reported that although they were happy in their job, managers offered limited praise and this resulted in them feeling undervalued at times with low staff morale.

We saw regular staff meetings, supervisions and appraisals took place and staff reported close, strong teamwork within the home with shared values about meeting people's individual needs. We also saw the recent newsletter highlighted a staff member as 'employee of the month'. Staff were clear about their roles and responsibilities. We saw the employee handbook available to all staff which clearly set out the organisation's values of: valuing the individual; working together; honesty; creativity and energy.

The service worked closely with other professionals, local authorities and social work teams and used good practice guidelines to identify and implement best practice in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **There were not sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.**