Anchor Trust

The Beeches

Inspection report

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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

The Beeches is a care home that provides accommodation and support for up to 54 people. Some of whom are living with dementia. Accommodation is arranged over 4 units each with its own dining and lounge facilities. A lift provides access to the first floor. The home is owned and oTperated by Anchor Trust.

The home had a registered manager in post on the day of our inspection. 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 and associated Regulations about how the service is run.

People told us they were treated well by staff who were kind and caring. People's privacy and dignity was respected. We saw staff knocked on people's doors before they entered, and personal care was undertaken in private.

People told us they felt safe. Staff had undertaken training regarding safeguarding adults and were aware of

Summary of findings

what procedures to follow if they suspected abuse was taking place. There was a copy of Surrey County Council's multi-agency safeguarding procedures available in the home for information and staff told us this was located in the office for reference.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. The manager and staff explained their understanding of their responsibilities of the Mental Capacity Act (MCA) 2005 and DoLS and what they needed to do should someone lack capacity or needed to be kept safe. However we noted that not everyone who required a DoLS authorisation had an application in progress.

Staff had a good understanding of the Mental Capacity Act 2005 and had undertaken training in this. We observed that some mental capacity assessments had not been completed correctly and were not signed or dated.

Risk assessments were in place where people had an identified risk. For example a person was required to have a soft diet because they were at risk of choking, and people who were at risk of falling had manual handling risk assessments in place to protect them from being hurt due to excessive falls.

Care plans were well maintained, easy to follow and information was reviewed monthly or more frequently if needs changed. For example someone was having ongoing speech and language intervention for swallowing difficulties which was clearly documented.

People's health care needs were being met. People were registered with a local GP who visited the home weekly. Visits from other health care professionals for example care managers, and district nurses also took place.

People had sufficient food and drink to keep them healthy. We saw lunch was well organised and people had the choice of four dining areas. There was sufficient staff support available for people who required help to eat. Where people had an identified risk in relation to nutrition this was managed well by staff.

We looked at the medicine policy and found all staff gave medicine to people in accordance with this policy. Medicines were managed safely, stored securely and people received their medicines in a safe and timely way. Staff were trained appropriately in the administration of medicine.

There were enough staff working in the home to meet people's needs. People said the staff were very good and they did not have to wait too long when they required assistance. We saw several examples of staff responding to call bells in a timely way throughout the day.

Staff recruitment procedures were safe and the employment files contained all the relevant documentation and safety checks to help ensure only the appropriate people were employed to work in the home.

The activity coordinator showed us the activity arrangements in place. People were engaged in activities during the day and these were organised on individual units. People had been provided with a complaints procedure and knew how to make a complaint should they need to. They told us they knew who to talk to if they had issues or concerns.

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There were effective quality assurance systems in place to monitor the service being provided, for example reviews of care plans, risk assessments, and health and safety audits.

The home was being well managed. People relatives and staff said they found the registered manager approachable and available. Staff told us they felt valued and feedback from people about the quality of the service was positive.

Records relating to the care and treatment of people were stored securely and maintained accurately.

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.

There were enough staff available to safely meet people's needs.

Risks to people were managed well and staff were aware of the assessments in place to help prevent avoidable harm.

Staff had a clear understanding of how to protect people from the risk of abuse and the procedures to follow if abuse was suspected.

Medicines protocols were effective and people received their medicines safely and according to their medicines plan.

Good

Is the service effective?
The service was not always effective.

Whilst the provider and staff had a good understanding of the Mental Capacity Act 2005 some people who required a Deprivation of Liberty (DoLS) authorisation did not have these in place.

Staff had the appropriate training to meet people's needs and received adequate supervision to ensure they had the skills required.

People's health was managed well and they received adequate nutrition and hydration to maintain this.

Requires improvement

Is the service caring?
The service was caring.

People were involved and encouraged in decision making.

People were treated with dignity and respect and were responded to promptly when they needed help.

Privacy and dignity was maintained.

Staff spoke with people in a polite and kind way and they were looked after by a staff team who were caring and kind.

Good

Is the service responsive?
The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened to and responded to according to the complaints procedure in place.

People were encouraged to participate in activities either in groups or individually.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered manager and staff had a good understanding of the service's aims and objectives and the needs of the people who lived there.

Staff felt supported by the registered manager and were encouraged to develop their skills further.

There were effective quality assurance processes in place to monitor the service. People and stakeholders were asked for their views on how quality could be improved

The Beeches

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This was an unannounced inspection, which took place on 20 August 2015. The inspection team was made up of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of service. The expert had experience in caring for someone living with dementia and older people.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the service is required to send to us by law.

We spoke with 15 people who used the service eight staff, three relatives the registered manager, the care manager, the dementia awareness advisor, the chef, three health care professionals and the operations manager. We looked at eight care plans, eight risk assessments, four staff employment files and records relating to the management of the home including audits and policies.

Not everyone was able to communicate with us so we spent time observing the interactions between people and staff. We also spent time in the lounge and dining areas observing how care and support was provided.

The last inspection of this home was on 4 September 2014 where there were no concerns identified.

Good

Is the service safe?

Our findings

People said they felt safe living at The Beeches. One person said “I can relax knowing I am in such a nice place”. Another person said “I don’t have to worry about anything in here”.

Staff told us they would recognise the signs of abuse and were aware of the various types of abuse. They said the if they felt uncomfortable about how someone was being treated or if they suspected that abuse was taking place they would talk to the registered manager immediately and were confident that they would act on their concerns.

There was a safeguarding policy in place that provided staff with guidance to follow and all staff had read this policy. They told us they had undertaking training on safeguarding people from abuse and would know who to report this to if the manager was not available. For example the local authority who are the lead agency for safeguarding. We spoke with staff individually during our visit and they had a clear understanding of their roles and responsibilities to keep the people they cared for safe.

People told us there were enough staff available to care for them and meet their needs. One person said "There are always enough staff here and they look after me well”. Another said when they rang their call bell staff “Always came” to see what they wanted. A relative said there was always enough staff on duty when they visited and added their family member would tell them if they were kept waiting for anything. A health care professional told us they thought that the service was well staffed and that people looked comfortable and well cared for when they visited. We saw several examples of good practice throughout the day when call bells were answered promptly. This meant people did not have to wait for assistance.

The staffing levels in the home were decided using a dependency tool which calculated the number of care hours required in order to meet people’s care needs. We looked at the duty rotas for the previous three weeks and saw the allocated number of staff on duty was sufficient to meet people’s needs. There were 16 staff allocated to work during the day which included three team leaders. One team leader and three care staff worked on night duty. Unexpected sickness or absence was covered by bank staff so that care was not affected and there were also other staff employed to help support people such as housekeepers, catering staff, activity coordinators, maintenance staff and laundry staff.

There was a safe recruitment process in place and the required checks to ensure people were of good character and suitable to work with people were undertaken before staff started work. We looked at staff employment files and noted that staff had been recruited safely. This included two written references, a past employment history, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We noted that one file only had one professional reference and recommended that the provider obtained a second reference for that staff member.

People had risk assessments in place for identified risks. Plans were drawn up with guidance for staff to follow in order to keep people safe. For example one person was at risk of choking and had a management plan in place to reduce the risk. This included soft food and thickeners in their drinks. We spoke with the speech and language therapist who was visiting the home undertaking assessments for new referrals that had been made and following up on people who already had management guidelines in place. They also provided guidance for staff to enable them to understand and minimise the risk of choking. Staff understood and told us how important the plan was to minimise the risk of choking.

Another person was at risk of developing pressure ulcers due to the poor condition of their skin. We saw they had a Waterlow score risk assessment which is a tool used to assess people’s skin integrity in place and guidance for staff to help prevent this occurring. We saw risk assessments in place for people who were at risk of falling and the management plans that needed to be followed to reduce the risk. Staff were able to demonstrate to us their understanding of the risks to people they cared for and what they needed to do when providing care to help keep people safe and well.

People’s risk assessments were reviewed monthly or more frequently if an additional risk was presented or people’s needs changed. Updated information was recorded and shared with staff and health care professionals to promote good practice.

Good

Is the service safe?

People received their medicines safely. There was a policy in place for medicines administration and the head of care had overall responsibility for the medicine administration in the service. They ensured that staff who undertook medicine administration had signed this policy to confirm they had read and understood this. Staff had received training in medicines safety awareness which was updated annually. Medicines were stored safely in trolleys on individual units and in a dedicated medicines room which was kept locked. A fridge was available for medicines that had to be stored below room temperature, for example insulin, eye drops and creams.

Appropriate arrangements were in place in relation to the recording of medicines. The service used the medication administration record (MAR) chart to record medicines taken by people. We noted appropriate codes were used to denote when people did not take their medicines.

For example if they refused, if they were away from the service or in hospital. The MAR charts included information about people's allergies, if they required PRN (when required) medicines and a photograph for identification. The majority of medicines were administered using the monitored dose system which were supplied by a local chemist that also undertook audits of medicines in the home.

The service had arrangements in place to provide safe and appropriate care through all reasonable foreseeable emergencies. The service had emergency contingency plans in place should an event stop part or the entire service running. Both the manager and the staff we spoke with were able to describe the action to be taken in such events.

Requires improvement

Is the service effective?

Our findings

People were supported by staff with the skills and training required to meet their needs. One person said "The staff are so good they know exactly what I need and are so gentle with me." Another person said "All I have to do is ring my call bell and they are so quickly". A relatives said "This is a good home I would not have my family member here if I thought any different."

Staff told us they had undertaken induction training when they commenced employment and were assessed as competent before they worked unsupervised. We looks at training records in place and saw that mandatory training which included manual handling, first aid, food hygiene, fire safety awareness, health and safety, dementia awareness and infraction control was undertake by staff as part of their ongoing development. Staff were supported to undertake further training for example a certificate or diploma in social care.

Staff had also undertaken training in caring for people living with dementia. The service was supported by a dementia specialist advisor who facilitated this training to ensure staff were adequately prepared to undertake their roles and responsibilities. We observed a member of staff talking to someone who became a little agitated during the inspection. They were able to talk reassuringly and in a kind and calm manner, as they were aware of that person's needs.

Staff told us they had regular supervision and we saw documentation in staff files that this took place. They said during supervision with their line manager their strengths and weaknesses were discussed and they were given the opportunity to address issues or concerns as a result.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the changes in DoLS practices and had policies and procedures regarding the Mental Capacity Act (MCA) 2005 and DoLS.

We viewed 20 mental capacity assessments and found that such as the date the person move into the service.

Not all DoLS application had been submitted to the local authority to ensure that people were not having their liberty restricted inappropriately. There had been one DoLS application submitted to the local authority.

Doors which led to separate areas of the service were secured by electronic key pads. People we spoke with told us that sometimes they forgot the number but staff opened the door for them when they asked to go out. People told us they were happy with this arrangement.

We recommended that the provider should review their DoLS applications to ensure people were not at risk of having their freedom restricted unlawfully.

People said they liked the food and said the standard of catering was good. They said they had plenty of choice and if they still did not like what was offered there was always an alternative. We observed lunch being served in four dining areas. One person said "I enjoy eating in the dining room it is sociable". Another person said "I like to have company when I am eating my meals." Tables were nicely laid with table cloths, drinking glasses, condiments and cutlery. A selection of juice and water was also available.

Food was served by the staff from heated trolleys delivered to individual units from the main kitchen. Special diets for example soft or pureed food was presented well and we saw people who required support with eating were given this by staff who sat with them in the dining room. Some people who chose to eat in their rooms and staff ensured they had the assistance they required throughout mealtimes. A member of staff explained how people were encouraged to maintain their independence and said they used a "deep dish" and a plate guard so people can continue to feed themselves which was important to them.

Some people were at risk of losing weight and as a result there were Malnutrition Universal Screening Tools (MUST) in place so that the risk could be managed. People's weight was monitored regularly and recorded in their care plan so that appropriate action could be taken should they lose weight. The service had access to a dietician and speech and language therapist for further guidance when this was required.

People's healthcare needs were managed well. People had regular access to chiropody, dental care and eye care and visits were arranged accordingly. We saw that everyone was registered with a local GP who visited the service weekly or more frequently if required to do so. People told us they could see the doctor when they needed to and if they required additional support. For example consultant intervention or psychiatric support which was arranged by their GP.

Requires improvement

Is the service effective?

People were also being supported by the district nurses who made regular visits to the service. We had the opportunity to talk with three visiting health care professionals during our inspection and we received positive feedback regarding the care provided. One healthcare professional said “Staff is always at hand to help when I need assistance to take people to their rooms. Another said “The service is always welcoming and staff are caring and kind.” Another professional said that staff were good at undertaking instructions regarding individual treatment and were professional in their manner. They also said that staff gave good feedback in people’s progress and tolerance of the treatment in place. They said “If I had isues with the care provided in service I would not hesitate to escalate this to the manager who is excellent.”

Good

Is the service caring?

Our findings

People told us they were very happy living in the service and that staff were kind and compassionate. One person "The care staff are very nice." Another person described the staff as "polite, respectful, friendly and chatty." Another person said " Staff are very good, always very pleasant, when I'm meeting with relatives they take notice and offer them cups of tea". said "It's a good place to live". A relative said "It's a nice home and I am happy my family member lives here."

We were able to see from observations and from our interactions with people that they were content living in the service. People were interacting with staff in a trusting and confident manner and staff responded in a kind and caring way. We saw staff gave people time and space to speak. Staff did not rush people to respond to questions, demonstrating an understanding of the individual and their communication needs. For example when they were choosing what to eat or where they wanted to sit.

Staff provided care and support in a kind and caring way and had time to spend with people individually helping them with specific needs. One staff member greeted a person in a cheerful manner to which they responded "I am feeling a bit fed up today". The staff member immediately took the time to sit with the person and find out what was the matter. We later saw this person sitting in the lounge chatting and smiling with other people. The staff member told us "Sometimes it just takes a few minutes to make a person's day".

We heard another staff member offer to take someone into the garden for a walk. The person said "Thank you that will be nice, I can't tell a daisy from a buttercup but enjoy the chance of scenery." We saw a member of staff very understood of a person with sensory needs. They approached the person gently and told them their name. They then said "I have your tablets here and I know you like me to put them in your hand". They continued to provide a drink for that person and guide their hand towards this. When the staff had left the person said to people sitting next to them "The staff are angels".

We saw people were well cared for and wore appropriate clothing that was clean. One person said "I like to look nice and staff help me choose cloths to wear that are nicely laundered, I don't like wrinkled clothing." We saw people wore the appropriate footwear that were suitable for their mobility needs.

People's privacy and dignity was respected. We saw staff knocked on people's doors and waited for a reply before they entered which helped maintain people's dignity. Staff addressed people appropriately by their preferred name. Personal care was undertaken in bedrooms or bathroom in private.

People were encouraged to bring ornaments and photographs into the home to make their bedrooms more personal to them. Relatives and staff supported people to personalise their individual space. Relatives told us they were welcome in the home at any time and encouraged to participate in organised events and care reviews. They said there were private areas where they could visit their family member and speak without being overheard.

People were encouraged to make choices about their daily routines. Some people chose to spend time alone while other people chose to participate in activities they liked. One person said "I can have a bath in the evenings as that was my routine when I lived at home." When people expressed a choice and preference of gender specific staff, allocation of staff was organised to accommodate this.

Good

Is the service responsive?

Our findings

People had assessments undertaken before they were admitted to the service in order to ensure there were the resources and expertise to meet people's needs. People were involved in their assessment as much as possible and were supported by a relative if appropriate. Relatives told us they had been involved in part of the assessment especially with their family member's life history which helped build a picture of what the person was like. They said they were asked questions about where their family member was born, where they went to school, their job and family life so that staff could get to know the person and build a picture of them.

The assessments we looked at were informative and explained the needs of the person which included areas such as communication, personal background, likes and dislikes, their physical health needs, cognitive ability, their mobility status, their dietary needs and information about their family and friends.

People had care plans in place. One person said "They are always asking me questions about my care and what matters to me." The care plans we looked at were written on information gained from the needs assessments that had been carried out and were person centred and focused upon the individual. Each care need was supported with a plan of care and objectives to be achieved. For example if someone was able to walk unaided, if they required the assistance of one or two staff or if they required a hoist to move them safely. Another person's care plan identified that they were at risk of choking and written guidance was in place for staff to manage this. Care plans were reviewed monthly or more frequently if needs changed.

We observed daily notes recorded not only the care and support being provided but included the person's mood, any comments they had made during the day and social activities they had been involved in. They also recorded visits from family and health care professionals.

On the day of our visit we spoke to the activities coordinator who showed us a monthly newsletter that was circulated to people setting out the forthcoming events and activities. These included music for health, summer themed BBQ (Australian), American film afternoon, and a visit from the local MP. There were also weekly activities organised on individual units for everyone to join in. We saw a board game taking place on one unit and this encouraged many people to participate, another person was knitting, some people were talking in groups and some were reading the paper. For people who chose to spend their time alone one to one activities were arranged. For example reading aloud, hand massage and supporting people with letter reading and writing. One person said "The activities are okay but sometimes not a lot of people take part". Another person talked about wanting more trips out which we fed back to the registered manager who told us trips were organised but when the transport arrived people sometimes changed their minds.

People's spiritual needs were observed and visits form various clergy were arranged on request. A church service was organised regularly which also included Holy Communion for people who wished to attend. One person said they enjoyed attending religious services and particularly enjoyed the Christmas and Easter gatherings. They said they were looking forward to attending a harvest festival.

People knew how to make a complaint or comment on issues they were not happy about. People and their relatives were provided with a copy of the complaints procedure when they moved into the home. There was also a copy of this displayed in the main entrance "We welcome your comments' People said they were happy and did not have any issues to complain about, and would know who to talk to if they needed to. We looked at the complaints record and saw there were four complaints made since the last inspection in September 2014. Three of these complaints related to fees rather than the quality of the care provided and the fourth was managed and resolved in a timely way using the service complaints procedure.

Good

Is the service well-led?

Our findings

The home was being managed well by the registered manager. They had the support of the care manager and team leaders in the day to day management of the home. People were happy about the management arrangements in the home. One person said "I think the home is well managed and I want for nothing". People said they could talk with the registered manager every day and they were listened to. We saw the registered manager operated an open door policy and was visible throughout the home talking to people, staff and relatives Everyone we spoke to confirmed they were able to talk with the manager in their office at any time. Relatives told us the manager kept them informed regarding any changed in their family members care or treatment and they were able to ring the home and visit at any time. A health care professional said the manager was proactive and worked well with other health care professionals.

Staff felt supported by the management arrangements that were in place and said the registered manager was approachable and listened to any concerns or suggestions they had that might improve the service for people. We saw several occasions during our visit where members of staff were seen in the office discussing various issues concerning people with the registered manager with positive outcomes. For example if a health care professional required to be called.

Residents and relatives meetings took place regularly which provided people with an opportunity to air their views about a range of things. For example menu planning and activities. A relative said "These are good as you don't realise how much in common we have until we meet". These meetings were also used to keep people up to date with any changed within the service and to keep them informed of forthcoming events and functions.

The provider had effective systems in place to monitor the quality of the service. Heads of department meetings took place regularly to discuss any issues and plan ahead. For example when a room may need decorating, a carpet required to be deep cleaned or the menus changed.

Regular clinical meetings took place to monitor and review the standard of care provision and make improvements or amendments when required. For example when people had to attend external appointments arrangements were made in advance for additional care staff to accompany them as not to impact on the provision of care for other people in the service.

Monthly visits from the regional manager took place to monitor the quality of service provision. These visits were based around CQC's five domains of safety, effectiveness, caring, responsive and well led and reports retained in the home for information. The regional manager also used these visits to provide supervision and support for the registered manager.

The standard of record keeping was generally good and up to date. Records were kept securely so that personal information was kept confidential. . Care plans and medicines records were kept locked when not in use. Reviews of care plans and risk assessments were undertaken in a timely way which meant staff had the most recent information and guidance in relation to individual's care. Medicines audits were completed and any errors and discrepancies noted for discussion and improvement.

Health and safety audits were undertaken to maintain the health and welfare of people and visitors to the service and to promote a safe working environment. Audits of infection control, housekeeping audits, catering audits, and audits of accidents and incidents were undertaken and evaluated to measure the service being provided. Issues identified were discussed at service meetings.

People and their relatives were asked to complete customer service satisfaction questionnaires to give feedback to the provider regarding the service they received. We looked at a sample of these questionnaires and saw 95% of people were happy with the staff and the care provided. Everyone said they were treated with kindness dignity and respect and 95% of people felt the service was clean and hygienic. In relation to staff 100% of them felt they were valued.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider continued to inform the CQC of all significant events that happened in the service in a timely way. This meant we are able to check that the provider took appropriate action when necessary.