S & A Care Limited

The Beeches Residential Home

Inspection report

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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

Summary of findings

Overall summary

The inspection took place on the 30 March 2016 and was unannounced. The Beeches provides care and accommodation for up to 32 older people. There were 30 people living at the service on the day of our inspection.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they liked living in the service and they and their relatives spoke highly of staff and the quality of care.

Risks to individuals were not always managed in a consistent way and it was agreed that further professional advice should be obtained regarding the safety of the environment and action taken to minimise risks. People were generally supported to take their medicines but practice did not always follow the recommended guidance.

Staff were attentive but were not always available in the communal areas to respond to individuals who may not be able to use the call bells to summon assistance. The manager told us that they had already identified issues regarding the availability of staff and their ability to meet people's needs and had a plan in place to address this shortfall. Recruitment was underway and it was agreed that the deployment of staff would be explored as part of this process. The systems in place to recruit staff were thorough and the uptake of previous employment references and other checks were undertaken before staff started work at the service. Staff had a good understanding of abuse and the steps that they should take to protect people.

The majority of staff had worked at the service for some years were clear about their role and knowledgeable about the needs of older people. A training programme was in place and staff told us that they received regular updates to ensure that they were kept up to date with practice. Newer staff told us that they were well supported when they started working at the service and that they received regular supervision support from management.

People had access to health care support when they needed it and were provided with a balanced diet. People were enabled to make choices and were involved in making decisions about how they were supported.

Care plans documented people's needs and were regularly reviewed. Staff knew the people they supported well and had a good understanding of people's needs. We saw that people were supported to maintain relationships which were important to them. Group or personalised activities were regularly provided although there were plans to expand this provision further.

The manager was approachable and promoted an open culture. Staff knew what was expected of them. People's views were sought in a variety of ways including resident meetings and questionnaires. Audits were undertaken and there were systems in place to drive improvement.

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 consistently safe

Risks were not always identified and safely managed.

The provider operated a safe and effective recruitment system to ensure that the staff they employed were of good character.

There were sufficient numbers of staff but they were not always deployed in a way to ensure that they were available in communal areas when required which meant that steps had not been taken to mitigate the risk to people at high risk of falling.

Medication processes were generally safe but there were risks associated with the secondary dispensing of people's medicines. We were also not confident that people were always receiving their creams as prescribed.

Is the service effective?

Good

The service was effective.

Staff were trained and knowledgeable. Opportunities were provided to ensure that they were kept up to date.

People were supported to access a balanced diet. Mealtimes were flexible and people enjoyed the food.

People were supported to maintain their health. The service had good working relationships with professionals and referred people promptly when their needs changed.

Is the service caring?

Good

The service was caring.

Staff were attentive to people's needs. Staff were kind and thoughtful in their interactions with people.

People's dignity was promoted.

Is the service responsive?

Good

The service was responsive

People received care and support from staff who knew them. Care plans were informative and reflected people's preferences.

People were supported to access activities and there were plans to expand the service further.

There were processes in place to consult with people and their relatives about the service provided. There was a complaints procedure in place although no complaints had been received.

Is the service well-led?

Good

The service was well led

The service was managed by a manager who was visible and approachable.

Staff morale was good and staff told us that they were well supported.

There were systems in place to check on the quality of care provided and to drive improvement.

The Beeches Residential Home

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 inspection took place on the 30 March 2016 and it was unannounced. The inspection team consisted of one inspector and an Expert–by-Experience. An expert by experience is a person who has personal experience of care services and caring for an older person

Prior to the inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR) which they completed and sent back to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were 30 people living in the service and we spoke with seven people. We also spoke with three relatives, six staff, two health care professionals and the manager. We looked at staff records; peoples care records and records relating to how the safety and quality of the service was being monitored. We observed care practice and medication administration.

As a number of people who lived in the service were living with dementia we used the Short Observational Framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that they felt safe and were happy with the care. One person told us, "It is Ok here, I have been here a long time and I have got nothing to moan about." A relative told us, "I think my relative feels safe here, I know that she likes the staff and they like her." Another relative said, "The care is lovely and it is small."

Risks were not always identified and safely managed. The building was old but clean and well maintained. There were a number of staircases throughout the building which some individuals used independently. The manager told us that some rooms which were accessed by a short flight of stairs which were only used by individuals who were able to use the stairs and they were aware that they may have to relocate if their mobility or capacity deteriorated. The manager was not able to provide us with any assessment of risk regarding the use of these and other stairs in the building. This meant that we were not assured that the provider had taken action to assess and mitigate the risks to people's safety. We discussed this with the manager who told us that they would seek advice from appropriately qualitied persons to ensure appropriate risk assessments were carried out with actions recorded to provide guidance for staff in mitigating the risk to people's safety. People using the service were at high risk of falls and we observed two falls on the day of our visit. The management of the service had recently started to collect information on falls on a monthly basis but this information would benefit from further analysis as to any contributing factors such as the time of day falls were occurring and the location. Following discussion this was immediately actioned by the manager. We saw that the service used equipment such as movement sensors to reduce the likelihood of falls and to alert staff to people starting to mobilise. There were systems in place to reduce the likelihood of fire and we saw that checks were undertaken to ensure that the equipment was working effectively. However, we saw that an escape route was blocked by a bed which could place individuals at risk in the event of an emergency. The manager told us that this would be addressed.

The Malnourishment Universal Screening Tool (MUST) was used to identify individuals at risk of malnourishment and Waterlow risk assessments were undertaken to identify those at risk of pressure damage to their skin. Where risks such as skin integrity were identified, specialist mattresses and cushions were in place to reduce the likelihood of injury. These were checked six monthly by the supplier. However the care plan did not document the mattress setting and it was agreed that this would be clarified and recorded to ensure that it was correct. Repositioning charts were used to evidence that individuals at risk of pressure ulcers were being repositioned on a regular basis. The risks associated with moving and handling were identified and clear guidance was provided to staff about the equipment in place and how it should be used. Including for example the size of sling and how the loops should be fixed.

People were supported by a stable staff team but staff were not always available or deployed effectively. We looked at the staffing rota for four weeks and this confirmed that there were generally eight staff in the morning and six in the afternoon. The building was extensive and there were a number of communal areas where people spent their time. We observed that staff were not always visible or available in the communal areas. The risks were increased as some people were not able to use the call bell alarm system to seek assistance. The manager did not use a dependency scoring system to determine adequate staffing levels

but told us that the levels were calculated according to their experience and feedback from staff. They told us that they had already made a decision to employ further kitchen staff in the morning and afternoon as it was acknowledged that staff were supporting the kitchen which meant that they were not available to support people with their care. The manager agreed to look further at the deployment of staff.

There was a low turnover of staff with many staff having worked at the service for a number of years. Staff told us that the service did not use agency staff and covered shortfalls such as through sickness and holiday from within the staff team.

Recruitment processes offered protection to people. We looked at the recruitment files for two staff. They demonstrated a sound process that included undertaking disclosure and barring checks, taking up previous employment references and undertaking identification checks. We saw that staff commenced employment after checks on their suitability were complete.

Medicine management did not always follow best practice. We saw an example of secondary dispensing, where medication was administered by staff, rather than the supplying pharmacy into containers for ease of use. This was not recommended practice as it increases the likelihood of error. Following the inspection the manager confirmed that this practice had been stopped. We checked samples of medicines and Controlled Drugs (CD) and found that the quantities in stock tallied with the records in all but one example. The manager investigated and subsequently located the tablets in the returns box as they had been refused by the person they had been prescribed for. A member of staff was observed supporting people with their medicines and gave people the time they needed and ensured they had a drink.

Photographs were in place for identification purpose and there was a medicine protocol in place which outlined how best to support people. There were body charts in place to monitor the rotation of patch medication applied to the body such as those for pain relief and protocols were in place for medicines that were prescribed on an 'as required' basis. Temperature checks for the storage room and fridge were recorded daily and were within an appropriate range. We observed that staff signed the medication administration charts(MAR) after the medicines had been taken but the system in place for creams and lotions was less clear and we observed significant staff signature gaps on the MAR charts. Internal management medication audits were completed monthly although they had not identified some of the issues that we identified during our inspection.

Staff told us that they had received training in safeguarding vulnerable people and were able to tell us about what actions they would take in the event of a concern being raised. Staff expressed confidence that the manager and senior staff would respond appropriately to their concerns. However, we noted in individual's records that there had been incidents between individual's living with dementia when they had become distressed and reacted physically towards others which had not been identified as safeguarding concerns and appropriate referrals made to the local safeguarding authority. The manager told us that they had discussed the incidents with other professionals but agreed following our discussion to take further advice from the safeguarding team.

Good

Is the service effective?

Our findings

People and their relatives were satisfied with the level of care they received from staff. One relative told us, "It is very good, the atmosphere is good and the staff are very good. They are quite supportive and attentive and my relative is happy." Another person told us that the staff, "Try as best as they can to meet people's needs."

Staff told us that they had received regular supervision and adequate training to enable them to do their job. One member of staff said, "I like it here – very rewarding working here and I have done my NVQ and have had lots of dementia training." The manager told us that training was provided through a combination of social care television and face to face training on practical topics such as first aid and moving and handling. There were certification on staff files to evidence the training completed and this included health and safety, challenging behaviours and dementia care. The manager told us that they had oversight of training and were able to identify who was requiring updates through the NMDS information. Staff told us that the training was good and gave them the knowledge they needed to do their job. They told us that they had been supported to undertake qualifications such as National Vocational Qualifications (NVQ). The manager told us that 71% of staff had an NVQ/Quality Care Framework (QCF) at level 2 or 3 and another 14% of staff were working towards this qualification. We observed staff putting what they had learnt in practice in areas such as moving and handling as they were confident and knowledgeable in how they used the hoist to move people.

Newer members of staff told us that they had completed an induction and worked alongside a more experienced member of staff or mentor before working independently. We saw that there were induction checklists in place which were completed by their mentor confirming the areas of learning. Staff completed workbooks to evidence what they learnt.

Staff had received training in understanding their responsibilities with regards to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. We observed staff asking for consent before assisting people to mobilise and helping them with eating. There were records to demonstrate that people had been asked for their consent for equipment such as movement sensors and for photographs. Staff were aware that any decision made for people who lacked capacity had to be in their best interests. However the documentation in people's records did not always outline people's capacity to make decisions. We saw that when decisions had been made in people's best interest's, such as when using bed rails, professionals and relatives had been consulted, but the decisions were not always recorded in line with guidance. The manager subsequently provided us with details of documentation which they were intending to use when making best interest decisions We saw that the registered manager had submitted as is required by law authorisations to the local authority to ensure that where people had their freedom of movement restricted, their needs would be assessed.

People told us that they enjoyed the meals. One person told us, "I like it and it is hot and I have enough." Another individual said, "The food is very good and I never go hungry." One relative told us that since being admitted their relative was, "eating better. "During the inspection we observed the serving of breakfast,

lunch and the evening meal. The food was nicely presented and looked appetising. People were given a choice and we observed staff using a picture menu to help an individual decide on what they wanted. One member of staff said "Quite a lot of the residents do look at the pictures and we sit with them and help them to decide what they want." We observed a member of staff say to a colleague who queried whether they should put the plate on one or two plates, "I shall let (the individual) decide".

An informative list was maintained and used by kitchen staff. This outlined individual's choices, allergies and any specific meal requirements relating to for example a health condition such as diabetes. Pureed meals were available and people received support they needed. We saw that some individuals had been prescribed thickener as they had been identified as being at high risk of choking. Staff were clear about who had been prescribed thickener and how it should be used. Drinks were served at regular intervals throughout the day of our visit and the trolley was well stocked with a range of sweet and savoury snacks including hard boiled eggs and sandwiches.

People were supported to maintain their health and had good access to health care support. One person told us, "I see the doctor if I want to and the Chiropodist and Optician come if you want to see them." The records confirmed that people had access to a range of health professionals including the speech and language service, physiotherapist and the later life team. The manager told us that the local GP visited the service on a request but also held a surgery on a weekly basis for less urgent matters. We spoke with two health professionals as part of our inspection and both were positive about the care provided. One person told us that that staff were "vigilant" and very alert to changes in individuals such as skin deterioration and referred matters promptly.

Good

Is the service caring?

Our findings

People told us that this was a caring service. One person told us that the staff, "Are very good and if you want anything they get it for you." A relative described the care as, "Terrific – they are very caring and very friendly."

The majority of staff had worked at the service for a number of years. We observed that they knew people well and were able to tell us about individuals and their preferences. Staff had good relationships with those they supported. We observed one member of staff gently stroking an individual's hand. A relative told us that their relative, "Smiles with the staff and they try and reminisce together."

Communication was relaxed and staff and people using the service communicated in an easy manner. Staff were polite and respectful. A visiting professional spoke in a positive way about, "the way that staff talk to people." One relative told us, "You see staff with the residents and they will take the stress out of the situation and I have never seen them loose their patience."

People were involved in decisions about their care. People were able to choose where they spent their time. One relative told us my relative is "Able to go to their room when they want to." We observed people using a variety of places within the service. Some people spent time in their room or in one of the lounges. People were observed going in and out into the garden independently. Some people chose to have their lunch in their room, whilst others either had it in the lounge or in the dining room. We observed interactions between staff and people living in the service, one person was asked, "Where would you like to sit – how about by the window?" The individual agreed and clearly enjoyed sitting there and it provided a talking point over lunch. Another person was asked, "Do you want to sit in a chair or a recliner?" Staff waited for their response and took their time to explain how they were going to be assisted to move into the chair. The individual was encouraged to do as much as they could for themselves and the staff member talked to them as they supported them, to make sure that they were comfortable and happy with what was happening. The member of staff said, " We are going to help you into the chair using the hoist like we did in your room, taking your tissues and popping them here, one arm on here, does that feel OK, ……now going down, you ok,….in the chair now, are you comfortable. " There was lots of encouragement and reassurance from the member of staff.

People's dignity and privacy was promoted. All residents were clean and dressed in appropriate clothing, they looked well-groomed. We observed staff supporting individuals to access the bathroom and this was undertaken sensitively and gently. One individual initially declined but staff went away and returned after a short period and asked again. On the third attempt the individual was supported by the staff member and they walked off together chatting happily. The interaction was warm and the support provided at the individuals pace.
privacy

Visitors told us they were welcomed at all times into the service and were encouraged to remain actively involved in people's lives. Relatives told us that they enjoyed accessing the garden with their relatives and

seeing the animals who lived there.

Good

Is the service responsive?

Our findings

People received care which was personalised to them and met their needs. We saw that pre-admission assessments were carried out before people came to stay at the service. This looked at areas of daily living which included mobility, communication and social interactions .The information was used to develop a care plan which was informative and gave staff information about people's preferences and how to meet their needs. For example, key details were included about allergies and how to support continence. Plans were up to date and had been reviewed. Relatives we spoke with told us that they were kept up to date with their relative's needs and had seen the care plan. One relative said, "They always keep in touch." Another relative said, "I asked to be kept fully informed and they do tell me the slightest thing."

Daily logs were maintained by staff where they recorded their observations and notes on the care they provided. We saw evidence that peoples weight was regularly monitored and that they were being offered regular baths. There were a number of monitoring charts in use including repositioning charts to evidence that people were being repositioned to promote their skin integrity. These were up to date. Handovers were undertaken at shift handovers to ensure that staff were kept up to date in any changes in people's health or wellbeing.

There were opportunities for people to follow their interests but these were somewhat limited as they were generally only available in the afternoons. One relative told us, "Stimulation, there is not enough staff to do one to one which is what is needed – my relative only watches TV." Most of the relatives and people we spoke to told us that they appreciated the garden and being able to access this independently. There was a goat and an Avery in the garden for people to enjoy. The manager told us that they had already identified the need to expand activities and they were advertising for a second member of activity staff to expand the activities on offer.

We observed people participating in some craft activities in the dining room. We observed others listening to music and looking at the newspaper. There were tactile items in the lounges which people got some enjoyment from touching and moving. We spoke with the activity organiser who told us that they provided a combination of group and one to one activities. They said, "I go to those in bed first thing when I come in and give them hand massages and talk to them and read poetry." They showed us a copy of the monthly newsletter which lists the planned activities and told us that the, "Church vicar comes and gives communion – the primary school did some of the pictures on the walls and bell ringers been" They said that entertainers were organised on a regular basis and, "The old time musical brighten people faces and even the most withdrawn enjoy that"

There were clear processes in place to receive and manage complaints and the provider's policy on the management of complaints was on display; however no complaints had been received since the last inspection. The manager told us, "We welcome comments and suggestions, positive comments help us to build on our successes, but we can also learn from comments which are critical." Relatives told us that the manager was approachable and helpful and responded positively to issues. One person said, "Once a month family and relatives coffee afternoon to discuss anything about the home." We saw that records were

maintained of these meetings and we saw discussions had taken place on a range of areas such as activities and decorations.

There were a range of compliments, including one which stated, "Thank you for helping (my relative) settle into life at the Beeches it has a lovely atmosphere and you are all so caring friendly and welcoming."

Good

Is the service well-led?

Our findings

People and their relatives told us that the service was well run. One relative told us, "I would recommend it to others – they are very caring and supportive and my relative is happy here."

The service had a registered manager who had worked at the service for a significant period of time. They were supported by the deputy manager and a number of team leaders. The manager knew the people living in the service and their needs. They were visible throughout the service and we observed them working alongside their staff to provide care and support. Morale among staff was good and staff spoke positively about the service and were proud of the care they provided. One member of staff said, "The staff ratio is good and we run a good team – any problems I can go to the manager or the deputy or Team Leader – I would report anything to the Manager – they are very approachable."

The majority of staff were long serving and were clear about the objectives of the home and what was expected of them. They told us that they received regular supervision and guidance. We observed staff working together as a team quietly and confidently.

People using the service, relatives and staff were asked for their views and this information was used to drive improvement. One relative told us, "We had a questionnaire two weeks ago, asks about cleanliness, smell and asks for any improvements they could make." We saw that twenty people had completed the satisfaction questionnaire so far. The results were positive, one comment was, "Staff really take time to get to know the person" and another was, "I am glad I found the beeches." Staff had also completed questionnaires and we saw that some suggestions had been made to improve activities. The manager told us that as a result they were going to increase staffing to enable staff to spend more time with people.

There were systems in place to review the quality of care provided. Records showed that information was collated and checks were undertaken on areas such as cleaning and water temperatures. The manager completed a monthly self-assessment where they recorded their observations of areas such as care plans, supervisions and maintenance of the building. They told us that they were introducing a new observation or check on staff competency and showed us the documentation that they were intending to complete. Staff told us that the provider visited the service on a regular basis and checked on the quality of care and asked staff about the service and care provided. We saw a report evidencing these visits and records of discussions with staff and checks on areas such as maintenance.