

Beech House (Partington) Limited

# Beech House Nursing Home (Partington)

## 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

We inspected Beech House unannounced on the 27 October 2014, which meant the provider and staff did not know we were coming. At our last inspection of this service in May 2014 we found two breaches. Following the inspection in May 2014 the provider sent us an action plan telling us what improvements they were going to make. At this inspection we checked what progress had been made.

An additional member of staff had been allocated to work in the residential unit. Care plans had been reviewed and staff had received or were due to receive care planning training. A fence had been erected to provide and enclosed garden for those people who lived in the bungalow. This provided a safe environment for people to sit out or walk in the grounds.

Beech House is a care home providing personal care and nursing care for up to 28 people. The home consists of

# Summary of findings

two buildings within the grounds that are adjacent to each other. Nursing accommodation is provided in one building and residential care in the other smaller building, which is a bungalow. Car parking is available at the front and rear of the property.

There was a registered manager in post at the time of our inspection. A registered manager is a person who was 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.

At the time of our inspection there were 28 people living at the home; 18 people requiring nursing care lived in the main building and eight people requiring personal care lived in the adjacent bungalow.

Some of the people who lived at the home were unable to talk with us due to their complex care needs. To help us understand people's experience of living at Beech House we spent time observing staff interactions spoke with staff and looked at people's care plans. We observed staff were kind and considerate and approached people with respect working in a way that maintained people's dignity. People told us they felt comfortable with the staff and felt safe living at the home.

There were service contracts in place to ensure equipment and services were in good working order and safe to use. This meant the provider had procedures in place to minimise risks to people who lived at the home, staff and visitors.

There were systems in place to monitor the quality of the service. This included 'resident meetings' and an annual quality assurance survey. Audits had been carried out in relation to the management of medication, infection control, falls and care plans. Where there were issues identified the registered manager developed an action plan detailing how they intended to address the issues. This meant there were effective systems in place to monitor and improve the service.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager told us none of the people who lived at the home had a DoLS authorisation in place.

The manager was aware of the recent Supreme Court judgement and told us Trafford Borough Council would be undertaking DoLS assessments for the people who lived at Beech House. None of the staff we spoke with had received training in relation to the MCA and DoLS.

Staff recruitment records showed that appropriate security checks had been carried out such as; a Disclosure and Barring Scheme (DBS) check and written references. This was to ensure that only suitable staff were employed to work with vulnerable people.

# 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 was a robust recruitment process in place to ensure appropriate staff were recruited.

Care plans showed that people were involved as much as possible in the decisions about their daily lives where this was not possible relatives had provided information about preferences and life histories.

There were safeguarding policies and procedures in place and staff were aware of their responsibilities to keep people safe from harm. Staff were aware of the procedure to follow if they had any concerns in relation to people's safety and welfare.

A personal emergency evacuation plan (PEEP) was not available for every person living at the home.

Good



### Is the service effective?

Some aspects of the service were not effective. Staff employed at Beech House received training appropriate to their role and were knowledgeable about the needs of the people they cared for.

People's needs were reviewed on a regular basis to ensure appropriate care and support was provided to meet their changing needs. People had access to health and social care professionals for treatment and support. The people we spoke with told us: "They ring the doctor if I don't feel well." "They are very, very good to us."

The registered manager was aware of the recent Supreme Court judgement and their responsibilities to ensure the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were followed. The manager told us that important decisions would not be made without a best interest meeting being held. None of the staff had received training relating to the MCA and DoLS.

Requires Improvement



### Is the service caring?

The service was caring. We observed staff approaching people with kindness and respect and working in a way that maintained people's dignity.

We spoke with people living at the home, relatives and health professionals who were complimentary about the care and support provided at the home. Comments included: "I think they are marvellous." "They do a wonderful job." "I am very satisfied with the care [my relative] receives."

Good



# Summary of findings

Staff supported people to be as independent as possible; they listened to what people had to say and gave people time to respond. We observed the breakfast and midday meal service. We saw staff were attentive and where people needed support to eat their meal this was provided in a sensitive manner. People were not rushed and were given time to enjoy their meal.

People told us they were asked about their preferences in relation to how their care was provided. This showed that people or their relatives were involved in the planning of their care.

## Is the service responsive?

The service was responsive. There was a policy and procedure in place to manage complaints. People knew who to speak to if they wanted to raise a concern and felt sure the registered manager would take them seriously and investigate.

People were able to join in with activities if they wanted to. Staff supported people living at the home to maintain contact with relatives and friends.

Good



## Is the service well-led?

The service was well led. There was a registered manager in post at the time of our inspection who had been registered with CQC since 1 October 2010.

People who lived at the home, staff, relatives and professionals all told us the registered manager was approachable and carried out a daily 'walk around'. People told us: "The manager comes to see us every morning she asks if everything is alright."

Regular audits were carried out by the registered manager and provider to monitor the quality of the service and plan improvements.

Good



# Beech House Nursing Home (Partington)

## Detailed findings

### Background to this inspection

We carried out this unannounced 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 provide a rating for the service under the Care Act 2014.

This unannounced inspection was conducted by one inspector. During this inspection we looked at five care plans and risk assessments, we spent time observing staff interactions, reviewed maintenance records and spoke with the registered manager.

We spoke with nine people who lived at Beech House, two visitors, five members of staff and a visiting physiotherapist.

Prior to this inspection we reviewed data we held about the service including; safeguarding, statutory notifications, we contacted the Management and Review Team [MRO] at Trafford Borough Council. A provider information request (PIR) had not been sent out prior to this inspection.

Following the inspection we spoke with health and social care professionals who visit the home including: two GP surgeries, a dietician, tissue viability nurses, district nurses and social workers.

We conducted a Short Observational Framework for Inspection (SOFI) during the breakfast and lunch service. SOFI is a specific way of observing care to help us understand the experiences of people who could not easily communicate with us during our visit.

# Is the service safe?

## Our findings

At the inspection in May 2014 we raised concerns about people not being able to use the gardens. At this inspection we found a fence and gates had been built which meant that people could choose to spend time in the garden. This provided a safe environment for people to sit out or walk in the grounds.

We spoke with nine people who lived in the home and all of them told us they felt safe living at Beech House. One person told us: "They keep me safe here; there is always someone around if you need them." "I do feel safe they are very caring and I couldn't manage at home now." "I know they pop in to check on me during the night." We spoke with three relatives who told us they were confident [their relatives] were safe at the home. Comments included: "I have no worries about [my relative's] safety, they do a fantastic job." "I am quite sure [my relative] is safe here, I can leave knowing they are in good hands."

There were safeguarding and whistle blowing policies and procedures in place to inform the staff of the action to take if they witnessed anything that might place people at risk of harm. The staff we spoke with were aware of the whistleblowing procedure and were able to tell us what action they would take if they witnessed or suspected abuse was taking place. Comments included: "I would tell the nurse or the manager."

We spoke with five members of staff who told us they had attended safeguarding training that would help them recognise harm or abuse and how to respond appropriately if abuse occurred. We looked at the training records that confirmed training had been provided. Staff told us they felt supported by the management team in raising any safeguarding concerns.

Some of the people living at Beech House had complex health needs and we were not able to speak to us. As part of our visit, 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. We saw where people required the use of a hoist to assist with transfers staff reassured the person by explaining what they were doing and why.

We looked at a sample of four staff recruitment records and saw there was a satisfactory recruitment process in place. We found that appropriate safety checks were carried out prior to the applicant starting to work at the home. Staff files included written references and a Disclosure and Barring Service (DBS) check to make sure the applicant was not barred from working with vulnerable people.

Since the inspection in May 2014 an additional member of staff had been rostered to work at the bungalow. This meant two members of staff were on duty each day to provide care and support to the eight people who lived there. We spoke with four people who lived at the bungalow who told us: "It is better now there is two staff; if one is helping someone there is another around to see to us." The staff rota confirmed an additional member of staff was working in the bungalow each day. The staff we spoke with told us there was generally enough staff on duty to meet people's needs. Comments included: "We could always have more staff but we are okay."

We looked at a sample of five people's care plans and found they contained risk assessments specific to the person's needs such as; moving and handling, falls and medication.

Of the five care plans we looked at we found only two contained a personal emergency evacuation plan (PEEP). The manager told us in the event of an emergency such as a fire a member of staff would be identified to advise emergency service workers about people's mobility needs.

We observed the morning medication round and saw medication was delivered from the pharmacist in a 'Bio dose' monitored dosage system. Medication was stored in a locked metal trolley that was securely stored when not in use. We saw the trolley was locked after each person's medication was removed so there was no risk of other people accessing the medication.

Medication administration sheets (MAR) were signed at the point of administration. We looked at a sample of MAR sheets and found they were signed and up to date with no gaps in recording. MAR sheets contained a photograph of the person and a description of each tablet to help minimise the risks of medication errors.

# Is the service effective?

## Our findings

There was a pre-admission assessment carried out before people were admitted to the home. This was to make sure the staff at the home were able to meet the person's care needs. Care plans contained a nutritional assessment and information about people's preferences in relation to meals, activities and daily routines. Care plans had been reviewed and staff had received or were due to receive care planning training.

We observed the breakfast and lunchtime meal service. People were able to choose where they ate their meals some people sat in the dining room and others in the lounge. We saw people were offered disposable paper aprons to protect their clothing from spills.

The menu was displayed in the lounge and dining area the choices available that day was displayed in the lounge but the dining room showed the previous day's menu. We brought this to the manager's attention and she arranged for the board to be changed to show the correct meal choices. The staff we spoke with knew each individual's preferences. The meal looked appetising and hot and of ample portion size. The people we spoke with told us: "We had beef today it melted in your mouth it was so tender." "They [staff] will make some soup or a sandwich if you wanted something different." "There is a roast every Sunday."

Tables were set with cutlery and napkins and there were condiments on the table for people to use. The environment was calm and relaxed and where people needed help to eat their meals this was provided in a sensitive way and at the person's own pace. Staff were observed sitting beside the person chatting to them whilst encouraging them to eat. Throughout the day people were offered tea, coffee or a selection of cold drinks.

People were registered with local GP's and there was documentary evidence to show people had access to a variety of health and social care professionals. The people we spoke with told us: "If I am not feeling well they [staff] will call the doctor." "The doctor visits me here."

There was a training plan that showed staff received training such as; safeguarding, fire safety, moving and handling, infection prevention and control, dementia care and food hygiene. In addition the majority of staff had achieved a National Vocational Qualification to level 3 or 4.

There were enough staff on duty to meet people's needs and the staff we spoke with were knowledgeable about the needs of the people they cared for. People living in the bungalow told us: "It is much better now there are two staff on." "There is always someone around now so it is better."

The staff we spoke with felt that they had received a good induction to their role. The registered manager told us all new staff completed an induction based on the Skills for Care common induction standards that included shadowing experienced staff. The manager told us they planned to improve the induction to make it more comprehensive. Staff told us the training they received was interesting particularly the recent dementia care training. One member of staff told us: "I just didn't realise how many different types of dementia there were; it was really good." "I enjoyed the dementia care training." "We have the mandatory training like moving and handling and abuse and I have my NVQ."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated a good understanding of the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection none of the people living at Beech House was subject to a DoLS authorisation. The registered manager was aware of the recent Supreme Court judgement and was in contact with Trafford Borough Council with regard to DoLS assessments, where required, for the people who lived at the home.

The registered manager told us she had attended training in relation to the MCA and DoLS but none of the staff had received this training. If care staff do not have an understanding of the MCA and DoLS the care they provide may not be in line with the key principles of the MCA. For example they may not identify when to refer to others more suitably placed to make decisions when people lacked capacity.

The registered manager told us they were sourcing an appropriate training course for all staff. The staff we spoke with had a basic understanding of the legislation. The registered manager told us to ensure people were safeguarded she would approach the local authority to request a best interest meetings as and when necessary.

# Is the service caring?

## Our findings

We spoke with nine people who lived at the home about the care they received. Comments included: "They [staff] are very kind; I have no concerns at all." "They [staff] are gentle and are not rough with me." "They always have time for you." "Credit to them, I love it here." "The staff are very nice they don't put on a show." "I would hate to leave."

Our observations showed that staff approach was gentle and unhurried. We observed staff took time to talk to people and listen to what they had to say. We saw staff involved people in conversations about their days off and families which people were enjoying. For example; one person was asking a member of staff about a trip they had taken at the weekend. One member of staff was seen showing people a gift they had been given for an upcoming special occasion.

The people we spoke with told us: "They [staff] are lovely so considerate." "I have everything I need and am quite settled here." "Well I would rather be in my own home but I know I can't manage on my own, this is a nice place and the staff are lovely."

We spoke with three visitors who told us staff made them feel welcome and could visit at any time. "They [staff] care for us as well as [my relative] they [staff] are friendly and ask how we are." "They always seem cheerful."

We observed staff using a hoist to transfer people from their wheelchair to a comfortable armchair. The transfers were carried out in a discreet way maintaining the persons' dignity. For example; staff ensured clothing was not disturbed during the transfer so the person's legs were not exposed to others.

Staff respected people's privacy by knocking on people's doors and waited for a response before entering bedrooms. Some people preferred to rest in their rooms after lunch and we saw staff assisting people to go to their bedrooms. This was done at the person's own pace and staff chatted

to the person to reassure them during the move from room to room. Some people told us they preferred to remain in their rooms and staff respected this decision and made frequent visit to ensure people had enough drinks.

We spent time in both the nursing home and the residential bungalow. At the inspection in May 2014 we expressed concerns about the lack of space for people living in the bungalow. At this inspection we saw one person was sitting in the lounge area watching television and two people in the dining room. The other people preferred to spend their time in their own rooms. We spoke with five of the people who lived in the bungalow and their comments included: "I like it because it is homely not too big." "I like sitting here [dining room]" "I stay in bed they are very good and are always popping in and out to make sure I am okay." "I like it I don't mind about the size it is cosy." "I have my TV and music and I have my meals in here [my room]." The registered manager told us they had moved a comfortable armchair into the dining room where one person preferred to sit quietly.

We discussed the issues of space in the bungalow with the registered manager who told us they would always consider the needs of people who lived at Beech House before accepting a new admission. The assessment would include a risk assessment to ensure there was enough space to accommodate any additional equipment safely.

People were given the information they needed to make a decision about moving into the home. The people we spoke with told us they were able to visit the home to have a look around and speak with the registered manager before they moved in.

We looked at a sample of care plans and found they contained information about people's life history, preferences and risk assessments in relation to moving and handling, mobility and falls.

We saw service contracts were in place to ensure equipment was maintained on a regular basis so it is safe to use.

# Is the service responsive?

## Our findings

People's needs had been assessed before they moved into Beech House. We looked at a sample of people's care plans and found records identified people's preferences, interests and diverse needs and gave staff guidance on how care should be provided. We spoke with nine people who lived at Beech House and three people's relatives who told us they were happy with the care provided. People told us they felt involved in making decisions about their care. The relatives we spoke with told us they thought communication was good and staff kept them updated with important information about their family member. Comments included: "They ring me and let me know if [my relative] is not well or needs to see the doctor and they ring me to tell me what the doctor has said."

We asked people we spoke with about how they spent their time. One person told us: "There is not much going on but that suits me I prefer to read." Another person said: "There are games and bingo if you want to join in." During our observations we saw staff engaging people in a reminiscence session that prompted discussions.

We spent time observing the interactions between staff and the people living at the home. During our observations we saw that people were given time to respond to questions such as; what drinks or choice of meal people wanted. Throughout our inspection we heard people asking staff for tea and coffee and this was provided in a timely manner. We did not see people waiting for long periods when they asked for help with personal care. The people we spoke with told us: "If I need help I just have to ask and I don't have to wait long." "There is usually someone in the lounge so if I need help I just have to ask." "I sometimes have to wait a while but it is when they are busy with someone else."

We spoke with health and social care professionals that visited the home on a regular basis who told us they found staff friendly and helpful and staff always contacted them if there were concerns. Health professionals said staff worked well with any health plans and they usually contact the G.P. as and when required. Another health professional told us they had no concerns about instructions for dressings being followed.

One person told us: "We are sometimes on our own when the staff changeover." We spoke social care professionals who confirmed this issue had been raised as a concern with the registered manager. The registered manager told us that since this issue had been raised spot checks had been carried out to make sure staff had their handover on the unit they worked on. The spot checks had identified that the staff handover took place in the kitchen away from the communal areas because confidential information was discussed.

There was a complaints policy in place and the registered manager recorded any concerns or complaints received. We looked at the complaint log and found that there had been one complaint that had been responded to within stated timescales.

People we spoke with told us they had no complaints about the home. The relatives we spoke with said that if they had any concerns or wanted to make a complaint they would speak with the registered manager. All of the people we spoke with told us they thought the registered manager would take their concerns seriously and take appropriate action.

# Is the service well-led?

## Our findings

At the time of our inspection there was a manager in post who was registered with the Care Quality Commission (CQC).

At our inspection carried out in May 2014 we expressed concerns about the record keeping at Beech House. At this inspection we looked at a selection of records including care plans, risk assessments, supervision records and medication administration records. We saw that most of the records had been updated. The manager told us and staff confirmed that training had been provided in relation to care planning.

A health care professional we spoke with told us: "When I visit, the Care Home seems well run and the residents appear comfortable and content." Another told us: "The manager is always available if I need to discuss my patient's treatment."

There was a system of audits in place that included; the medication system, care plans, safeguarding, the environment, falls, accidents and incidents and training. Where there were issues identified the registered manager developed an action plan detailing how they intended to address the issues. This meant there were effective systems in place to monitor and improve the service.

A quality monitoring questionnaire was sent out to relatives in September 2014. Of the 28 questionnaires that had been sent out only eight had been returned. The comments received were generally positive.

The registered manager told us they had an open door policy and carried out a 'walk around' each day to speak to people who lived at the home and address any concerns they may have. We observed the manager chatting to people and their visitors during our inspection and the people we spoke with confirmed if they had any concerns or questions they could approach the registered manager.

We saw a thank you cards from relatives expressing gratitude for the care and support offered by staff. Comments in thank you cards included: "Good quality care and consideration from staff." "Professional, knowledgeable, supportive." "Always sensitive to [my relatives] needs."

We saw staff supervision and appraisal records and minutes of staff meetings dated 23 September 2014. The staff we spoke with confirmed they had regular meetings with the registered manager where they could discuss their training and development requirements.

We asked staff if they thought the service was well led. Staff were positive about the support they received and included: "We can see her [the registered manager] at any time if we have a problem or need to speak to her." "I think [the registered manager] is very good. She is available to talk to." "We have meetings with the manager they are sometimes impromptu if there is information to share."

There was a business continuity plan in place for use in the event of a systems failure within the home such as; a failure in the electricity or gas supply, flooding or other damage to the buildings.

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	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to their care and treatment.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.