

Beachcroft Homes Limited

Beechcroft House Residential Home

Inspection report

St Johns Road
Rowley Park
Stafford
Staffordshire
ST17 9BA

Tel: 01785251973

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Beechcroft is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection. The service can support up to 25 people. The home is split over two floors and people have access to two lounges, a dining area and hair dressing suite. Two of the bedrooms could be used for shared occupancy and three bedrooms have en-suite shower rooms.

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

The provider had an audit system in place however, it could not demonstrate the system was reflective of best practice in social care. The provider did not actively connect with health and social care groups and could not demonstrate that they were continuously learning to improve care. People told us they knew who the manager was and felt that they were approachable. Feedback from people using the service was requested on an annual basis. The provider met the requirements under the duty of candour to share information as required.

People were safeguarded from abuse by staff who had received the appropriate training. Risks to people's safety were assessed and plans were in place to mitigate identified risks. People were supported by sufficient numbers of staff and people received their medicine on time by staff trained to administer. Effective infection control procedures were in place and lessons were learnt when things went wrong.

People's care needs were assessed on admission and care plans were created and reviewed on a regular basis. Staff received compulsory training to meet the requirements of their role. People were supported to maintain a balanced diet and provided with regular drinks and snacks. People were supported to have a smooth transition into the home and had good access to health care. The home was adapted to meet the needs of the current group. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were well treated by staff and shown kindness throughout their day. Staff involved people in decisions about their care. People's dignity and independence was maintained.

People received care that was personalised to their needs and information was made accessible. People were enabled to maintain and develop their relationships with others. Any complaints received were investigated and feedback was given. At the time of inspection there was no one in receipt of end of life care however people's advance wishes were recorded.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Beechcroft House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one assistant inspector.

Service and service type

Beechcroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with four people and five staff members, including the registered manager and deputy manager, care staff and the chef.

We looked at four recruitment files and three care plans. We reviewed several people's medicine records and the accident and incident forms. We looked at various records the home maintained as part of their responsibilities including audits, the training matrix, health and safety documentation as well as compliments and customer satisfaction questionnaires.

After the inspection

We spoke with the local authority who commission placements at the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse by staff who had received training in recognising and reporting abuse.
- Staff were aware of the homes safeguarding and whistleblowing policy. One staff member told us, "We can always approach the manager with concerns but there is a drawer in the office we can post letters into, that only the manager has access. This means we can report things anonymously if we really need to."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. The provider completed risk assessments related to the environment, equipment used and people's individual needs.
- An up to date fire risk assessment was in place for the building and each person had their own Personal Emergency Evacuation Plan (PEEP). This meant that staff knew how to safely support people to leave the building in an emergency.
- Each person's care file contained information on how to manage identified risks, such as reduced mobility, pressure sores and ensuring sufficient nutritional intake.
- Risk assessments for people included what they could do for themselves. This ensured that staff continued to promote people's independence whilst maintaining their safety.

Staffing and recruitment

- People were supported by sufficient numbers of staff. We looked at the staff rota and saw that shifts were planned four weeks in advance and the rota was adapted to cover staff annual leave and sickness. For example, day staff covered night shifts when needed. One staff member told us, "We try to cover all shifts from within the team and only use agency staff if we are really desperate."
- People were supported by staff who had been recruited following an assessment of their background, qualifications and experience. At interview the registered manager asked prospective employees a number of questions related to the role. We discussed with the registered manager the need to ensure staff's responses to questions were clearly documented.

Using medicines safely

- People received their medicine by staff who had been trained to administer.
- People told us they received their daily medicine on time and any 'as required' medicine when they needed it. Some people had protocols in place for 'as required' medicine however not everyone had a clear protocol, particularly those with capacity to decide if and when they wanted their medicine.

- We discussed with the management team the oversight of the medicine management in the home as there did not appear to be any medicine audit being completed. The team explained that medicine counts were completed on a weekly basis and records reviewed monthly.

Preventing and controlling infection

- People were protected from the risk of infection due to effective infection control procedures being in place.
- Staff had access to personal and protective equipment (PPE) such as gloves and aprons which they used when delivering personal care. The use of PPE minimises the risk of cross contamination.
- Staff hand washing techniques were assessed and records were kept of waste disposal, equipment decontamination and areas cleaned in the home.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager and the deputy manager. Action was taken if deemed necessary. For example, people who had experienced falls were referred to the appropriate team for additional support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed prior to moving into the home. Following the assessment, the management team developed a care plan for the person. The reasons for people's admission were clearly recorded alongside how the home aimed to meet that need. For example, if someone was socially isolated we saw plans to ensure people were supported to build relationships.
- People had goals in place and were supported to achieve them. One person told us, "I came here from hospital to help me get back on my feet after a fall. I'm going home today as I am ready. Staff have been great."
- People's care files were reviewed monthly and changes were made to people's plans if necessary.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the compulsory training relevant to their role. One staff member told us, "When I started working here I completed a number of courses and shadowed the other staff for a few weeks until I was confident."
- Staff told us that additional courses were sourced by the provider if people at the home had any specific needs. One staff member told us, "If people's needs change we will do a reassessment and if appropriate we will get the staff some additional training, so they can meet the person's needs, such as Parkinson's or epilepsy training." Unfortunately, this information was not recorded on the homes training matrix.
- A matrix of all staff's compulsory training was maintained by the management team to ensure staff were booked on refresher training when needed.

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

- People were supported to maintain a balanced diet and had regular access to drinks and snacks. On the day of inspection, we saw the chef distributing bowls of fruit to people mid-morning, which people told us happened every day.
- People told us that they had a choice of meals and could make requests if they wanted something specific. One person said, "We get a choice, but the food is all lovely so can't go wrong."
- The chef had up to date information about people's dietary needs and food was prepared accordingly.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to ensure people had a smooth transition between services.
- Some people came to Beechcroft from hospital for short term care and support. Assessments were carried

out before admission and feedback provided to other agencies on the progress made. People were involved in their discharge plans and one person we spoke to was fully aware of what support they would be getting when they returned home.

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

- The building was adapted to people's needs. People had access to a lift which was used to access the upstairs rooms and grab rails were in place in key areas.
- Call bell points were located in several places around the communal lounges to ensure people could always seek assistance if staff were not in the room.
- The home was decorated to a good standard.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care. We saw health professionals visiting the home and one person being supported to access transport to attend a hospital appointment.
- People's health needs were reviewed on admission and if someone had not had a routine optician or dental check, this was arranged by the team. We heard staff telling one lady who had recently moved in that their optician's appointment was booked.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's need for support under the MCA was assessed upon admission to ascertain whether they met the criteria. This ensured staff understood who required further assessments to be completed as per the requirements.
- The management team informed us that the majority of the people living at Beechwood had capacity to make their own decisions and were supported to do so.
- Where people did not have capacity, assessments were completed, and best interest discussions were held.
- Applications to deprive people of their liberty were submitted to the local authority and were awaiting allocation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. One person told us, "The staff are lovely to us all, we could not ask for better care." Another person told us, "I am only here to help me get back on my feet after a fall and the staff have been great and helping with my confidence."
- We observed staff taking time to talk with people and not rushing conversations. At lunch time we observed the staff sitting and eating their meal alongside people living at the home. This created a sociable atmosphere that people were clearly enjoying.
- One person appeared confused and we saw staff re-orientating them in a discreet and sensitive manner.

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

- People were observed having conversations with staff about various aspects of their care from what they were going to eat, activities for the day and appointments they were attending.
- Staff demonstrated an understanding of people's personalities and discussions were tailored to the individual. One person told us, "Sometime I say no to requests, but the staff will take time to encourage me and usually I feel much better when I listen and follow their advice."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff knocked on doors to announce their presence and made sure people were aware of who they were before walking in.
- People's care plans highlighted the tasks they could do for themselves and staff understood what they were. This ensured people were able to maintain as much independence as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was personalised to their needs. Within people's care files we found details of people's protected characteristics such as their religion, culture and sexuality. This information ensured staff were aware of people's diverse needs and able to tailor people's care accordingly.
- People's routines were recorded to ensure the staff could deliver support in a way that was familiar and comforting to the person.
- People were supported to maintain their hobbies. For example, one person like to do a cross word every morning and we saw staff making sure they had one ready after finishing their breakfast. Another person told us they missed having a dog but enjoyed it when the cook brought in their own dog in to visit them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- People told us they had access to the information they needed.
- Information about the home, advocacy services, and local events was displayed in the main foyer of the building.
- We did not identify anyone who had communication needs that were not being met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were engaged in conversation with one another throughout the day. One person told us, "It's so lovely here as there is always someone to talk to."
- People had access to activities in the home and staff took time to sit and interact with people. On the day of inspection, we observed a number of ladies having their hair done and enjoying a pamper session in the lounge.
- People had access to computers in the main dining room which meant people had access to the internet to keep in touch with families and research subjects of interest. One computer had an adapted keyboard and mouse to support ease of use.

Improving care quality in response to complaints or concerns

- People told us if they needed to make a complaint they would speak to staff or the manager. One person told us, "If I had a problem I would speak to the manager, they work a lot alongside the staff, so is easy to get hold of."
- The home had a complaints procedure in place and followed their process as and when a complaint was received.
- After investigating a complaint, feedback was given to the complainant and the local authority if required.

End of life care and support

- At the time of inspection there was no one in receipt of end of life care.
- We reviewed people's care files and found that people's advance wishes had been recorded meaning that if people's health deteriorated, the staff knew how the person wanted to be supported.
- Several people had Do Not Attempt Resuscitation (DNAR) agreements in place. These were situated at the front of people's care files to ensure all staff could access the information in an emergency.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question is now rated Requires Improvement.

This meant leaders did not always keep up to date with best practice to ensure the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found that regular audits did take place around the environment and equipment in use. However, we did not see evidence of robust medicine audits, care plan audits or staff file checklists. This meant that there was no clear standard in place that the home was assessing itself against. The management team explained that they did check the medicine weekly and review care plans on a regular basis. We discussed how having no bench mark in place, that included best practice, made it difficult to see how the home was ensuring the correct standards were being met.
- The provider was not always aware of the regulatory requirements. Prior to the inspection we found a website that was specifically advertising the home. The manager was not aware of the website and the requirement for the CQC rating to be linked to sites advertising the home. We were advised that the website was not set up by the home and has since been taken down.

Continuous learning and improving care; Working in partnership with others

- People did receive care that met their needs however the home did not actively engage with the wider social care field to ensure practice was up to date. The home did not link in with any local or national groups whereby up to date information would be shared. A number of the systems and process that were in place in the home had not been updated for some time.
- The home did work with agencies directly linked to people's care needs such as health care professionals and social work teams. However, we saw limited evidence of the home working with other stakeholders and we were advised by the Local Authority that provider engagement with Beechcroft was minimal.
- The registered manager did not make use of email and therefore was not accessing regular updates from CQC, the authority and/or any other body.

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

- People told us that they liked the home and felt well cared for. People said they were encouraged to do things for themselves and able to achieve positive outcomes. One person told us, "They have been great here and I would recommend the home to others."
- People knew who the registered manager was and told us they were approachable. One person told us, "[registered manager] works alongside the staff, so we know them well. The staff are good, and you can have

a joke with them."

- Staff told us that they felt well supported and the team worked well together to deliver good care. One staff member told us, "I would be happy for a relative of mine to live here."
- The registered manager told us, "If we need anything for the home we will ask the owners and they will supply the funds so that we can get what we need."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met their requirements under the duty of candour. Accident and incident forms were completed, and information was shared with concerned parties as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sent out annual feedback questionnaires to people and their family. The questions asked were limited to things people like about the home and one thing people would change. Positive feedback was received regarding the food, care and the environment. Suggested changes were drinks for visitors and increased frequency of showers. The actions taken to address these points were not recorded although when we asked people if they were able to shower when they wanted, they told us they would be supported to have a shower when they wanted one.
- Staff received supervision several times a year and annual appraisals were completed. This meant that staff could give their feedback in a structured way.