Beenstock Home Management Co. Ltd

Beenstock Home

Inspection report

19-21 Northumberland Street
Salford
Greater Manchester
M7 4RP

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19 November 2019
21 November 2019

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Beenstock Home is a residential and nursing home which provides nursing and personal care for up to 26 people. The home also provides a domiciliary care service to people who reside in flats located predominantly on the ground floor of the home. The home offers a culturally specific service for the Orthodox Jewish community. At the time of inspection 23 people were in receipt of a regulated activity and therefore included in the inspection; 15 were receiving nursing or personal care and eight receiving domiciliary care.

People's experience of using this service and what we found
Meeting people's spiritual and recreational needs was at the forefront of the home's ethos. People and relatives were highly complimentary of the activities available and the support they received to be integrated and involved in the local community, including attending the local synagogue or being supported to practice their faith within the home.

The home actively involved and welcomed the local community, people's family and friends into the home, to ensure people felt engaged and involved in what was going on around them. People told us they benefited greatly from this involvement, which enabled them to live as full and as normal a life as possible.

The home had developed excellent links with a number of community groups and organisations. These provided positive benefits to both people living at the home and the wider community. The home had taken part in a number of schemes and initiatives, which evidenced their standing with local and professional organisations.

The home was well-led, with people, relatives and staff are speaking positively about the running of the home, the support provided by the management team and how they had created a 'home from home'.

People spoke positively about the care provided and the caring nature of the staff. People were treated with dignity and respect and supported to maintain their independence and engage in activities both socially and spiritually of importance to them.

People were encouraged to provide their views and opinions about the home and care provided through both meetings and questionnaires, to help drive continuous improvements. The home completed a range of audits and quality monitoring processes to help support this process.

People told us they felt safe living at the home. Staff had all received training in safeguarding and knew how to report concerns. The home followed local authority reporting procedures, to notify them of any incidents or potential abuse. Accidents, incidents and falls had been consistently documented with analysis completed to look for trends and minimise future risks.

Staff spoke positively about the training provided, with completion monitored to ensure their knowledge and skills remained up to date. People and relatives confirmed staff were competent and good at their jobs. One told us, "The staff are exceptional, really caring. [Relative] can be challenging, but the staff are so patient."

People received personalised care which met their needs and wishes. People and/or their relatives had been involved in discussing their care. Care plans clearly explained how people wanted to be supported and had been reviewed regularly to reflect people's changing needs.

People spoke positively about the food and drinks provided, confirming they were offered choice and received enough throughout the day. We found meal times to be a positive experience, with people receiving support and encouragement in a dignified way and in line with their care plan.

People said they had enough to do each day to keep them stimulated and engaged. The home had a full weekly activities programme, facilitated by a coordinator. Relatives and the local community were welcome to engage in a range of activities, to encourage social interaction.

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 the service was good (report published June 2017).

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?

Outstanding ☆

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good

The service was exceptionally well-led.

Details are in our well-Led findings below.

Beenstock 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
The inspection team consisted of one inspector.

Service and service type
Beenstock Home 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 also provides domiciliary care and support to people living in their own flats located within the home.

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 the inspection
Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies 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. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who lived at the home and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, clinical lead and care staff.

We reviewed a range of records. This included five people's care records, four staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

Good

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, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:
● People said they felt safe living at Beenstock Home. Relatives also had no concerns about the safety of their loved ones. Comments included, "Oh yes I feel safe here. I was in another home where I didn't, but no issues here" and "Absolutely, [relative] is very safe and well looked after."
● Staff were trained in identifying potential abuse and knew how to report concerns appropriately. They confirmed training in safeguarding had been provided and was refreshed annually. One told us, "I did this as part of my induction and also on e-learning. There is also information in the staff handbook. If I saw something I would see my senior or the manager and report it."
● There were systems in place to ensure concerns were reported to the local authority and CQC as required. A log had been kept which detailed what had occurred, action taken and outcomes.

Staffing and recruitment:
● There were enough staff to meet people's needs. People and relatives we spoke with, told us there were enough staff on duty to look after people safely. Comments included, "Yes, even at nights there are plenty of staff" and "They work very hard and do their best to respond to me quickly."
● Staff feedback was also positive. Comments included, "We have very good staffing levels" and "Yes, there are enough staff. Any shortages are covered by overtime or an agency." The home used a system to determine staffing levels, based on the number of care hours people required and the amount of staff needed to meet these. This system confirmed staffing levels were appropriate.
● Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, work histories and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:
● Risks associated with people's care were assessed. The assessments explained each risk and how they would be managed. Areas covered included the management of pressure care and falls.
● People assessed as requiring a modified diet, received these in line with guidance. Details of people's needs were clearly documented in care files and within the kitchen. We observed people receiving the correct diet during meal times.
● The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, hoists, the lift and fire equipment, which had all been serviced as per guidance with records evidencing this.
● Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they

were in working order. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans.
● Accidents, incidents and falls had been documented consistently, with action taken to minimise future risks considered and recorded. This ensured continuous learning and improvement occurred to keep people safe.

Using medicines safely:
● Medicines were being managed safely. Staff who administered medicines had all received training and had their competency to administer medicines regularly assessed.
● We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about how and when to administer the medicine, to ensure it was done safely and effectively.
● Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines had been administered and documented as per guidance.
● Where it was deemed appropriate to administer a medicine to a person covertly, which means without their knowledge, this had been done within a best interest framework and had included input from a pharmacist, to ensure people's medicines would still be effective if given differently, such as crushed and mixed with food.

Preventing and controlling infection:
● The home was clean and free from odours with appropriate infection control and cleaning processes in place. Both people and relatives spoke positively about the cleanliness of the home and the effort put in to maintaining a pleasant environment.
● During the most recent inspection by the local authority's infection control team, the home had achieved a score of 98%. Work was underway to address the minor issues noted, to help achieve a rating of 100% at the next inspection.
● Bathrooms and toilets contained liquid soap and paper towels and hand wash guidance. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

Good

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, good. 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 told us they had been involved in discussing their care and making choices. Comments included, "I get the care I ask for" and "Yes, generally I decide everything."
- Pre-admission assessments had been completed before people moved into the home, to ensure the environment was suitable and their needs could be met. This information had also been used to help complete risk assessments and care plans.
- The home had captured people's likes, dislikes and preferences and used these in the completion of their care files. This ensured care provided was in line with their wishes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
- People spoke positively about the support they received to stay well. One person told us, "The GP comes here, I have been supported to see the dentist and other professionals." Another stated, "Yes, if needed they will get me a doctor, though I can always speak to one of the nurses here."
- People had access to a range of medical and health related services, such as GP's, speech and language therapists (SaLT) and dieticians. Feedback and guidance from professionals had been documented in people's care files and followed accordingly.
- Where concerns had been identified, such as issues with unplanned weight loss, swallowing difficulties or skin breakdown, referrals had been made timely to the necessary professionals. The home used recognised monitoring tools, to assess people's risk of malnutrition, obesity and the development of pressure sores. These had been completed consistently with actions taken as required, such as introduction of equipment or use of supplements.

Staff support: induction, training, skills and experience:
- Staff spoke positively about the training provided. Comments included, "We get enough [training]. We do mandatory plus extra ones to ensure we can meet people's needs" and "We can request training if we want any additional knowledge."
- Training was monitored via a matrix to ensure staff had completed all required sessions and remained up to date.
- Supervision was also logged on a matrix, which detailed the previous, current and next meeting for each staff member. Meetings had been held quarterly, in line with the home's policy. Staff told us they were happy with both the format and frequency of the meetings, and that additional meetings or support could be requested at any time.

Supporting people to eat and drink enough to maintain a balanced diet:
● People we spoke with told us they enjoyed the food provided and received enough to eat and drink. One stated, "The food is very nice and we get enough to eat and drink." Whilst another said, "The food is lovely, often there is too much as portion sizes are good."
● People could decide where they wished to eat, with staff supporting their decision. We observed staff supporting people during mealtimes in a dignified way, assisting them to eat or provide prompts to do so discreetly.
● People's nutrition and hydration was monitored via the electronic care planning system, which recorded the amount offered and consumed each day, to ensure people were eating and drinking enough. Where supplements had been prescribed, these had also been recorded consistently.

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.

● Mental capacity assessments had been completed to assess people's ability to make decisions in line with the MCA code of practice. Where people lacked capacity, meetings had been held and clearly documented, to make decisions in their best interest.
● DoLS applications had been submitted where necessary. A DoLS audit tool had been used to monitor the DoLS process. This covered date of submission, date authorisation was received, date of renewal and any comments, such as specific conditions listed on a person's DoLS the home needed to follow.
● Care files contained consent forms, signed by the person or their legal representative, such as Power of Attorney (POA). Where people lacked capacity and had no POA in place, the best interest process had been used to determine consent.

Adapting service, design, decoration to meet people's needs:
● Consideration had been taken to ensure the environment was suitable to meet the needs of the people who lived there. This included pictorial signage to help people navigate around the home and identify specific rooms or areas.
● People's rooms had a plaque outside which contained their name, photo and room number, again to help people identify their room.
● Art work created by people during craft sessions was displayed throughout the home, which provided a sense of ownership and personalisation.

Good

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, good. 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 and relatives spoke positively about the care provided at Beenstock Home. Comments included, "Oh yes, the staff are very kind and caring. They have a difficult job but always do their best" and "They provide great care here. [Relative] is well looked after and all their needs met. I think it is wonderful."
● Staff knew people and their preferences well. For example, one person complained of a draught and being cold due to during an activity. A staff member immediately looked for and identified the cause, addressed this and ensured the person was comfortable.
● There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. People were actively supported to celebrate their faith, which was of great importance to them. All staff were aware of people's spiritual and religious needs and how these should be facilitated.

Respecting and promoting people's privacy, dignity and independence:
● People and their relatives told us staff treated them with dignity and respect. This included knocking on doors before entering people's rooms and asking for permission before providing care. Comments included, "Yes, they always treat me with respect" and "Yes, I am treated with dignity. I am supported to shower three times a week and they help me to shave, as they know my appearance is important to me."
● Staff were mindful about the importance of maintaining people's privacy and dignity and ensured this was done consistently. One staff member told us, "I knock and ask to go in, then close the door. Talk to the person and explain what I am doing." Another stated, "Personal care has to be behind closed doors. I tell people what I am going to do and cover the body when providing personal care to maintain their dignity."
● Staff also told us they supported people to maintain their independence, by encouraging them to complete whatever tasks they were able to do. One staff member told us, "We let people to do what they can for themselves. We look for different ways people can do things for themselves, such as by using different equipment." People confirmed their independence was promoted.

Supporting people to express their views and be involved in making decisions about their care:
● People received care in line with their wishes from staff who knew them well and what they wanted. One person told us, "I know I am well looked after, staff do their best and I feel safe here."
● The registered manager had an open-door policy and encouraged people and relatives to discuss any issues or concerns or talk about their care.
● The provider also sought feedback from people and relatives via annual questionnaires. These covered a range of areas including quality of care, if people were consulted about their care, dignity and respect. The

latest questionnaire had been circulated in August 2019, with results compiled and shared. We noted responses had been positive, with the majority of the 23 respondents rating the home as excellent.

Outstanding ☆

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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 and relatives were extremely complimentary about activity provision within the home and the opportunities to socialise with the wider community. One person told us, "There is lots going on here, something every day." A relative stated, "People are encouraged to go and socialise, this is very important here. There is always something going on, people from the wider community also visit the home to take part." Questionnaires were regularly circulated to capture people's views and ensure they were happy with what was offered.

● A range of daily and weekly activities had been provided to ensure people's spiritual and recreational needs were met. Activity provision within the home had been opened up to the wider community, who were able to access sporting activities, lectures and talks. This was part of an initiative aimed at increasing exercise within the Jewish community, as part of the Jewish Aging Project. A grandmother, mother and baby group was also facilitated in conjunction with a local community centre. People spoke of the personal, emotional and physical wellbeing spending time with babies and small children provided.

● Involving family, friends and neighbours within the home, was of great importance to people, as it allowed them to maintain relationships and feel part of the community. Links had been made with a local school, with children visiting the home weekly to engage in activities and to mark each new month. The school choir regularly sang for people and their relatives. The school children also attended the home for all Jewish events, festivals and holidays, to help people celebrate.

● The home had purchased a 'magic table', which is a device which projects interactive games and activities onto a table which people could participate in, to enhance socialisation and engagement as well as stimulate cognitive abilities. We noted one person, who was uninterested in activities and required full support with eating, now attended weekly art classes as well as ate independently, due to improvements achieved from using the magic table.

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

● People received care which was extremely personalised to meet their needs. The provision of multi-cultural staff members, recruited from similar backgrounds to those of people using the service, ensured cultural and religious needs and wishes were consistently met and people's lifestyle choices fully supported. For example one person had request a male carer to support them to practice their faith. Rotas had been amended to ensure a male care was always available for this person, to either support them to attend the synagogue or engage in prayers in the home.

● People's electronic care plans were detailed and included a life history section which captured details of

their childhood, working and later life, along with people and places of importance to them. This helped staff understand them as individuals. Care plans also included a 'how best to support me' document, which people or their relatives had been involved in creating. This clearly explained how the person wanted their care and support to be provided.
● People and relatives, who had Lasting Power of Attorney (LPA) for health and welfare, were able to access the electronic care planning system remotely, so they could review care plans and other documentation at any time. This ensured relatives who lived overseas or a long way from the home could have involvement in their loved one's care.

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 carers.

● People's care documentation included details of their communication needs, to ensure these were met and information provided in a way they could understand.
● The home had access to an adapted computer system which could provide any information in easy read versions. We noted a range of information had been created and supplied in an easy read format, containing simple text and imagery. Information was also available in audio formats and pictorially.
● Due to being a multicultural service provider, the home understood many people and their relatives did not use English as their first language. As a result the home actively recruited staff who spoke a number of languages, to ensure people could communicate and receive information in their preferred language.

Improving care quality in response to complaints or concerns:
● The complaints procedure was clearly displayed within home, to ensure people knew what to do, should they wish to raise any concerns.
● People and their relatives told us they knew how to complain and would feel comfortable doing so if needed. Comments included, "I would speak to the head person or the nurse" and "I know how to complain, I would tell one of the staff." None of the people or relatives we spoke with had made a complaint.
● We found any complaints received had been managed openly and appropriately, as per policy and procedure, with a log kept detailing the nature of the complaint and action taken by the home.

End of life care and support:
● The home followed the Orthodox Jewish protocol for end of life and dying. In partnership with the centre for Culturally Sensitive Healthcare Advocacy, the home had worked to create, facilitate and distribute Chayim Aruchim; seven key points to know when caring for Orthodox Jewish palliative or hospice care patients.
● The home completed 'Jewish Living Wills' which are recognised by the NHS as the Jewish equivalent to Advance Care Planning. These documents ensured people's religious and cultural needs were met when at the end of their life.
● The home was also Six Steps to Success in End of Life Care accredited and actively followed this programme.

Good

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 has remained the same, good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The home had an experienced registered manager who had been in post for over four years. They were supported by a deputy manager and clinical lead. Staff were positive about the management of the home and the support they received. Comments included, "This is like my second home. They have really invested in me" and "The management really look after the staff, they are very approachable, we even have a number so we can call them on their day off if we need anything."
- People and relatives were complimentary about how the home was run, each telling us they would and in many cases had recommended it to others. One told us, "Care here is provided from the heart, I would recommend the home definitely." Another stated, "[Registered Manager] is very good. Best decision I ever made coming here, I would recommend the home to others, for me it's been ideal." Whilst a third said, "The home is well run, professionally run, but is like a home from home, it's wonderful."
- Resident meetings had been held weekly, to ensure people had ongoing involvement into how the home was run, the activities they completed any other decisions of note.
- We noted a number of examples of the home engaging with the wider community to involve them in the home as well as to provide outreach support. The home ran a soup kitchen four days per week, which allowed the local community as well as those people who received a domiciliary care service, to access a fresh, nutritious meal. Meals were also prepared for individuals in the community in need of support and people receiving domiciliary care within the home which were delivered to them, similar to 'meals on wheels'.
- The home had worked with local GP practices and CCG to be part of the wider communities 'Healthier Salford' programme. The home facilitated a GP access point for all people within the home who couldn't access GP surgeries. This was also opened up to the wider community and provided people with a safe, supportive environment in which to access a GP or receive medical advice.

Working in partnership with others:

- The home worked in partnership with a number of organisations, for the benefit of people living at the home, as well as the local community.
- The home had strong links with a local special needs college and provided work placements for some of their students. The home also provided voluntary placements for other people in the community with protected characteristics, such as physical disabilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

● The registered manager understood their regulatory requirements. They had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths. Requests for additional information had been provided promptly.

● The home used a range of audits and monitoring systems to assess the quality and performance of the home and care provided. These covered all aspects of care provision along with the safety and suitability of equipment and the premises. The home used an electronic system, which allowed 'live' monitoring to be completed, to ensure issues where picked up and addressed quickly and effectively.

● The home used a continuous improvement plan, onto which any issues identified through auditing and quality monitoring processes was recorded. The document included sections for any actions, who was responsible, target date for completion, progress and actual completion date. A plan had been created for each of CQC's key lines of enquiry (KLOE), to ensure compliance.

● We found this document, along with the auditing systems in place had been used successfully in improving care and maintaining compliance. The home also carried out analysis after any incidents had occurred. Any learning outcomes were shared with staff, who were also supported to complete reflective practice to help them learn from any mistakes and improve practice moving forwards.

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 registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. Effective communication was maintained through weekly meetings, ongoing discussion during visits and the open-door policy.

● People and relatives' access to the electronic care planning system, also ensured openness, as they were able to see what had occurred each day.

● The registered manager told us, "I am very rigid with policies, procedures or laws, but we try to be as flexible as we can within this. Last word for someone should be no, we try to meet everyone's requests and needs and try to be open and transparent at all times."