Care Quality Commission

# Black Swan International Limited

# The Beeches

## Inspection report

West Harling Road, East Harling,
Norwich, Norfolk, NR16 2NP
Tel: Tel: 01953717886

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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? | Good |

## Overall summary

This inspection was carried out on 27 August 2015 and was unannounced.

The Beeches is registered to provide accommodation and personal care for 44 older people, some of whom were living with dementia. There were 25 people living at the home during this inspection. The home is situated over two floors. All bedrooms had ensuite facilities. There are a number of communal areas within the home, including lounges and dining areas, a conservatory and a garden for people and their visitors to use.

There was a registered manager in place. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Staff respected people choices and the majority of staff were aware of the key legal requirements of the MCA and DoLS.

# Summary of findings

People who used the service were supported by staff in a respectful and caring way. People had individualised care and support plans in place which recorded their care and support needs. Individual risks to people were identified by staff. Plans were put into place to minimise these risks to enable people to live as safe and independent a life as possible. These records guided staff on any assistance a person may require. Arrangements were in place to ensure that people were supported and protected with the safe management of their prescribed medication.

There was an 'open' culture within the home. People and their relatives were able to raise any suggestions or concerns that they might have with staff and the registered manager and feel listened too. People were supported to access a range of external health care professionals and were supported to maintain their health. People's health and nutritional needs were met.

Recruitment checks were in place to make sure that staff were deemed suitable to work with the people they supported. There were a sufficient amount of staff on duty to meet peoples care and support needs.

Staff were trained to provide effective care which met people's individual needs. Staff understood their role and responsibilities to report poor care. Staff were supported by the registered manager to develop their skills and knowledge through regular supervision and training.

The registered manager sought feedback about the quality of the service provided from people who used the service and staff by sending out questionnaires. They had in place a quality monitoring process to identify areas of improvement required within the home.

# 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.

Robust safety checks were in place to ensure that staff were of a good character and recruited safely. People's care and support needs were met by a sufficient number of staff.

Systems were in place to support people to be cared for safely. Staff were aware of their responsibility to report any safeguarding concerns.

People were supported with their medication as prescribed.

Good

**Is the service effective?**
The service was effective.

People were assessed for their capacity to make day to day decisions. Appropriate DoLS applications were made to the authorising agencies to ensure that people's rights were protected.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Good

**Is the service caring?**
The service was caring.

Staff were caring and respectful in the way that they supported and engaged with people.

Staff encouraged people to make their own choices about things that were important to them and to maintain their independence.

People's privacy and dignity were respected by staff.

Good

**Is the service responsive?**
The service was responsive.

People were supported by staff to take part in activities within the home and had links with the local community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated. People's individual needs were documented clearly and met.

There was a system in place to receive and manage people's suggestions or complaints.

Good

**Is the service well-led?**
The service was well-led.

There was a registered manager in place.

People and staff were asked to feedback on the quality of the service provided through questionnaires and meetings.

Good

# Summary of findings

There was an on-going quality monitoring process in place to identify any areas of improvement required within the service.

# The Beeches

**Detailed findings**

## Background to this inspection

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

This unannounced inspection took place on 27 August 2015. The inspection was completed by two inspectors and an expert by experience. An expert by experience is someone who has experience of caring for someone who has used this type of care service.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications.

Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also received feedback on the service from a representative of the Southampton Council commissioning team to help with our inspection planning.

We spoke with six people and three relative's, the operations manager, regional manager, registered manager, deputy manager, one senior care staff and one care assistant. We also spoke with the chef, kitchen assistant and housekeeping. We used general observations to help us understand the experience of people who could not talk with us.

We looked at three people's care records and we looked at the systems for monitoring staff training, supervisions and recruitment checks. We looked at other documentation such as quality monitoring records, questionnaires, accidents and incidents records. We saw compliments and complaints records, and medication administration records, business contingency plans and the building maintenance and utilities safety checks.

Good

# Is the service safe?

## Our findings

People told us that they felt safe. One relative told us, "We're quite sure [family member's] safe here." Another relative said that they, "Feel [family member] is safe," and that, "Communication (with staff) is good." Staff demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor practice. They gave examples of types of harm including people with behaviour that may challenge others and what action they would take in protecting people and reporting such incidents. This included external agencies they could also contact to report poor care practice. Training records we looked at confirmed that staff received training in respect of safeguarding adults. This showed us that there were processes in place to reduce the risk of harm to people living in the home.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who lived in the home.

People had detailed risk assessments within their support and care plans which had been reviewed and updated. Risks identified included, people at risk of falls, moving and handling risks, poor skin integrity, and behaviour that may challenge others. Where people were deemed to be at risk, these risks were monitored. We saw documented 'turn charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. We noted that as a result of this monitoring and where appropriate, staff had made referrals to the relevant healthcare professionals such as, but not limited to; occupational therapist, speech and language therapist or continence nurse. Records gave clear guidance and information to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

We saw that there were sufficient staff on duty to meet people's support and care needs throughout the day. The registered manager on occasion used agency staff to cover short notice staff absences. Staff told us that regular agency staff were used so that they knew the people they would be supporting. One person confirmed to us that, "The [staff] response to the call bell is very good." Another person said that, "Staff come quickly if called." Our observations showed that people's needs were met in a timely manner and care call bells responded to promptly. We saw that staff were available in each communal area of the home supporting people. The registered manager told us that they assessed regularly the number of staff required to assist people with higher dependency support and care needs. Records we looked at confirmed this. This showed that the registered manager had enough staff available to deliver safe support and care for people who lived in the home.

Records to monitor new staff recruitment documented that pre-employment safety checks were carried out prior to staff providing care. Staff we spoke with confirmed this. One staff member said that no one started work at the home without safety checks being in place. This was to ensure that new staff were suitable to work with people they would be supporting. Checks included references from previous employment and a disclosure and barring service check (DBS). This is a criminal records check and a check that staff are not on the 'barred' list for England, Wales and Northern Ireland. We also saw photo identification and address identification had also been sought and was held on file.

Our observations showed that people were supported by staff with their medication in an unhurried, discreet, and safe manner. The medicines trolley was attended at all times by staff and it was observed that the staff member did not sign to say that medication had been given until people were observed swallowing their medication. Staff told us that they received medication training and that their competency was assessed. Records we looked at confirmed this.

Records of medication administered were complete and we saw that all medication was stored securely and at the correct temperature. Staff we spoke with who administered medication were clear on how medication was to be administered. This included medication that had to be administered at least 30 minutes before food or was time specific. Records were in place to document what time the

Good

# Is the service safe?

medication had been administered This was so staff could quickly see what time the last medication dose was given, to ensure that the correct and safe time gap had been adhered to.

We found that people had a personal emergency evacuation plan in place in the care records we looked at and there was an overall business contingency plan in case of an emergency. This showed that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

We looked at the records for checks on the home's utility systems and the buildings fire risk assessment. These showed us that the registered manager made regular checks to ensure people were, as far as practicable, safely cared for in a place that was safe to live, visit or work in.

Good

# Is the service effective?

## Our findings

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Assessments to establish people's capacity to make day to day decisions had been determined and appropriate applications made to the supervisory body (local authority).

People said that staff respected their choices. People told us that they felt listened to by staff.

Staff we spoke with showed they understood the importance of asking about and respecting people's choices. Staff were able to demonstrate to us an understanding that they knew how to ensure people did not have their freedom restricted.

Meals were served to people by giving them a choice. This was done by a displayed menu, or for people who were unable to remember the choice they had made we saw that meal options were plated up and shown. This was done in an unhurried manner by staff allowing the person time to make their choice. This meant that the person was able to make an independent choice using visual prompts from staff. One person said, "I can have what I want (food options) – staff are so nice." Where a person requested a vegetarian version of a meal we saw that staff made this request to the chef and that this was actioned. People we spoke with were complimentary about the quality of food and the choice of meals. One relative told us, "[Family member] has put on weight since she's been here and if the food wasn't good she wouldn't eat it." A person said, "This is lovely." Another person told us, "The food is very good here." People where appropriate, were assisted by staff with their meal and drinks. We saw staff supporting people who needed assistance with their meals in a patient and caring manner. We saw that the staff member waited until they finished each mouthful, giving encouragement to the person respectfully and calmly. At meal times we saw that people were encouraged by staff to sit and eat in the dining rooms to promote social inclusion. We also saw that people were supported in their rooms should they choose to do so. One person told us that they liked to have their meals in their own room and that this was their choice.

Snacks, fresh fruit and drinks were available to people throughout the day. We saw that on arrival to the home people were eating a selection of fresh fruit or homemade cakes. Drinks were readily available and we saw staff encourage people to drink throughout our visit. One person said, "They (staff) come round mid-morning and mid-afternoon and ask you what you would like to drink."

Staff told us that they were supported by the registered manager. One staff member said that the registered manager, "Would listen and act on suggestions." Records we looked at and observations showed us that staff had regular supervisions with the registered manager. Staff said that when they first joined the team they had an induction period which included training and support. This was until they were deemed competent and confident by the registered manager to provide safe and effective care and support. One staff member said that when they started work in the home they felt fully supported, "The management all work the same way so staff know where they are."

Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the registered manager's record of staff training undertaken to date. Examples of training included; dementia awareness, first aid, fire safety, mental capacity act 2005 and deprivation of liberty safeguards, medication, safeguarding, infection control and moving and handling. One staff member told us about some specialist dementia training that they had completed. This training encouraged staff to experience what it felt like to live with dementia. The staff member said that this training had a, "Profound effect on her," enabling them to have a better awareness and understanding of dementia. This training was to be rolled out to all care staff. This showed us that staff were supported to provide effective care and support with regular training.

One person said that staff were quick to involve external health care professionals. They said that the, "GP is called quickly." However, some other people we spoke with said that they were not visited regularly by a doctor but that a doctor would be called if necessary. Records we looked at showed that external health care professionals were involved by staff to provide assistance if there were any concerns about the health of people using the service. Documented evidence showed effective treatment and

Good

# Is the service effective?

care was being provided in line with guidance from the district nurse. Care guidance followed by staff for a person with poor skin integrity had resulted in their pressure sores being healed. This showed that staff were quick to involve external health care professionals when needed.

Good

# Is the service caring?

## Our findings

People and their visitors had positive comments to make about the care and support provided. They spoke highly of the staff who assisted them or their family member. One person said, “The staff are very, very good to us.” A relative told us that the care provided was, “Tip top.” We were told that staff supported people in a kind and caring manner and our observations throughout the day demonstrated this.

We saw that people were assisted by staff to be as independent as possible. Observations showed that staff encouraged people to do as much for themselves as they were able to. We noted that staff guided people when needed, in a respectful way. One person told us how staff respected their independence but added that staff reminded them, “Don’t forget we are here for you.” A relative said, “They [staff] treat [family member] with respect and have been very caring.” On the day of our visit we saw people’s relatives visiting the home. A person said, “Visitors can come at any time in reasonable hours." A relative also said, “I am not aware of any restrictions on visiting.” A relative told us that, “The staff are very caring – they make us feel welcome and we feel we are part of the family.”

We saw that staff supported people in a kind and patient manner. Staff took time to support people when needed at a pace the person was comfortable with. We observed a staff member supporting someone to walk to their room. The staff member followed the person who used mobility equipment to aid with their walking. The staff member made sure they respected the person’s independence whilst ensuring that they were within easy reach should the person require assistance. We also saw staff reassure people, who were becoming anxious, in an understanding manner to help them settle. We also noted good examples of how staff included and involved people in conversations throughout our visit.

People told us that staff respected their privacy and dignity when supporting them. One person said that staff knocked on their bedroom door when they wanted to enter. When they queried with staff why they knocked the person was told by staff, “Don’t forget that this is your own home.” Another person said, “The staff knock on my door before coming in.” However, another person told us that, “The staff knock on the door but then come in at the same time.”

Our observations throughout the day showed that people’s rooms were personalised with their belongings to make them feel more homely. We saw that people were dressed appropriately for the temperature within the home and in a clean and tidy manner which maintained their dignity. One staff member explained to us that people were offered a shower or bath each day whereas previously people had set bath and shower days. Another staff member told us that they felt they had more time to give to people who were being supported. They said that the care was given by staff as the person wished it. This was confirmed by people we spoke with. This meant that people were supported by staff to be involved in making their own decisions on how they wished to be assisted and that staff respected these individual choices.

Care records we looked at were written in a personalised way which collected social and personal information about the person, including individual needs. People also had their end of life wishes documented should they choose to. These plans included a wish to not be resuscitated. A staff member told us that people’s care and support plans were more personalised, easier to read and understand so that the correct individualised care could be given.

Records we looked at showed that people or their appropriate relative were involved in the agreeing and review of their care and support plans. A relative told us, “The manager visited us to see [family member] and the whole process (admissions process) was completed quickly and smoothly.” People’s care and support plans were in place for staff to refer to so that staff had a greater understanding of the needs of the person they would be supporting.

Advocacy services information was available for people where required. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Good

# Is the service responsive?

## Our findings

During this inspection we saw people maintaining their interests by watching television and reading books. People told us that a hairdresser visited the home should they choose to use these services. We observed a staff member assist two people playing a game of dominos in the communal lounge. This support was given by the staff member in a respectful, encouraging and un-intrusive manner. A staff member described to us how a person they supported was not able to use the garden as often as they once did as their health had deteriorated. Staff had discovered that by showing this person gardening books, the person would interact and respond with a smile. We saw that this had been recorded in the persons care record as guidance for staff.

Records showed that people were supported to maintain their links with the community. Recently a summer fayre had been held in the homes communal gardens which included stall holders from the local areas. A person told us how staff supported them to go shopping in the local high street. They said how entertainment was laid on for people living in the home such as a classical guitarist and Elvis impersonator. They said that there were enough activities for people to do if they chose to take part.

We looked at three people's care plans during our inspection. Records we looked at documented that people had signed to agree their plan of care and support. Reviews were carried out regularly to ensure that people's current support and care needs were documented. Records included information on people's social history and we saw that people's preferences were recorded and how the person wished their care to be provided. People told us that they felt staff knew them as a person and knew their likes and dislikes. This meant that staff got to know and understand the individual they were supporting.

Staff demonstrated a good understanding of each individual persons care and support needs. One relative told us, "We are very impressed with the carers and the standard of care." Another relative told us that, "Communication is good…. Staff are lovely with everyone." They went on to tell us that, "The new company (provider) has made a transformation (at the home)."

People and relatives told us that that they knew how to raise a concern but had not had to do so. One person said, "No problem in complaining – I would complain direct to the manager. " A relative said, "I have never had to complain but I would have no problem in talking to the manager." People and their relatives told us that communication was good and that they would speak to staff if they were concerned about anything. We asked staff what action they would take if they were aware of any concerns. Staff said that they knew the process for reporting concerns and would inform the registered manager. Records of compliments showed that people and their relatives were complimentary about the care they or their family member had received. Complaints records showed that they had been reviewed and action taken as a result of the concern raised. Information about the providers complaints policy was made available to people. We saw that a copy of the providers complaints policy was displayed by the main entrance of the home for people and their visitors to refer to should they need to do so.

Good

# Is the service well-led?

## Our findings

The home had a registered manager who was supported by care staff and non-care staff. We saw that people who lived at the home and staff interacted well with the registered manager and visiting regional and operations managers. People we spoke with had positive comments to make about the registered staff and manager. Relatives said that the registered manager kept them up-to-date about their family members. One person told us that, "I like living here, people are so nice to me." A staff member told us that in the past year, "It has been a pleasure to come to work." This they said was due to a positive change in the atmosphere within the home and the morale of staff had greatly improved.

Staff told us that the culture in the home was 'open' and that the registered manager was approachable and supportive. The registered manager told us how they had moved their office from the front of the home to the middle of the home. Their office walls also had part partitioned glass walls which meant that they were visible and not cut off from the people living in the home, staff or visitors. One relative said, "I have always been treated with respect and the [registered manager] is very professional, always willing to answer questions."

Records showed that people and relatives' could attend meetings to discuss and feedback on the service provided. People, were also given the opportunity to formally feedback on the quality of the service provided by completing a 'living in this home' questionnaire. Feedback showed a positive response with no improvements documented to improve the service provided.

Staff meeting records showed that staff meetings happened and that they were an open forum where staff could raise any topics of concern they wished to discuss. Staff told us that they were encouraged to make any suggestions that they may have to improve the service.

We saw documented evidence that there was an on-going quality monitoring process with actions taken on any improvements needed. Monitoring included, but was not limited to; an annual development plan for the home, people's care records, medicine administration records, health and safety, fire safety, activities and administration. We saw the provider analysed any accidents that may have occurred to look for 'repeat trends' and action was taken to reduce the risk of reoccurrence. This meant that there was a robust on-going process in place to monitor the quality of service provided.

The registered manager notified the CQC of incidents that occurred within the home that they were legally obliged to inform us about. This showed us that the registered manager had an understanding of the registered manager's role and what this entailed.