Beechcroft Care Homes Ltd

Choice Care Home

Inspection report

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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

Summary of findings

Overall summary

The inspection took place on 10 October 2018 and was unannounced. At our last inspection on 14 and 15 August 2017 we found breaches of three legal requirements relating to records, hydration and staffing levels. At this inspection we found there were no breaches in legal requirements and there had been improvements across the service to the quality of care and outcomes for people.

Following the last inspection, we met with the provider and asked them to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well-led to at least good. After the last inspection we added a positive condition to the providers registration asking for a monthly report to be sent to us so the service could share with us the improvements they were making and how they were managing risks. The service adhered to this positive condition and sent in reports as required.

Choice Care 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 accommodates up to 32 people in one adapted building. At the time of our inspection there were 24 people living in the home. Six of the rooms were allocated for people discharged from hospital who needed recuperation before moving home. The people in these rooms had specialist community health professionals from the integrated care team visiting them as well as care support from staff in the service.

Choice Care Home had a registered manager in post at the time of our inspection. 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.

There had been a marked improvement in the way risks were managed for people since our last inspection in August 2017. There was better oversight in ensuring people were hydrated and how this was recorded. The service had implemented a new electronic recording and support planning system which flagged up to care staff when people needed support and recorded when it was given.

People told us they were happy living in the service and staff were kind and caring. Some people said care staff could spend more time with them but we saw that people were having their needs met.

People were kept safe through robust safeguarding processes and staff were aware of what abuse might look like and how to report it. The service had shown how it learned from incidents such as falls and reduced the risk as a result. Risks around health concerns were managed well and health professionals told us they were pleased with the communication in the service.

Care plans were person centred and regularly updated. Care staff knew people's needs and how they liked their personal care to be provided. People said they enjoyed the food and were offered different meal choices.

Complaints were recorded and fully investigated. People and relatives said they were happy to and knew how to complain. The quality assurance systems were thorough and the registered manager and deputy managers monitored the day to day running of the home.

Medicines were managed safely and staff who administered medicines were trained and competency tested. The home was clean, tidy and pleasantly decorated. Infection control procedures were followed and care staff wore appropriate personal protective clothing such as aprons and gloves where appropriate.

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.

People were protected from harm through robust safeguarding processes and staff being confident in passing on concerns.

Medicines were managed safely and care staff were aware of the risks people faced and described what was captured in risk assessments.

There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff were provided with training to meet people's needs and supported through supervision.

People enjoyed the food and had enough to drink.

Healthcare services were accessed when required and communication with healthcare professionals was prompt and accurate.

Is the service caring?

Good

The service was caring.

People told us care staff were kind and patient.

People were treated with dignity and respect and care staff respected their privacy.

People were offered choices in their day such as what they could eat and what they wanted to wear.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and contained instructions for

how personal care should be delivered.

Complaints were well managed.

The service was working on developing their programme of activities.

Is the service well-led?

Good

The service was well led.

The service was meeting their registration requirements.

There was a positive, open culture and care staff felt supported by the management team.

Quality assurance was robust and audits for aspects of the day to day running of the service were completed regularly.

Choice Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 10 October 2018 and was unannounced.

The inspection was carried out by two adult social care inspectors. Before the inspection we reviewed information, including notifications where the service notified us of important events. We looked at the service Provider Information Return, where we are sent a detailed report of how the service is doing well and how they are planning to develop further. We also spoke with the local authority and looked at the last inspection report.

During the inspection we spoke with nine people using the service, and five of their relatives. During the lunch time meal, we used a Short Observational Framework Interaction (SOFI). This is a tool for observing the care experience for those people who may not be able to communicate verbally with us. We also observed general interactions between the leadership team, people living in the home and care staff and did a walkthrough of the environment, checking people's rooms and the kitchen and communal areas.

We looked at five staff files, tracked the care pathway for five people and looked at how medicines were managed including medicine administration records (MAR).

We examined records for fire safety and health and safety, falls records and analysis, complaints, and quality assurance. We spoke with four health and social care professionals as part of our inspection process.

Good

Is the service safe?

Our findings

Following our previous inspection in August 2017 this key question had been rated as 'Requires Improvement'. This was due to risk assessments not always having actions taken that had successfully mitigated or managed risks to people's health. Some evidence from risk assessments was missing or contradictory, and instructions or guidance for staff was not always clearly communicated. At this inspection we found risks were recorded and managed well and actions had been taken to mitigate against them happening again.

At our last inspection we were also concerned that people were not receiving sufficient fluids to maintain their health. At this inspection people had enough to drink and were not being placed at risk of dehydration. The service had installed a new electronic recording system which flagged up before people were due to be offered a drink which meant every staff member was made aware of people's hydration needs. Throughout the day people were offered hot and cold drinks and everyone had a drink within reach.

People told us they felt safe and relatives said their family member was kept safe, one said, "I don't have any worries on a safety front". People were safeguarded from abuse by robust policies and procedures that care staff were aware of. They knew what potential abuse might look like and who to report any concerns to. Every staff member had safeguarding training and the registered manager had a good understanding of when to report something to the local authority and the CQC and what actions could be taken to prevent any further harm.

Risks were assessed and reviewed regularly for each person and included areas such as skin integrity, falls, diabetes and choking. When we asked, staff were aware of people at risk of choking. Where people had been prescribed thickening agents for drinks staff were aware of the correct thickness to reduce the risks of the person choking. This was also recorded in their support plans and showed risk information was shared amongst the team.

Incidents were recorded and signed by a manager to verify actions had been completed and records showed where learning had taken place to reduce the risk of it happening again. Falls were monitored separately and analysed by the registered manager. The falls policy stated that all falls, slips and trips needed to be monitored and analysed monthly so themes and patterns could be identified. We saw evidence that the registered manager was doing this by tracking the dates, times, locations, and risk factors of falls. It also showed that next of kin and GP's were being made aware of falls so that key people in the person's life were aware of the risks they faced. The records showed an overall reduction in falls and the registered manager told us how they had supported people to reduce falls by using pressure mats where appropriate and with consent, and learning what caused people to fall.

Care staff said there were days when there could be more of them on shift, for example if someone became unwell, but felt people's needs were being met day to day. There were five staff working in the morning and four in the afternoon of the inspection which matched the staff rota. Staffing levels were worked out on a dependence tool based on the needs of people. The deputy manager told us if more people with higher

needs moved in staffing levels would go up to meet that need. Care staff said, "We have more time now to talk with residents and more time allocated to them" and, "We have more staff now. It can get busy in the afternoon." We saw people were having their needs met but staff did not have time to sit with some people as they would have liked. One person mentioned this to us and said, "They are rushed and give me a drink then leave me." A health professional told us "It has appeared to be well staffed during my visits, for example; the door is answered in good time, the call bell is answered quickly when I have rung for assistance. There is often someone to come around with us when we see different individuals".

People's medicines were being managed safely. Only senior staff and staff who had received training administered medicines, and their competency was regularly re-assessed to ensure their practice remained safe. The service were working with the pharmacy to review prescribing to work out the best way to manage medicines for the needs of the service. Where any errors had occurred, these were followed up to reduce risks of them being repeated. Medicines were supplied to the service in a series of blister packs from the local pharmacy. All medicines were being stored safely, including those medicines which needed to be stored in a refrigerator. Temperatures of the medicines room and fridge were being recorded daily, to ensure they maintained medicines at the correct temperature. Records were completed for each medicine administration (MAR) and these were regularly audited. Where people had pain relief medicines delivered through a skin patch, body maps were in place to ensure the patch sites were changed regularly. This stopped people's skin becoming sore.

Where people had medicines for 'as required use' we saw there were clear protocols in place to help staff understand when these should be given, and at what frequency. We saw one person's MAR which indicated they had an inhaler to be used up to four times a day when needed. We saw the person was receiving this regularly four times each day and had been for the preceding week. Staff told us the person had been needing this, which could indicate a deterioration in the person's condition. The service had already highlighted this and were reviewing it with the intermediate care pharmacist and representative of the GP practice. They told us they would also request a GP review of the person's health to see if another medicine would be more suitable in managing their condition.

We saw people being supported to take their medicines. People were given time to take them and staff discreetly explained what they were for. We saw staff checked if people needed some 'as required' medicines, for example for pain relief and these were not given if people did not want them.

People were protected from harm by the service employing staff who had been through police checks to make sure they were suitable to work with vulnerable people. The service had interviewed each staff member and obtained references from previous employers.

People were supported in an environment where risks were identified and minimised. Regular checks and audits were undertaken and the registered manager could tell us about the current and future upgrading and redecoration. We identified two rooms to the registered manager which had some odour issues, but other areas seen were clean and substantially odour free. Window openings were restricted and hot surfaces protected. We found one room had trailing television cables and the registered manager took immediate action to reduce the risks from this. Fire risks were managed and equipment was regularly checked.

General infection control practises were followed, with staff using gloves, aprons and hand washing facilities throughout the home. Since the last inspection the home had improved the laundry area, to ensure clean and dirty linens awaiting laundering were kept separate. This helped reduce the risks of cross infection. Staff told us this was a much better area to work in.

Good

Is the service effective?

Our findings

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 so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

A relative told us the service had a good understanding of the balance between choice, capacity and consent. This included the person making poor choices about their healthcare on occasions but the service understanding it was their right to do so, as they had capacity. They told us, "The service respects her choices even when they are bad ones." Care staff echoed this and explained how people could decide to do as they wished, staff could help them understand the implications of their choices but ultimately it was the person's decision to make.

The provider had recently employed a training officer who the registered manager said had already made a difference in staff training. Care staff said they felt they had the knowledge and skills to meet people's needs and new staff said the induction equipped them to start in their role. New staff were supported to complete the care certificate, a nationally recognised qualification based on a minimum set of standards that health and social care workers follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Care staff had completed mandatory training in safeguarding, infection control, moving and handling and regular fire safety training. An area identified for training was person centred care and mental health awareness but this had been requested already. During the inspection care staff were knowledgeable about people's health conditions. Health professionals visiting the service told us care staff now had a much better understanding of the complexities of people's health and needs.

People were supported to access healthcare services when they showed signs of becoming unwell or had ongoing conditions. The district nursing service visited daily and there were different specialist healthcare professionals coming in to see people daily for various health conditions as well as podiatry and optician visits. Feedback from visiting professionals was that staff knowledge of health needs had improved greatly and communication about health needs was helpful and timely. One healthcare professional said, "Information that we need is always readily available, for example weights and a record of food and fluid intake, what was offered and actually taken. [one of the deputy managers] implemented that the service

user's weights be done on the day of their room, (room 1 the 1st, room 2 the 2nd etc). The weights are always recorded and appropriate action taken as is necessary. I.e. dietitian/ GP referral. This happens with other agencies and the staff at Choice appear to be proactive and able to pre-empt situations". Where clear assessments had not been received as a part of the transfer details for intermediate care people, the service followed this up with the hospital and GP. This helped ensure people's needs were understood and could be met. In one file we saw the person had a specialist assessment tool to help staff understand if the person who could not communicate verbally might be in pain.

People told us they enjoyed the food. Two people told us they had "quite enough" and another said, "I don't have a big appetite - I never have had - but I like what I get. We don't need any more because we don't do anything". One person told us how much they enjoyed the vegetables – "Just like they have come from the garden - garden fresh" and another said, "The food is beautiful." One visiting professional told us, "In the spring and historically people were still sat eating breakfast at 11-11.30 am. This has now ceased and mid-morning snacks are offered following completion of breakfast." We saw evidence of how changing the food and mealtime experience had contributed towards improved health outcomes for some people. For example, one person who was underweight had put on almost 10kg and their general health improved, including some long-standing leg ulcers healing up.

We carried out a SOFI observation over the lunchtime period. Prior to the observation the registered manager told us they had made many changes to improve people's experience over meals because of feedback they had received about a previous negative experience . We observed people being supported well, offered choices and eating their meals at their own pace. For example, we saw one person was offered a choice of puddings on offer. They could not decide which they wanted, so were given all three to sample and then ate them all, and thoroughly enjoyed them. People were bought to the table just prior to their lunch and were served when they were ready so they did not have to wait. If people wanted something else other than the meal on offer, this was provided quickly, for example one person said they wanted soup and toast instead of roast chicken. People had linen napkins, and gravy was bought to the table in gravy boats for people to add to their meal themselves rather than being pre-prepared. We saw for some people there was animated chatter and laughter during the meal which was a more sociable occasion than previously. One person was being supported and encouraged by a staff member to eat. This was done discreetly. The person ate some of their meal with their fingers, which gave them some independence. They enjoyed their meal, and pushed away their plate when they had enough.

On the inspection we looked to see how well the environment had been personalised to meet people's needs, including for people living with dementia. Since the last inspection the service had carried out a dementia specific environmental audit and provided some clear signage to assist people find their way around. Toilet doors for example had been painted yellow, with clear signage to help people identify the room's use. Other directional signs were in place to highlight to people where they needed to go. The registered manager told us they were slowly removing patterned carpets, which can create visual disturbances for people living with dementia. People's bedroom doors had signs to help them identify their room. Contrasting colours had been put in place for crockery and table mats for those people who would benefit from this, such as people living with visual impairments or dementia. Some rooms had blackout curtains to help people not be woken very early by summer daylight, and contrasted surrounds were in place for some light switches to help people see them better. Work was also taking place in some en-suite bathrooms to remove the bath. This meant people had more useable space to manoeuvre around. Accessible toilets were available near communal areas.

Good

Is the service caring?

Our findings

The service had a calm and positive cheerful atmosphere. We did not observe people experiencing distressed or agitated behaviour; staff were attentive to people's needs and responded quickly to support them. We saw on arrival one staff member encouraging a person to eat their breakfast, the staff member was patient and sat next to the person, using their name and making eye contact.

Staff demonstrated a caring attitude towards people. We heard staff joking and laughing with people. One staff member said to people "stand by your beds - I'm coming in to clean" when they were going into their room, and we heard people laughing along with the joke with them. Staff celebrated when people had made improvements in their wellbeing. One staff member told us about a person living with dementia and the changes they had seen with them recently. They said, "She's great, she's so much happier in the afternoons. She sings, moves to music, we don't know what the change has been but we love it." One member of staff told us about how much they loved their job and how they had no intention of retiring as they found they enjoyed it so much.

The registered manager told us increasing people's choices about their day had helped in making people feel less anxious or distressed. For example, they told us, "Nobody gets out of bed until they are ready." For some people this meant they were not getting up until late morning. We saw people having their breakfast when they got up. Other people had this in bed. The registered manager told us, "Choice is not just a tick box exercise" and "We have seen so many changes in people" as a result.

Feedback from relatives and visitors was positive. Relatives told us, "I am very happy with the care (Name of person) is having now" and "The most important thing to me is that she always seems happy." Family members said they had been involved in people's care planning and were kept in touch with any changes in people's care needs, for example if someone had fallen. One family member told us about a recent experience when their relation had suddenly deteriorated. They had been called to the home and spent several days with their relation who had then recovered. They told us how reassuring this had been to them, and how the situation had been managed well.

People were treated with respect and dignity, they told us staff were very respectful and always asked before beginning to deliver personal care. Care staff knocked on doors and waited for a response before entering people's rooms and were all able to discuss dignity in care such as covering people up during care and drawing curtains. A visiting health professional fed back, "The interactions between staff and services users has always been respectful and kind (even when staff are unaware of my presence)."

Good

Is the service responsive?

Our findings

Visiting professionals told us how they had seen care staff grow in confidence in recognising when a person needed additional support and how much more responsive the service was as a result. One health professional said, "On Thursday morning I arrived as a service user became unwell and it was necessary for them to go to hospital as an emergency. I was impressed by the speed and efficiency of the staff in dealing with the situation and the hospital pack, as they referred to as, containing the individual's information".

Care staff knew what person-centred care was and could discuss in detail the individual preferences of people. Care plans on the electronic system used by the service captured likes and dislikes and how people would like their personal care delivered. These were reviewed monthly and for the care records we looked at and people we spoke with, were an accurate reflection of the support we saw being provided. This meant that any new staff coming into the service could read these and have clear instruction about how to support each person and their unique preferences. Some people's rooms had personal information about them and their life history on the back of the bedroom door. This helped staff better understand the person and their needs in the context of the life they had led, whilst still maintaining some privacy. One health professional said, "I love the information on the back of the bedroom doors which tells the individuals stories."

The deputy manager said, "We have person centred planning here so as we go along we know more and more." This showed a recognition that people had led long and complex lives and it might take staff some time to get to know their individual histories and needs. People's communication needs were recognised, along with information about the effects of dementia on the person, for example with a person needing extra time to process conversation or having difficulties in finding the correct words to respond. In one person's file we saw a clear advance directive in relation to receiving particular medical support. This was in line with their known religious beliefs.

People's care plans contained information about how to support the person with any distressed or anxious behaviours. For example, one person's file stated, "I sometimes have periods of anxiety and distress using the bath hoist." The plan guided staff on how to reduce the person's anxiety. We observed the person being hoisted into a wheelchair in the lounge. Staff followed the guidance in the care plan, speaking gently to the person, stroking their hand and ensuring they were aware of what staff were doing. The plan acknowledged the person sometimes shouted out, but recognised this was also a communication from the person when they were happy about something, not just at times of distress. Plans highlighted people's strengths as well as areas of concern or need, for example "she loves to sing."

The service had a 'quiet lounge' and larger lounge with television. In the larger lounge there were several activities for people to engage with if they wished, including soft toys and games. We saw some people doing so, but others would need staff support to engage with them. However, we saw in one person's plan the efforts the activities co-ordinator had taken out to engage a person who was living with significant dementia. Their care notes stated, "took in a small posy of freshly picked flowers for (person's name) – Dahlias, cosmos and asters -which she immediately responded to with a smile and bright eyes." This told us staff made efforts to engage and interact with people no matter how significant their needs. A visiting health

professional said, "Looking to the future and further improvements, I would like to see the service users being offered more activities and tasks to engage them. They now have a weekly activity schedule and the outside space looks amazing, but seems little used."

There was an adapted and secure garden with seating. Although it was a sunny day, most of the windows in the lounge were closed all day and blinds drawn. No-one was outside using the garden, even though the door was open for some time in the afternoon. We discussed the activities and trips the service arranged for people with the registered manager. They said that was an area they wanted to work more on now they had addressed some of the historic concerns the service had about the quality of care. They told us of the trips that were organised and had taken place, a visit from the pet therapist, and plans to engage with the wider community more regularly. One of the plans the two deputy managers were developing was a community café so members of the public could come in for drinks and meet people. The plan was to also have items people could buy such as birthday cards for their loved ones so they could have control over their money and take part in buying goods they could use.

All the relatives we spoke with told us they would feel happy to raise a concern with the management or any member of staff. One told us "No complaints - I can't praise them enough" and another said, "I haven't seen any need to complain". One person living at the service said "I would if I needed to, but I haven't yet. I can't fault it." The complaints policy was on display in the entrance to the home and there was a clear procedure. Complaints were investigated thoroughly and all communication and findings relating to complaints recorded.

The registered manager was passionate about end of life care and ensuring as peaceful and comfortable experience as possible for the person in line with their wishes. They had plans to take staff to the local funeral home so they could have an open discussion about people passing away and learn to be more comfortable talking about it. The registered manager told us of the more in-depth end of life care planning she would like to do in partnership with people to capture the details of what they would like to happen, if they wanted to discuss it. Some thought had gone into being prepared. Some medicines, such as those to be used to support a person at the end of their life had been prescribed in advance of being needed and were kept at the service. This meant they could be immediately available in the case of a sudden deterioration to relieve distressing symptoms or pain. These were stored safely, along with clear guidance as to when the community nurses would be expected to use them.

Good

Is the service well-led?

Our findings

Since our last inspection in August 2017 the service had implemented a new management structure and taken steps to make improvements in the areas of concern we identified. We saw lots of improvements to recording, audits, risk management and the atmosphere in the service was more relaxed and homely. The registered manager was open about the changes that had needed to be made and reflective on what had gone well and what could still be improved.

Care staff told us they felt supported through training, team meetings, supervision and the presence of the deputy manager on the floor. They told us they felt comfortable approaching the registered manager and they could make suggestions and would be listened to. Visiting health professionals spoke highly of the management team and the steps they had taken to change the way the service was run. One said, "I can honestly say it has been a pleasure to work with the team, watching them grow in strength and with pride and seeing the improvements they have made."

We saw great communication between the care staff and management and the intermediate care team regarding people with some complex health issues going through a time of change. Every relative we spoke with said they were happy with the care and thought the service was well run and felt comfortable going to the management if they had any concerns. Where people were able to they could identify a member of the management team, one of whom was usually visible in communal areas during our inspection.

The quality of care was monitored closely. The electronic system that had been implemented had a flagging system for when people needed to be offered a drink or be repositioned or offered support with continence needs. This meant staff had helpful reminders and the registered manager could check to see if any care needs had not been met or recorded and follow up on it at the time rather than discovering it in a once a week audit. Care plans were reviewed monthly, audits were done on medicines, and falls were analysed and lessons learned. The service was also supported by the provider who was in regular contact and completed their own quality audits.

The registered manager and deputy managers understood when notifications needed to be made to us in line with registration and legal requirements.

We saw evidence of partnership working with the district nurses, the intermediate care team and other visiting professionals. The feedback we received was these relationships had become stronger over the last year and better outcomes were being achieved for people as a result of this. One health professional said, "[The management team] have all been honest and open about the changes that needed to be made and have asked advice from us as a team and have been open to suggestions. I hope we were soon able to engage in a good working relationship. I certainly felt we were."