

Finbrook Limited

Beechwood Lodge

Inspection report

Meadow View

Norden

Rochdale

Tel: 012 7PB

Website: www.berrycroftcare.co.uk

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Beechwood Lodge is registered to provide personal care and accommodation for up to 64 older people including people with a dementia. It is located in the Norden area of Rochdale. This was the first inspection since the home was registered with the Care Quality Commission (CQC). The inspection was an unannounced inspection and took place on 12 May 2015. There were 34 people living in the service at the time of our inspection.

The home had a registered manager in post. 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.

Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm. Staff said they would report poor practice and felt confident that the registered manager would take appropriate action. We found that recruitment procedures were thorough and protected people from the employment of unsuitable staff.

Summary of findings

We saw that the systems in place for the management of medicines did not properly protect people who used the service. Care plans lacked guidance for staff to follow about when people should be given medicines prescribed to be taken 'when required.'

The home was clean and appropriate procedures were in place for the prevention and control of infection.

Members of staff employed at the home had previous experience of caring for older people. Records kept by the registered manager identified when each member of staff required further training in order to ensure they were kept up to date with current practice.

Members of staff had been trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they knew when an application should be made and how to submit one.

People were offered a choice of menu at mealtimes. We saw that hot and cold drinks and snacks including fresh fruit were available throughout the day. People were registered with a GP and had access to a full range of other health and social care professionals.

Throughout the inspection we saw that members of staff were respectful and spoke to people who used the service in a courteous and friendly manner.

People who used the service told us they liked living at the home and received the care and support they needed.

People were supported by staff to make decisions about their care and daily routine. Leisure activities were also organised at the home including bingo and pamper days.

A copy of the complaint's procedure was displayed in the home and included in the service user guide. There had not been any complaints made to the CQC or the local authority since the home was registered.

Members of staff told us they liked working at the home and found the registered manager approachable and supportive.

We saw that systems were in place for the registered manager to monitor the quality and safety of the care provided.

We found there were systems in place for assessing and monitoring the quality of the service provided.

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 not always safe. The arrangements in place for the management of medicines required improvement in order to properly protect people who used the service.

Members of staff knew the action they must take if they witnessed or suspected any abuse.

Recruitment procedures were thorough and protected people who used the service from the appointment of unsuitable staff.

Requires Improvement



Is the service effective?

The service was effective. Members of staff had the experience and training in order to provide effective care for people who used the service.

People were given a choice of menu for all meals. Members of staff encouraged and assisted people to have a well-balanced diet.

People were registered with a GP and had access to other health and social care professionals.

Good



Is the service caring?

The service was caring. We saw that members of staff treated people with dignity and respect.

Care plans contained the information staff needed to enable them to provide care which was person centred and promoted people's dignity and independence.

Visitors were welcomed into the home at any time.

Good



Is the service responsive?

The service was responsive. People who used the service told us they happy with the care and support they received.

People who used the service were given the opportunity to take part in activities organised at the home.

No complaints had been made to CQC or the local authority since registration.

Good



Is the service well-led?

The service was well led. Members of staff told us the registered manager was approachable and supportive and they enjoyed working at the home.

There was a recognised management system which staff understood and meant there was always someone senior to take charge.

Good



Summary of findings

<p>There were systems in place for assessing and monitoring the quality of the service provided.</p>	
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Beechwood Lodge

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 checked 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.

Our unannounced inspection at Beechwood Lodge took place on 12 May 2015. During the inspection we spoke with 8 people who used the service, 7 visitors, and 8 members of staff including the registered manager.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for an older person.

Before our inspection visit we reviewed the information we held about the service. This included notifications the

provider had made to us. We contacted the local authority safeguarding team and the commissioners of the service and Rochdale Healthwatch to obtain their views about the service.

The registered manager had completed Provider Information Return (PIR) but due to technical problems had been unable to return this document to CQC. However, the registered manager gave the inspectors a paper copy during the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for eight people who used the service and medicines administration records for 15 people. We also looked at the training and supervision records of three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

People who used the service told us that Beechwood Lodge was a safe place to live. One person said, "I am happy here and feel safe. There's everything we need here." Another person said, "I feel safer here than I would at home and it's peace of mind for my daughter." The relatives of people who used the service also considered that the home was safe. Their comments included, "The security is very good." and "She's safe here. It's the first time we've gone on holiday and not been worried about her."

The members of staff we asked had a good understanding of safeguarding procedures and knew the action they must take if abuse was suspected or witnessed. Staff also told us that they had received training in safeguarding vulnerable adults from harm. This was confirmed by the training records shown to us by the registered manager. Information we received from the local authority and Rochdale Healthwatch prior to this inspection stated they had no concerns about this service.

The staff team had access to the 'Whistle Blowing' policy. This policy ensured that members of staff knew the procedure to follow and their legal rights if they reported any genuine issues of concern. The members of staff we asked told us they would report any concerns to the manager and were confident that appropriate action would be taken. One care worker said, "I would report to a manager if I saw a resident being treated inappropriately."

We looked at the care plans of four people who used the service. These plans identified some of the risks associated with older people such as falling, and nutrition. However, none of the care plans we saw included a risk assessment for the formation of pressure sores. This meant that members of staff did not have the information they needed in order to determine the action they needed to take in order to effectively manage people's risk of developing pressure sores. The registered manager expressed her intention to address this issue as matter of urgency.

Members of staff who had received appropriate training were responsible for the management of medicines at the home. We saw that medicines were stored securely which reduced the risk of mishandling. We looked at the

medicines administration records of 15 people who used the service and found they included details of the receipt and administration of medicines. A record of unwanted medicines returned to the pharmacy was also available.

However, we saw that handwritten instructions on the medicines administration records had been signed and then witnessed by the same member of staff instead of another member of staff to indicate the instructions had been copied correctly. Moreover, we found that the instructions for one medicine had not been copied in full on to one of the medicines administration records. This practice is unsafe and increases the risk of mistakes being made.

We found it was difficult to accurately check medicine records against the amount of medicine in stock because the amount of medicine carried forward from the previous month was not always recorded. In addition to this packets of medicines were not always dated when they were opened. This made it difficult to determine whether or not people had received their medication correctly and as prescribed.

One person was prescribed an antibiotic to be taken four times a day. The medicine administration record indicated that the person had refused to take this medicine at breakfast time on the day of our inspection. However, there was no evidence to suggest that this person had been offered their

medicine again or that the person had been taken it at lunch time. Not offering and encouraging people to take their medicine as prescribed could seriously affect their health and wellbeing.

Some people were prescribed medicines to be taken when required, for example pain killers. However, two of the care plans we looked at did not contain information explaining whether a person was able to tell staff when they needed this medicine or the signs and symptoms they displayed if they could not. Clear directions for members of staff to follow should ensure that people received their medication when they needed it.

Failure to provide safe care and treatment in relation to the management of medicines is a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

We looked at the files of three members of staff appointed within the last six months. These files included an application form with details of previous employment and training, an interview record, two written references and a criminal records check from the Disclosure and Barring Service. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff.

During the inspection we saw that people did not have to wait long when they needed assistance from staff. However, the relative of one person said, "Sometimes there doesn't seem to be enough carers." Another visitor said, "The staff are wonderful but sometimes they are really rushed. The number of residents has increased but staffing levels haven't." The minutes of a meeting for people who used the service and their representatives held in January stated that concerns about staffing levels had been raised. The area manager had informed people that the staffing ratio for people with a dementia was one member of staff to five people. However, the manager explained that she had the authority to increase staffing levels in order to ensure that people who used the service received safe and appropriate care.

We were shown a copy of the duty rota which provided details of the grades and number of staff on duty for each shift. In addition to the care workers ancillary staff were also employed to do the cooking and domestic work.

Suitable arrangements were in place for the prevention and control of infection. We saw that gloves and aprons were used appropriately by members of staff in order to protect themselves and people who used the service from infection. We looked round the premises and found the home was clean and tidy. Although there was a mild unpleasant odour on one of the units the registered manager said she was aware of the problem and was in the process taking action to deal with this issue.

We saw records to demonstrate that equipment used at the home had been installed and commissioned correctly. The fire system and procedures were checked regularly to make sure they were working.

We noted that a personal evacuation plan (PEEP) was in place for each person who used the service. These plans provided directions for staff to follow about the support each person required to safely evacuate the premises in the event of an emergency. There was also a business continuity plan in place which provided information for staff about the action they should take in the event of an emergency.

Is the service effective?

Our findings

Discussion with members of staff confirmed that they had a good understanding of the needs and preferences of people who used the service. One person said, "It's excellent here." Another person said, "The staff are very good. They do anything they can."

It was clear from the information contained in the eight care plans we saw that people who used the service and their representatives had been involved in the care planning process. Care plans included information about people's health and social care needs, and contained sufficient detail in order for staff to deliver effective care.

During the inspection we observed members of staff gaining people's consent and cooperation before any care or support was given.

The registered manager explained that because this was a new service she was currently only appointing staff who had health and social care qualifications and had experience of caring for older people. One of the deputy managers told us about the training she had completed. This included fire safety, dementia awareness, safeguarding adults, food safety, infection control, management of medicines and first aid. The deputy manager was also a qualified trainer for moving and handling and was responsible for training and ensuring that new employees followed correct moving and handling procedures.

One care worker told us she a level three vocational qualification in health and social care and said, "We had a two week intensive course to cover mandatory training before the home opened."

A recently appointed care worker told us that she had shadowed other members of staff for the first two days of employment.

The registered manager showed us records which identified when members of staff had completed training. From these records the registered manager was also able to determine when further training was required in order to ensure that members of staff were kept up to date with current practice.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

Members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. At the time of our inspection an authorisation for DoLS was in place for two people who used the service. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. The registered manager told us that an application for DoLS had been made for another person who used the service.

Arrangements were in place for members of staff to have regular supervision meetings with the registered manager. One care worker told us that they found these meetings helpful and gave them the opportunity to talk about anything relevant to their work at the home including training. Records of these meetings were seen in the staff files.

People who used the service had varying opinions about the meals. Their comments included, "The meals are very satisfactory.", "Lunch was very nice and tasty.", "Some of the food is good but sometimes it's not so good. You get a good breakfast." and "The food could be better. They ask what your favourite things are. You can have anything you like for breakfast." R

The meal served at lunch time looked wholesome and appetising. We saw that lunch time was an unhurried social occasion allowing people time to chat and enjoy their meal. We observed that people on the Oak dementia suite were shown the choices available for the main course to help them to decide which one they wanted. We saw that one person changed their mind after making their choice and the meal was immediately changed. We saw that care workers were attentive to people's needs and offered appropriate assistance and encouragement when necessary.

Discussion with the cook confirmed that she was aware of people's individual preferences and any special diets such

Is the service effective?

as diabetic. Menus were planned in advance and rotated on a four weekly basis. People were offered a choice of meal and special diets and people's individual preferences were catered for. The cook said that alternatives to the menu were always available if people wanted something else. Fresh fruit was also available in order to ensure that people received a varied and balanced diet. We saw that hot and cold drinks and snacks were also available throughout the day.

The kitchen had achieved the 5 star rating at their last environmental health visit which meant kitchen staff followed very good practices.

We found that people's care records included an assessment of their nutritional status so that appropriate action could be taken if any problems were identified. This assessment was kept under review so that any changes in a person's condition could be treated promptly. People's weight was checked and recorded monthly or more frequently if weight loss or gain needed to be monitored. When necessary advice was sought from the doctor and dietician and records of food and fluid intake were kept.

Each person was registered with a GP who they saw when needed. The care plans we saw demonstrated that people had access to specialists and other healthcare professionals such as district nurses, dieticians, speech therapists, podiatrists and opticians. Records were kept of all appointments and any visits from health care professionals so that members of staff were aware of people's changing needs and any recurring problems.

We looked round the home and saw that it was furnished and decorated to a very good standard. Communal rooms were spacious and suitable for a variety of cultural and leisure activities. All the bedrooms were ensuite with shower. Bathroom facilities were also available on each floor. We found that the baths had appropriate adaptations in order to promote people's safety and independence. We saw that people had personalised their own room with photographs, ornaments and pictures for the walls to make them look more homely.

Is the service caring?

Our findings

Throughout our inspection we saw that members of staff were respectful, spoke to people in a friendly manner and addressed people by their preferred name. We also saw that staff knew people who used the service well and knew how to care for each individual. One person said, "The staff are really very good. If you have any requirements they get it for you." Another person said, "I was quite happy to come here. It's a nice place. They look after you well."

The relatives of people who used the service told us they were satisfied with the care provided. Their comments included, "The care is good. They are certainly looking after the residents."; "I think the care is very good. They deal with her dementia very well."; "It's a very good home. Since my mum came in she's improved, health wise. She's kept clean and tidy. The staff are just amazing." and "Nothing is too much trouble."

The care workers we spoke with understood the importance of promoting people's privacy and dignity. We

saw that people who used the service were nicely dressed and looked smart. The relative of one person said, "They are treated with the upmost respect. They are treated like human beings."

The care plans we looked at contained information about people's individual likes and dislikes and their life history. This enabled staff to provide care which was person centred and promoted people's dignity and independence.

Arrangements were in place for the manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker.

We noted that visitors were welcomed into the home at any time and offered refreshments. People who used the service could choose to receive their visitors in communal areas or in the privacy of their own room. There was also separate lounge where people could take their visitors or use for family events and celebrations.

Is the service responsive?

Our findings

People who used the service told us they were well looked after and that the registered manager and care workers responded to any needs that they might have. Throughout the day we saw that members of staff engaged people in meaningful conversations. The relative of one person said, "The attention here is better than the last home she was in."

Members of staff were able to tell us how they supported people to make their own decisions, wherever possible, and offered choices for people to remain as independent as possible. Two care workers explained that the daily routine was flexible and people could choose when to get up and go to bed.

The care plans we looked at included information about people's interests, hobbies and religious needs. However, people who used the service expressed varying opinions about the activities provided at the home. People's comments included, "We don't do anything, sit here. It can be a bit boring."; "The other week when it was sunny we were all sat in the garden." and "We sometimes get some entertainment. Not so much in the day but more in the evening." Family members' comments included, "She's played bingo and done a jigsaw. They've had cheese and wine and sherry. She's having her hair done in a minute."; "They had a pamper day and she had her nails done." and "We've not seen any activities because people don't want to go to the dementia suite for activities and there's no one to organise them. They had a singer about three months ago." We saw that newspapers were provided in the lounges for people to read. There was also a hair dressing salon and an activities room.

Local clergy regularly visited the home and offered Holy Communion for people who wished to practice their faith in that way.

We saw that care records were reviewed monthly but were not always updated when people's needs changed. The care plan for one person stated that bed rails were in use but none were in place on the bed. Another care plan

indicated that the person had a catheter but we were told by staff that this had been removed. The records of professional visits in another care plan stated that an 'out of hour's doctor' had visited. However, the care plan had not been updated to include any guidance for staff to follow about the care needed to manage this person's problem. Having up to date care plans enables members of staff to provide care that is responsive to people's health and social care needs.

A copy of the complaint's procedure was included in the service user guide and displayed near the main entrance to the home. This procedure told people how to complain, who to complain to and the times it would take for a response.

One person said, "I have no complaints at all." Another person said, "If there is anything wrong the staff will sort it out." The relative of one person said, "When we have a problem I go to the manager." However, the relatives of one person told us that they didn't know how to make a complaint.

There had been only one complaint since the home was registered which was quickly resolved. There had not been any complaints made to the CQC or the local authority since the home was registered.

The registered manager explained that the relatives and representatives of people who used the service had been given the opportunity to complete a satisfaction survey in January 2015. The surveys had not been formally distributed but left in reception for people to take. Only three completed ones were returned to the registered manager. These three surveys indicated that people's relatives and representatives were satisfied with the care and facilities provided at the home. However, there was also a comment about providing more activities on one of the surveys.

Meetings for people who used the service and their families were held every few months. The registered manager told us that last meeting took place in January 2015 when staffing levels, menus and activities were discussed.

Is the service well-led?

Our findings

The home had a registered manager in post. 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 registered manager was supported by senior managers from within the company including the area manager.

Information received from the local authority commissioning team and Rochdale Healthwatch prior to this inspection confirmed that there were no concerns about how the home was being managed.

The relative of one person said, "It's lovely here, very organised. The staff are brilliant."

Members of staff told us they liked working at the home and the registered manager was approachable and supportive. One care worker said, "The manager is a good boss, she's great. I love the home and I love to care for people." Another care worker said, "You have a chance to prove yourself. I got employee of the month last month."

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

We saw that policies and procedures for the effective management of the home were in place. These included, infection control, medicines management, health and safety, fire safety, complaints, disciplinary and grievance procedures, management of accidents and incidents and safeguarding.

The registered manager also showed us a company audit plan which provided details of a programme of audits to be completed over the next 12 months. This indicated that a different aspect of the service would be audited each month. Although audits of medicines and care planning had been completed in February 2015 this audit only included a random selection of care plans and medicines. The registered manager explained that the deputies were responsible for checking the medicines administration records but this was not done every month.

The registered manager explained that the area manager had recently visited the home and carried out a detailed quality audit of the service. These audits had included the environment, health and safety, infection control and staffing levels. The registered manager told us that a programme of audits would be completed every three months by the area manager.

The registered manager was aware of and had sent prompt notifications to the Care Quality Commission.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Failure to manage medicines safely put the health and wellbeing of people who use the service at risk.