

# Tamaris Healthcare (England) Limited

## Beech House 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 15 August 2017, and was unannounced.

Beech House is situated in the small town of Barton on Humber and near to local amenities, bus and train routes. The care home can provide accommodation for 30 people requiring personal care.

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 registered manager is referred to as the manager throughout this report.

At our last inspection the service was rated as Good. At this inspection we found the service remained good.

Care and treatment was planned and delivered to maintain people's health and safety. People's needs were met by sufficient numbers of staff. Recruitment processes were robust. Medicines were dispensed by staff who had received training to undertake this safely.

Staff were provided with training to help them care for people. They received supervision and appraisal which helped them develop their skills. People's dietary needs were met. The service was maintained and homely; this made it a pleasant place for people to live.

People were safeguarded from avoidable harm and abuse. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager knew how to make a referral for further assessments if required. 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.

Staff cared for people and supported them with kindness, dignity and respect. End of life care was provided.

People's care and support was monitored to ensure people received the care and support they required. Staff contacted relevant health care professionals for help and advice and acted upon what they said to maintain people's wellbeing.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to maintain and improve standards of care and support.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Beech House 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 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 inspection took place on 15 August 2017, and was unannounced.

It was undertaken by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This contained information about the service and how the provider planned to develop it. We reviewed the PIR along with other information we held, including statutory notifications which the provider had submitted. Statutory notifications are pieces of information about important events which took place at the service, for example, safeguarding incidents, which the provider is required to send to us by law. We also contacted the local authority to gain their views about the service prior to our visit.

During our visit we had a walk around the home and looked in people's rooms with their permission. We observed lunch being served and watched a member of staff giving out some medicine at lunch time.

We looked at a variety of records; this included three people's care records, risk assessments and medicine administration records, (MARs). We looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and complaints information. We looked at the staff rotas, at three staff's training, supervision and appraisal records, as well as information about the recruitment of staff.

We spoke with the regional manager and registered manager, with three care staff and cook. We spent time talking with four people who were living at the service, with two visitors and one visiting health care professional to gain their views.

Some people living at the service were living with dementia and could not tell us about their experiences.

We used a number of different methods to help us understand the experiences of people which included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported appropriately by staff and provided us with evidence that staff understood people's individual needs and preferences.

# Is the service safe?

## Our findings

We found the same level of protection from abuse, harm and risks as at the previous inspection.

People we spoke with living at the service said they felt there. One person said, "Yes, I feel safe here living with the staff." Another person said, "I am safe and well looked after." Relatives confirmed the service was safe and told us they had no concerns when leaving their loved one to return home after visiting. A relative said, "I am able to leave and not worry after visiting."

The service had policies and procedures in place to help protect people from harm and abuse. Staff undertook training about safeguarding people. The manager contacted the local authority to report any concerns promptly to protect people. Staff we spoke with were knowledgeable about the different types of abuse that may occur and they told us they would take action straight away if they suspected abuse was occurring. A member of staff said, "I would speak to the manager, who reports issues to the safeguarding team."

During our visit we inspected three people's care records. We found that potential risks to their health and safety had been assessed and were recorded. People had personalised risk assessments in place and these included; the risk from choking, falls and the prevention of skin damage due to immobility. Staff were aware of the risks present to people's wellbeing and they monitored these areas of concern to protect people's health and wellbeing.

Staffing levels provided at the service were monitored by the manager and regional manager. Staff we spoke with confirmed there were enough staff to meet people's needs in a timely way.

The medicine systems in operation at the service were robust. We looked at how medicines were ordered, stored, administered, recorded and disposed of. People's medication administration records (MAR) contained their photograph to aid identification. Allergies were recorded to help inform staff and visiting health care professionals of any potential hazards to people's wellbeing. People's medicines were stored securely in a storage room that remained in the correct temperature range to ensure medicines remained effective.

We observed a member of staff administering medicines at lunch time. They had completed training to help them undertake this safely. They verified the medicine to be given and made sure people took their medicine, as prescribed. We checked random balances of controlled medicines at the service which were correct.

During our inspection we completed a walk around the home. Staff were provided with personal protective equipment, for example; gloves and aprons to help maintain infection control. Advice was sought from infection control specialists, as necessary to protect people's wellbeing.

# Is the service effective?

## Our findings

We found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. We saw people continued to have freedom of choice and were supported with their dietary and health needs.

People we spoke with said staff met their needs and they knew what they were doing, and confirmed their dietary needs were met. One person said, "We are well looked after. The staff are very good they know what they are doing." Another said, "The food is excellent, you can eat where you like. We do what we like when we want." Relatives told us the service was effective and the food provided was good.

We saw staff completed training in a variety of subjects for example; first aid, infection control, moving and handling, fire safety, nutrition, food hygiene, safeguarding, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and dementia awareness. This helped staff to develop and maintain their skills and knowledge. The manager strived to ensure all staff training was completed. New staff undertook a period of induction, working alongside senior staff to develop their knowledge and skills. The Care Certificate, (A nationally recognised training programme) was provided for new staff. We spoke with staff who told us they learnt a lot from the training provided. One member of staff said, "We do a lot of learning. It is all kept up to date."

We found staff were provided with regular supervisions and had a yearly appraisal. This allowed the staff to discuss any further training needs or any performance issues with the manager. A member of staff said, "We have supervision and appraisals. It is helpful."

People who lack the mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The manager was aware of their responsibilities in relation to DoLS. The manager told us one person had a DoLS granted, and 2 applications for DoLS were with the local authority for their consideration.

If people were assessed as lacking capacity to make their own decisions care was provided in their best interests. We found meetings were held to discuss the person's preferences family members and health care professionals, which helped to protect people's rights. We observed staff offered choices to people and prompted them to make decisions for themselves. For example, asking people what they wanted to eat, how they would like to spend their time and where they would like to sit. A member of staff said, "We work with people every day, we offer them choices. They are like our own family."

People's nutritional needs were assessed. The cook understood and provided people's special dietary

needs. We saw drinks and snacks were provided. People who needed assistance to eat and drink were prompted and assisted by patient and attentive staff. Staff monitored people's diet and fluid intake, and where necessary they relevant health care professionals to ensure people's dietary needs were met.

During our inspections we observed how staff supported people in the communal areas of the service. Staff understood people's likes, dislikes and preferences for their care and support. We saw staff encouraged people to be independence, even if there were some risks attached to this to maintain their independence.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as, chiropodist, opticians, community nurses and GPs. People told us GP's visited and they attended hospital appointments. Staff reported and acted upon were very changes in people's health and sought medical advice.

The service was well maintained. Communal areas were clean and spacious. People's bedrooms were personalised and set to ensure staff had room to use equipment, such as hoists. Signage was provided to help people find the toilets and bathrooms and bedroom doors were numbered to help people locate their room.



# Is the service caring?

## Our findings

People told us they were well cared for and were complimentary about how the staff cared for them.

People we spoke with and their relatives told us the staff were caring. Relatives also confirmed this. We received the following comments; "Staff are nice, polite and protect my privacy" and, "I am well looked after and feel cared for. There is a nice atmosphere. Staff are very friendly." We saw staff treated people with dignity and respect during our visit.

We found staff were attentive to people and offered help and assistance, when required. Friendly banter occurred between people and the staff. Staff attended to people promptly with kindness if they looked anxious and made sure they were alright. We observed staff took their time to gain good eye contact with people, they knelt to talk with people and listened and acted upon what was said.

Staff checked on people who were living with dementia or those in their bedroom regularly. We saw staff used appropriate touch to help reassure people. Staff respected people's privacy and dignity; they knocked on people's bedroom doors and addressed people by their preferred name. They provided care and support to people in their bedrooms or bathrooms behind closed doors to maintain their privacy. This helped people to feel cared for.

Staff we spoke with told us they treated people like family. One member of staff said, "I like it here. I like to treat people as if they are my parents, looking after them and ensuring they have a good quality of life. We make sure they get the things they need." Another member of staff said, "We get to know their personality." We saw staff checked with people before delivering care and support that they were happy to be assisted and supported people with patience and kindness. Staff provided continuity of care to people.

Information was provided to people about the service, for example, inspection reports, information about local advocacy services and invitations for resident and relatives meetings. There was a computer system in place for people to give their views about all aspects of the service at any time. People said they received the care they wanted to receive.

We saw staff respected people's privacy and dignity they knocked on people's bedroom doors and addressed them by their preferred name. Care and support was provided in bedrooms behind closed doors to maintain people's privacy and dignity. We found people received care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone who used the service was discriminated against.

End of life care was provided. We saw positive feedback was received from people's relatives about the care and support provided by the staff team.

## Is the service responsive?

### Our findings

Staff remained as responsive to people's needs and concerns as they were during the previous inspection.

People told us the staff were responsive to their needs. One person said, "They [staff] hep me when I need help." Another said, "I am looked after." Relatives also confirmed this. One relative said, "When mum needs something staff do it, any health problems staff deal with it. They see the GP. I am kept well informed." People we spoke with said they could raise complaints, but had none to raise. One person said, "Oh, Yes, I would make a complaint, but it does not happen here because everything is alright."

We saw people's needs were assessed before they were offered a place at the home. This enabled staff to create individualised care plans for them. We saw people's likes, dislikes and preferences for their care and support were recorded and staff understood how to personalise people's care so they received the support they required. We saw staff monitored people's health and as their needs changed people's care records were updated to reflect their current needs.

There was a handover of information between staff at the start of each shift. This included information about people's physical, psychological and emotional needs. It also provided information from visiting health care professionals and informed staff about changes in people's health or care needs. A member of staff said, "People tell us if they are not feeling well, we also know this. We act on this and request the GP."

The manager and staff told us they had good relationships with the local health care professionals. We spoke with a visiting health care professional during our visit. They told us staff contacted them for help and advice appropriately. They said, "We have a good rapport. I undertake a full round of everyone's care once a month. The staff use their common sense if people's health is changing they lease with me or the GP, so there are no surprises. The staff follow instructions to the letter and if they are worried we are asked to come in." We saw people received support from their GP's, opticians, speech and language therapists, dieticians, dentists, chiropodists and district nurses. This helped to maintain people's wellbeing.

There was a complaints procedure in place. People we spoke with told us they would complain but had no issues to raise. We found complaints were investigated and the outcome was recorded and shared with the complainant to make sure people remained satisfied with the service they received.

# Is the service well-led?

## Our findings

We found staff were as well-led as at the previous inspection.

People told us that they were happy with the quality of the service provided and they said the service was well-led. One person said, "We have nothing to grumble about. The service is well-led there are no issues." Another person said, "It is pretty good here."

The service had a registered manager. 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.

We found there was an open and transparent ethos at the service. The manager and staff took pride in the service they provided to people. There was an open door policy in place and feedback about the service was welcomed by the manager at any time.

People's views were sought through a variety of ways. This included direct feedback, in resident and relative meetings and through questionnaires and surveys. There was a computer in reception so people could give feedback at any time about any aspect of the service. Feedback received was acted upon by the management team to maintain or improve the service.

Staff meetings occurred and staff were asked for their opinions about the service provided. Staff we spoke with told us they could speak about anything but did not have to wait for the meetings to occur because the manager was approachable and would listen to their views at any time. Minutes of the staff meetings were displayed for staff that were unable to attend, so they were kept informed. A member of staff said, "They look for our feedback."

The provider had a number of quality monitoring systems in place, which included checks and audits, for example regarding people's care plans, medicine management, accident and incidents, health and safety, and the environment. The regional manager visited and assessed the service on a regular basis. They continually looked to maintain and improve the quality of service provided to people.