Life Style Care (2011) plc

Beech Court Care Centre

Inspection report

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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

The inspection was unannounced and took place on 13 May 2015. There were no breaches of any legal requirements at our last inspection on 15 January 2014.

Beech Court Care Centre provides care for up to 50 people. This includes nursing care to older people some of whom may be living with dementia and to younger physically disabled people. At the time of our visit there were 47 people using the service.

There was a registered manager who showed us around during our visit. 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 that there were unsafe medicine practices relating to the prescribing of homely remedies.

Summary of findings

Prevention and management of infection policies related to handling blood specimens was not always followed. Equipment such as garden chairs were not fit for use and were removed before we left the service.

People told us they felt safe and had confidence in most of the staff working at the service. There were procedures in place to ensure that people were safeguarded from abuse. Staff were aware of how to report any allegations of abuse and told us they would not hesitate to follow the whistle blowing procedure if they had concerns about the quality of care delivered.

Staff were aware of how to assess, manage and report risks related to people and the environment. There were procedures in place to deal with emergencies and staff demonstrated an understanding of these procedures.

Safer recruitment practices were followed in order to ensure that appropriate checks were completed prior to staff being employed. Staffing levels were reviewed regularly and changes made accordance to the needs of people using the service.

People told us that staff understood their needs. We found that staff received an effective induction, regular supervisions and annual appraisals.

People were supported by staff who were compassionate and caring. People were treated with dignity and respect and their wishes relating to end of life care were respected.

People were supported to eat sufficient amounts that met their needs. For people identified as at risk of malnutrition appropriate referrals were made to healthcare professionals.

The registered manager and staff had recently attended training, and showed an awareness of how to lawfully deprive people of their liberty where this was in the person's best interests.

People were able to express their concerns to the manager. We saw that complaints were acknowledged and responded to in timely manner.

Care plans were person centred and indicated people's preferences. An activities coordinator worked Monday to Friday and ensured that the activities program met people's needs and preferences.

There was an open and honest culture. Staff relatives and people told us they could approach the manager. There were clear leadership structures in place and staff were aware of their roles and responsibilities. There were systems in place to monitor and improve the quality of care delivered. Feedback from people staff and relatives was sought and acted upon where possible.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

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. Although we found that medicines were stored and handled safely, we saw some unsafe practices in the handling of homely remedies.

People told us that they felt safe and that there was usually enough staff to support them. There were risk assessments in place to ensure the safety of people and the environment.

Staff understood how to recognise and report any allegations of abuse.

There were safer recruitment practices which ensured that adequate checks were completed before staff began work.

Requires improvement

Is the service effective?

The service was effective. People told us that staff were regular and knew how to deliver care safely.

We found that staff received regular training, supervision and annual appraisals in order to enable them to support people effectively.

There had been several applications for Deprivation of Liberty Safeguards (DoLS) for people using the service. The registered manager and staff had recently attended training, and showed an awareness of how to lawfully deprive people of their liberty where this was in the person's best interests.

Good

Is the service caring?

The service was caring. People told us that majority of staff were caring and understood their needs. People were encouraged to be independent.

We observed staff treating people with dignity and respect. Staff took time to listen and to assist people who needed help to get up.

Staff were knowledgeable about end of life care and we saw that the service ensured that people were supported to be comfortable and pain free.

Good

Is the service responsive?

The service was responsive. People told us that staff were aware of their interests and preferences. There were regular activities organised to suit people's preferences.

We saw that complaints were listened to, acknowledged and responded to in a timely manner and according to the service's policy.

Good

Summary of findings

Is the service well-led?

Good

The service was well- led. People and their relatives told us that they could approach the manager at any time without the fear that it may impact on the delivery of care.

The service had effective systems in place to record and monitor the quality of care delivered and where appropriate improvements were implemented.

There was a registered manager in place. Staff were aware of their roles and responsibilities and told us that management listened to their views. There were clear values which staff were aware of and followed.

Beech Court Care Centre

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.

The inspection took place on 13 May 2015 and was unannounced.

The inspection was conducted by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information from safeguarding notifications, previous inspections. We also contacted the local authority to find out information about the service.

We spoke with nine people who used the service and seven relatives. We observed people during breakfast and lunch. We used the Short Observational Framework for Inspection (SOFI) for 45 minutes on the Dementia unit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke to staff including the registered manager, the cook, three nurses, two care staff and the maintenance man. We observed care interactions in the main lounge, and dining rooms and people's rooms on each of the three floors. We reviewed seven staff files, seven care plans, eight fluid balance charts, eight food charts and eight stool charts. We also reviewed six Medicine Administration records (MARS) policies, records relating to night checks, analysis of incidents and certificates and risk assessments related to the health and safety of the environment and quality audits.

After the inspection we were contacted by two relatives who wanted to share their experience.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe and that they could trust most people who looked after them. One person said, “Yes, I feel safe and very comfortable, I keep myself to myself really.” Another said, “They are mostly good. You get the odd one or two that could do better.”

People’s medicines were not always managed safely. We found that one person's behaviour had become increasingly aggressive due their refusal to take their medicine. Although steps had been taken to get this person reviewed other emergency medical interventions could have been taken earlier in order to manage this person’s behaviour.

The ‘homely remedies’ procedure for as required medicines was unsafe. We found inconsistencies that may lead to errors. For example one MAR sheet stated a person was allergic to paracetamol, however paracetamol was authorised as a homely remedy for this person. The homely remedy authorisation was a laminated sheet signed by the GP giving permission for a range of homely remedies. We found that this was a generic sheet which was photocopied with the doctor’s signature already on the form. Multiple copies of this presigned authorisation were held at the front of the each floor’s MAR file. Therefore, sometimes the date the GP signed the form was some months before the resident arrived at the home. This was inaccurate and was not in line with safe prescribing guidance and could put people at risk of having medicines they should not have.

Infection control procedures were not always followed in relation to the handling of blood specimens and use of hoist slings. We found one specimen in the nurses’ room which was open this was an infection control risk as blood specimens according to infection control are not supposed to be left in open areas where they are easily accessible to unauthorised persons and where cross contamination cold occur. Similarly a sling was left on a hoist for use instead of individual slings for each person. When asked the sling was removed and we were told and shown that slings were available for each person and were usually used per person to prevent cross infection.

We found that furniture such as chairs in lounges and dining rooms were old. Garden benches were not fit for purpose as they had been repaired dangerously with exposed screws and wood splint. Other chairs had wooden bars missing and had unsteady feet which could put people at risk of falls. Chairs in the garden were removed once highlighted before the end of the inspection.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the procedures in place to order store and dispose of medicines. MAR charts were completed correctly with signatures, times, and reasons for any not given or discontinued medicines clearly recorded. Medicine trolleys were kept securely. Medicine storage rooms were kept locked in order to prevent unauthorised entry. There were appropriate procedures in place to store, administer and dispose of controlled drugs. Where controlled drugs came in the form of a patch, records were kept of the body site where the patch was placed to ensure that it would be removed before the next patch was applied. Room temperatures were checked to ensure that temperatures were adequate for medicine storage.

People were protected from avoidable harm and abuse. We found staff were aware of how to recognise and report abuse. There was a safe for people’s valuables and petty cash. Both had a record book in order to keep track of people’s money and valuables and reduce the possibility of theft. Staff knew where to locate the policy and told us that any allegations of abuse were reported to the manager who would in turn report it to the local authority and the Care Quality Commission (CQC). There had been two safeguarding alerts since the last inspection. One had been investigated and another was still being investigated. Both cases showed that appropriate procedures were in place and were followed in order to safeguard people from harm.

The whistleblowing policy was displayed on the ground floor and contained the key contacts within Lifestyle Care and escalation process outside the service to other agencies such as the local authority and CQC. Staff told us they would not hesitate to raise any concerns about the care delivered or challenge bad practices.

Risks to people and the service were managed so that people were protected and their freedom supported and respected in care plans we reviewed. We saw that monthly risk assessments were completed for people at risk of falls and malnutrition which was communicated with staff. Other risk assessments for moving and handling,

Requires improvement

Is the service safe?

heatwaves and fire safety were completed. Fire risks related to use of oxygen were clearly documented and appropriate notices displayed in rooms where oxygen was used. Staff were aware of the procedure to report incidents and accidents and we saw that appropriate action was taken.

People told us that there were usually enough staff around when needed. One person said, "There is always staff around. All you have to do is call." However, one relative felt that their mother could do with more support from staff. Some people on the ground floor wanted to get out of bed more often. When we asked staff about this and looked at care plans we found that people on the ground floor were assessed on a daily basis as to whether they were well enough to go out and were supported to sit in an appropriate chair in their room.

There were sufficient numbers of staff to meet people's needs. Each floor had a nurse on duty during the day working with care staff. At night two nurses and four care staff were on duty. We reviewed staff rotas from April 2015 and May 2015 on all three floors and found that the staffing was in line with what staff and people told us. We found that adjustments had been made to reflect the needs of the people. For example on some days more staff were deployed to each unit in order to enable nursing staff to complete care plans and at one time one person was receiving one-to-one support due to the nature of their condition. The service had a regular pool of bank staff who covered any shortages.

There were effective recruitment practices in place. We reviewed staff files and found that appropriate checks had been made before people were employed. These included verifying identity, two verifiable references, qualifications and disclosure and barring checks to ensure that staff employed were suitable to work in a care environment.

Good

Is the service effective?

Our findings

People received effective care, which was based on best practice, from staff who had the knowledge and skills they need to carry out their roles and responsibilities. One relative said "It's really nice here. They all know his condition and are always very kind with him".

Staff said the company was good at providing training. There was a good system for identifying training needs as well as training that was to be refreshed. We saw evidence that staff received annual training. Training included fire, COSHH, health and safety, safeguarding, infection control and medicines. Other courses such as pressure care, customer care, care planning, challenging behaviour, dementia and use of bed rails were 'one off' courses and only revisited when changes to guidance or policies occurred. The registered manager showed us a planned schedule for training from June to August 2015 which covered dignity in care, nutrition, moving and handling, food hygiene and the Mental Capacity Act 2005.

We reviewed records and found that all staff received annual appraisals and six supervisions each year. Staff told us that supervisions were helpful and sometimes completed in groups. Topics discussed for care staff included rotas, key worker role, improving communication and how to prioritise work. Nurse's supervision records showed discussions about medicines management, risk assessments, food temperatures and pressure care. Appraisals were more individualised and contained personal development plans. For example one person had expressed an interest in becoming a manual handling trainer and we saw that they were scheduled to go on a train the trainer course.

Consent to care and treatment was always sought in line with legislation and guidance. Staff were due to attend a refresher Mental Capacity Act 2005 course. Staff were aware of the systems in place in order to lawfully deprive people of their liberty for their own safety. We saw that best interests decisions were sought where required. There was evidence that before 'do not attempt resuscitation' and covert medicines were authorised, consultation was sought in conjunction with the GP, family members and the pharmacist.

People and their relatives gave us mixed reviews about the food provided. They thought the food was available in sufficient quantities to meet their needs. However, three out of eleven people we spoke to thought the variety and the way food was cooked could be improved. One person said, "The food here is OK, but I'd like more variety". Another person said, "It's too spicy for me. Sometimes I can't eat it because it's too spicy and hot for me."

People were supported to have sufficient amounts to eat, drink and maintain a balanced diet. People were offered alternatives when they didn't want to eat the main meal. One person opted for sandwiches and another opted for toast. We saw regular hot and cold drinks were offered to people during the day and people had a jug of water in their rooms. We found that records of food and fluid intake were monitored for people who were at risk of malnutrition. Monthly weights and nutritional risk assessments were monitored and any significant weight loss was referred to the dietitian and the speech and language therapist where required. Staff demonstrated knowledge of people who were on special diets including those receiving nutrition enterally (via a tube that goes directly into the stomach.)

The service had a four week rotating menu, which was displayed in each dining room and changed seasonally. A cooked breakfast option was available for those that wanted it. People had two options for lunch and supper. We saw and were told that the evening menu had been changed from sandwiches to a hot meal at the request of people. People were asked after lunch what they would like to have from the menu the following day. These choices were recorded in a file which also showed peoples dietary requirements, for example 'normal' diet, 'low fat', diabetic, puree and nil by mouth. Therefore every time the form was returned to the kitchen with the menu choice they could see which type of food was required.

People were supported to maintain good health. They had access to healthcare services and received on-going healthcare support when required. We saw that people had access to the chiropodist and GP when required. Appropriate referrals were made when required to other health care professionals such as dietitian, speech and language therapy.

Good

Is the service caring?

Our findings

People told us that staff were kind. One person said "it's nice and clean here, the carers treat me well.", A relative said, "It's all OK here. I come in three or four times a week and the staff are always nice and friendly." Another relative said, "I have been so wonderfully surprised and impressed at the kindness and friendliness of the staff that work at Beech Court Care Centre."

People were treated with dignity and respect and were involved in decisions relating to their care. One person said, "Staff are respectful." A relative said, "My nan is always dressed well, spoken to respectfully and made to feel special." We observed that staff responded sensitively to people for example. One person in the lounge had bare legs as a blanket over her had risen up, staff spotted it, walked across, had a little chat and pulled the blanket over her legs to maintain her dignity. Staff told us they knocked before entering people's rooms. We also saw that people were addressed by their preferred name. Others did not mind being called by their first name whereas other people preferred to be addressed formally and staff respected this. People told us that staff encouraged them to choose their clothes, what they would eat and what activities they would like to participate in.

Staff supported people in a kind and compassionate manner. We observed lunch and found staff were encouraging people to eat using different methods such as humour. We also observed people being given time to eat their meal at a pace they were comfortable with. The care workers stayed with people throughout the meal time, sitting to one side and making sure everyone had had something to eat. Staff provided reassurance to an agitated person by use of distraction such as offering cups of tea and encouraging dialogue. There was always a staff member in communal areas to ensure that they could promptly attend to people's needs.

People were supported to have a dignified death. Staff were knowledgeable about end of life care and the resources available in order to keep people pain free and comfortable. They told us how they offered support to people and their relatives and that there was a provision for relatives to stay overnight during the last stages of life. This demonstrated that staff supported people and their relatives during end of life care and that there was an opportunity for people to spend as much time as possible with their loved ones.

People were attended to by staff who listened to them and explained what they were about to do before offering support. One person said they needed to be helped out of bed by the use of a hoist, they told us "the carers are gentle and handle me well". Staff sat alongside people in the lounges and had meaningful conversations together. We observed the newest staff member had already built a rapport with people and was sharing jokes with people as they sat in a lounge watching television. We noted that staff supported people to the bathroom when they requested and either waited outside if appropriate or were heard asking people to press the call bell for assistance when they were finished.

People were encouraged to maintain contact with relatives and other people who were close to them. People told us that their relatives or friends could visit at any time during the day. On the day of our visit we saw several relatives come and go. One person's friend played the guitar to cheer people up. A relative said, "We visit as often as we want. Beech Court has been like home from home only with a few more people."

Staff explained to us how they respected people's cultural and religious preferences and how provisions were made to honour peoples wishes. For example staff told us and we looked at care plans outlining that some people preferred same gender staff for personal care.

Good

Is the service responsive?

Our findings

People told us that staff were aware of their individual needs. One person said, “Staff understand me. I always say what I want and they do their best to assist me.” Another person said, “I need this oxygen and I hope to get out into the garden now they’ve got a small tank for my wheelchair. “ Staff told us that they did take people out to the garden when the weather was good.

We reviewed care plans and found that before people lived at the service an initial assessment was made to determine their individual care needs. Once at the home a comprehensive assessment was made using a model based on the ‘activities of living’ approach and included personal goals for each person. We saw that people’s communication, sexuality, mobility, spirituality and sleep patterns were assessed and updated monthly or as when conditions changed. Where changes were required appropriate advice was sought and acted upon. For example a respiratory nurse had reviewed a person on 29 April 2015 with the outcome being that it was agreed that the person could come off oxygen for short periods to help them move around. This had started to happen by the time of our visit and the person was now hoping to be able to go out into the garden.

On the Dementia Unit an additional assessment was used to outline people’s history and preferences and was also used to help other healthcare professionals have a brief overview of people’s personal and medical history. This was completed together with people and their relatives. Staff were aware of people’s favourite pastimes as well as their past history. We observed staff talking to a person about their previous career and saw them responding with an animated smile.

People were encouraged to take part in activities that interested them. We spoke with the activities coordinator who took us through the events for the day. Although the activities budget had been reduced the activities coordinator had come up with a way of raising funds by selling raffle tickets and selling any unwanted clothes. On the day of our visit we observed one-to-one time between the activities coordinator and people. We saw ladies receiving manicures and staff sitting down and talking with people. A fundraising fete had been organised for the following weekend. We saw some people engaged in colouring and another actively trying to align a “Rubix Cube”.

People were supported to say in touch with family and friends. One person told us her daughter had just taken her out to lunch. She went on to say, “I’m happy and I’m with all my friends here. I’ve been here for over a year and I’m very happy.” Another person said, “I come out to the lounges when I feel like it. Other times I stay in my room.” Another person’s family visited everyday.

People told us they could complain directly to the manager and all except one relative said they were confident that their complaints would be resolved. The complaints policy was easily accessible in communal areas. Staff were aware of it and told us that they usually dealt with informal complaints themselves and escalated formal complaints to the nurse in charge of the shift who would in turn inform the manager. We reviewed complaints made since April 2014 and found that all formal complaints, were logged, acknowledged, investigated and responded to according to the service’s complaints procedure.

Good

Is the service well-led?

Our findings

People and staff told us that they could approach the registered manager and that the registered manager was visible within the home and always spoke with people and their relatives. One person said, “I’ve had a couple of chats with the manager, she seems nice.” A relative said, “We see [the manager] quite often for a chat, she’s nice”.

Staff commented positively about the registered manager and felt that any concerns raised had been acted on with the exception of issues beyond the manager’s control such as better pay. One staff member said, “The manager is brilliant. I am proud to work here” Another staff member said they had worked at the home for two years, and felt the registered manager was “very approachable” and said “I can mentioned anything to her. Yes, I feel part of a team here.” People, staff and relatives told us they felt there was an open and transparent culture.

There were clear leadership structures in place with the registered manager receiving support from the area manager. Staff told us they were aware of their roles and responsibilities and were all focused on their roles but ensured that they were not task oriented.There were regular staff meetings where staff had the opportunity to discuss any aspects of care delivered. The cook sometimes attended to get feedback on meals in order to improve people’s experience.

The quality of care delivered was monitored regularly and action was taken to improve the quality of care. We saw that monthly care plan audits, night checks, medicine audits and infection control audits were completed. We reviewed three medicine audits that had been completed by the registered manager between February and April 2015. The audits had identified the need for staff training updates and the need for air conditioning in the treatment room on Rosebud and Primrose unit. In the meantime the medicine trolley was stored in the office and temperature checks taken in there. The registered manager told us and evidence confirmed that the air conditioning request was being processed. The systems in place had also identified the need to replace furniture and this was being addressed. After the inspection we received pictures to confirm that furniture we were concerned about had been replaced.

People’s records were kept up to date and stored securely. Other records such as food temperature probes and fridge temperature records, and maintenance checks were maintained in order to evidence that proper checks were made to keep people safe.

There was a system in place in order to obtain feedback from people and their relatives. We saw results on the surveys displayed for 2014. They showed that feedback had been sought relating to quality of care delivered with evidence of changes such as the evening meal now being a hot meal rather than sandwiches.

A relative suggested that sometimes the shift handovers don’t work too well because of all the languages barriers as various staff had English as a second language. When we asked the registered manager about it they showed us that staff had a level of competence in speaking English and that any changes to care were also documented in care records in addition to the verbal handover.

The gold standards framework had been implemented effectively and we saw evidence that it was used and followed in order to deliver palliative care in a caring but systematic manner.

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	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. Equipment such as chairs used by the service provider for providing care or treatment to a service user was not always safe for such use. There were improper and unsafe procedures in place for managing homely remedy of medicines. Procedures to prevent and control the spread of infections were not always followed. Regulation 12 1(e) (g) (h)