

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 

Overall summary

This inspection took place on 28 April and 5 May 2015 and was unannounced. The service was last inspected on 11 September 2013 when the service was found to be compliant with the regulations inspected.

Beech House is situated in the small town of Barton on Humber and is close to local amenities and local bus and train routes. The care service provides accommodation for up to 30 people requiring personal care, some of whom may be living with dementia related conditions.

There was registered manager in place who had recently been registered under the Health and Social Care Act

2008. 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.

People told us they felt safe and trusted the staff. Training had been provided for staff about how to keep people

Summary of findings

safe from harm. Staff were employed following a robust recruitment and selection process, to ensure they were safe to work with vulnerable people and did not pose a risk to them.

A variety of training was provided to staff to enable them to safely carry out their roles. Professional supervision and appraisals of staff skills were undertaken to enable their individual performance to be monitored and help them to develop their careers.

People told us they liked the food and their nutritional status was monitored to ensure risks from malnourishment and dehydration were acted on with involvement of specialist health care professionals when required.

People said staff were caring and kind and they were happy with the support that was delivered to them. People had opportunities to participate in a variety of social activities to enable their wellbeing to be promoted.

People's health and social care was assessed and personalised plans of support were developed to help staff meet people's individual wishes and needs

The registered manager monitored the quality of the service people received. People were able to participate and make suggestions about their support, in order to enable the service to continually improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Training was provided to staff on the protection of vulnerable adults to ensure they knew how to recognise potential signs of abuse. Staff understood their responsibility to safeguard people from harm and report potential abuse they may witness or become aware of.

Staffing levels were assessed according to the individual needs and dependencies of the people who used the service.

Recruitment procedures were appropriately followed to ensure staff who worked with people did not pose a potential risk to them.

People's care plans contained information and risk assessments to help staff support them safely. People's medicines was handled safely.

Good



Is the service effective?

The service was effective

Staff had received training to help them support people who used the service that was updated on regular basis.

Assessments were completed where people lacked capacity to make informed decisions about their care. The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were met.

People were supported to make informed choices and decisions about their lives.

People were provided with a variety of wholesome meals and their nutritional needs were monitored to ensure they were not placed at risk from malnutrition or dehydration.

Good



Is the service caring?

The service was caring

A personalised approach for meeting people's needs was delivered and people were encouraged to maintain their independence.

Detailed information about people's needs was available to help staff support and promote their health and wellbeing

Staff demonstrated compassion and consideration for people's needs and engaged sensitively with them to ensure their privacy and personal dignity was respected.

People's right to make choices about their lives was respected.

Good



Is the service responsive?

The service was responsive

People's care plans contained information about their personal likes and preferences which staff respected.

Good



Summary of findings

Health care professionals were involved in people's care and treatment and staff made appropriate referrals when this was required.

A variety of opportunities were available for people to engage in meaningful social activities to enable their wellbeing to be promoted.

People knew how to make a complaint and have these investigated and resolved wherever this was possible.

Is the service well-led?

The service was well led

People and their relatives were consulted about the service to enable them to influence how the service was run and be involved in decisions about the service.

A range of management checks were carried out to enable the quality of the service people received to be assessed and identify where any changes were needed.

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 registered 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 was carried out by an adult social care inspector over two days and took place on 28 April and 5 May 2015 and was unannounced.

We looked at the information we hold about the registered provider and spoke with the local authority safeguarding and quality performance teams before the inspection took place, in order to ask them for their views about the service. We were told by them they did not have any concerns about the service.

During our inspection visit we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection [SOFI] in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with eight people who used the service, six visiting relatives, three members of care staff, two senior care staff team leaders, catering and maintenance staff, the office administrator, the registered manager and a regional operations manager for the provider company. We also spoke with a district nurse, an emergency care practitioner and a GP who was visiting the service.

We looked at the care files belonging to four people who used the service, four staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe and trusted the staff. One person said, “I sleep better here than at service, knowing there’s always someone around.” Two visiting relatives told us their member of family was, “So much safer here after living alone.” They told us their member of family had a history of falls but had only fallen twice in the two years since moving into the service. They said that staff were, “Very friendly” and they felt there was, “Nothing to hide.”

The registered provider had policies and procedures available for staff to follow to enable them to report safeguarding concerns, which were aligned with the local authority’s guidance on this. Care staff demonstrated a positive understanding about the different types of abuse and confirmed they were aware of their duty to report potential concerns and ‘blow the whistle’ in this regard, if it was needed. Care staff told us about safeguarding training they had completed, which was refreshed and updated on a regular basis to ensure they were familiar with their professional roles and responsibilities to protect people from harm. Care staff confirmed they were confident that management would follow up any safeguarding concerns appropriately when required.

There was evidence potential job applicants were screened and checked before they were allowed to start work, as part of the service’s recruitment procedures. This enabled the registered provider to minimise risks and ensure they did not pose a risk to people who used the service. We looked at the files of four staff, including those of two who had been most recently recruited. We saw these contained clearances from the Disclosure and Barring Service [DBS] to ensure they were not included on an official list that barred them from working with vulnerable adults. There was evidence employment and character references of staff were appropriately followed up by the registered provider before offers of employment were made. We saw checks of job applicant’s personal identity and previous employment experience had been made, to enable gaps in their employment history to be explored.

Care staff were enthusiastic about their work and told us that overall staffing levels were satisfactory and sufficient to carry out their roles. We found that staffing levels were assessed using a specialist tool to calculate the individual

needs and dependencies of people who used the service and identify how many staff were needed. People who used the service told us that staff answered their call bells promptly when required.

People’s personal care files contained assessments about known risks, such as falls, skin integrity, moving and handling and nutrition, together with information about how these were managed and minimised by staff. We saw that these risk assessments were updated on a regular basis to ensure information they contained was accurate and up to date.

We found that incidents and accidents were monitored on an on-going basis to ensure people who used the service were kept safe from harm and that action was taken to enable these to be minimised in the future. We saw electronic recordings for incidents were maintained on a centralised computer system, to enable them to be actioned and followed up by both the registered manager and relevant staff in the registered provider’s parent company when required.

People who used the service told us they received their medicines as and when they were prescribed. We found staff responsible for providing medicines to people had completed training on this element of their work. We observed staff talking patiently with people whilst carrying out a medication round and saw that people were provided with explanations about what their medicines were for and were not hurried when taking these. We saw that people’s medicines were stored securely and that records were maintained of medicines that had been received, reconciled and administered, together with good practice information in relation to people’s medical needs. We received a notification following the first day of our inspection visits concerning a medicines error that had been reported by a member of senior staff. We saw evidence this had been reported to the local authority and thoroughly investigated, with the registered manager taking appropriate follow up action that included daily audits of medicines and further medicines training for staff who had been involved.

The registered manager told us about the provider’s business continuity plan for use in emergency situations, such as flooding, outbreaks of fire or an infectious disease. We were told the plan identified arrangements to access alternative health or social care services when this was required to ensure people who used the service were kept

Is the service safe?

safe from harm and their care and support needs were appropriately met. We saw that people's care records contained personal evacuation plans for use in emergency situations and observed a 'grab pack' with emergency equipment and directions was available for staff to use.

We spoke with a full time member of maintenance staff who was employed in the service. They showed us a series of checks and tests of various items equipment and the

building they carried out to ensure people who used the service were kept safe. We saw this recently included fitting emergency alarms to two bedrooms which had been recently highlighted as being required. There was evidence items of equipment were regularly serviced and that contracts were in place with the suppliers and we saw evidence of up to date certificates for utilities such as gas and electricity.

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the care and support they received. They told us they enjoyed their meals and were offered choices about these, whilst visiting relatives told us that staff kept them informed about concerns or changes in their member of family's condition. A visiting emergency care practitioner attending the service in response to staff concerns about a noted deterioration in health of a person using the service was complimentary about the service. They told us they noted that people were, "Clean, well hydrated and well nourished" and that staff were, "Knowledgeable and helpful." Whilst a district nurse told us that staff were, "Brilliant", "On with it" and "On the ball."

People's personal care files contained assessments and care plans based on their individual health and social care needs, together with evidence of on-going monitoring and involvement from a range of health professionals, such as GPs and district nurses when required.

People told us the quality of the food was good and were able to choose from a range of alternatives if they did not want what was on offer. We observed a variety of nourishing meals were provided, with the days choices of these on display. One person who used the service told us, "I have put on weight since moving in here" whilst another jokingly commented in response to a question about the standard of food by saying, "Do we look malnourished!" We found that people's meal time experience were a 'protected' time to enable them to have opportunities to socialise and enjoy their food, whilst not being interrupted. We observed that staff were available to provide assistance to people requiring support and that a senior member of staff was deployed to the dining area during lunch time meals. We saw evidence in people's personal care files of nutritional assessments of their needs and regular monitoring and recording of their weight, together with involvement from community professionals, such as speech and language therapists and dieticians when required. We found the service had been awarded a five star rating in January 2015, from the local environmental health officer for the standards of cleanliness in the kitchen, which is the highest rating that can be given. We were told

about training due in the near future concerning the presentation of meals, in order to provide specialist support for people with visual impairments to help them identify what they were being served.

Care staff we spoke with were positive about the training they received and were knowledgeable and confident in their skills. They told us the registered manager was approachable and listened to them and received good support. Staff told us about plans to help them develop their careers that were linked to the service's process of appraisal of their skills.

We found evidence a variety of training and development was provided to ensure staff were equipped with the skills needed to carry out their roles. We saw this included an induction to the service, together with a range of training that was linked to a nationally recognised scheme. This included courses on safeguarding vulnerable adults, moving and handling people safely, health and fire safety, basic life support, infection control, the Mental Capacity Act and the Deprivation of people's Liberty, conflict resolution and issues relating to the specialist needs of people who used the service, including dementia and end of life care.

We saw evidence staff uptake of training was monitored electronically by the registered manager to ensure their skills were refreshed when required and that a programme was in place to encourage staff to undertake nationally recognised qualifications, such as the Qualifications and Credit Framework [QCF]. We saw evidence in staff files of training certificates for completed courses successfully achieved, together with regular meetings with senior staff, to enable their performance to be monitored and skills to be appraised. This included a recent professional supervision session with staff to ensure they were aware of their roles and responsibilities concerning the duty of candour. This is to ensure that organisations tell people when things do go wrong and provide an apology about this.

We were told that the local authority had recently asked the registered manager to ensure staff undertook an additional classroom based training course on the Mental Capacity Act 2005 (MCA) that was provided by them, to ensure people's human rights were upheld and respected. We saw that arrangements for this had been made and saw evidence displayed on a notice board in the staff room, giving names of staff with dates for them to attend. Staff were clear about the need for obtaining people's consent

Is the service effective?

about the provision of their care and treatment. Staff demonstrated a good understanding of the principles of how MCA was used in practice, together with the use of Deprivation of Liberty Safeguards [DoLS] when this was required.

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 to make informed decisions about the care they require to keep them safe amounts to continuous supervision and control. DoLS ensures where someone is deprived of their liberty, it is done in the least restrictive way and in their best interests. We saw evidence of DoLS applications the registered manager had submitted to the local authority for approval and were told they were still awaiting a formal decision about these.

There was evidence in people's personal care files about the promotion of their human rights and support with making anticipatory decisions about the end of their lives where this was appropriate. We saw that some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation [DNACPR] and this was clearly documented in their files.

Throughout our inspection we observed staff engaging in a friendly and considerate manner to ensure people's needs were effectively met. The registered manager told us they had completed a specialist course about dementia to enable them to monitor changes in people's needs in this regard and take action about this when this when required.

Is the service caring?

Our findings

We observed that staff had positive relationships with people who used the service and knew them well. People who used the service and their relatives told us that staff were very kind. One person told us, “They look after me well, I have made it my home” whilst another one said, “Things couldn’t be better.”

We observed staff listening and talking with people, displaying kindness and consideration for their needs and personal wellbeing. We found care staff demonstrated compassion for people’s individual needs and engaged with them sensitively to ensure their privacy and personal dignity was respected. We saw care staff positively interacting with people and involving them in making choices and decisions about their support, to ensure their wishes and feelings were met.

We found an individualised approach was made for meeting people’s needs and that the service had good links with the local community. We saw a number of events and information about local groups and activities were displayed in the reception area of the service, to encourage people to maintain their sense of independence and were told that a group of them recently visited a local school.

We observed that care staff demonstrated a professional manner and maintained people’s confidentiality and wishes for privacy when this was required. We saw people’s bedrooms were highly personalised, with pictures and photos or items of furniture and equipment they had brought with them to make them feel at home. We were

told how a person had been recently enabled to view and take part in a relative’s wedding ceremony in London, via use of the service’s wireless internet link. They told us they liked to watch sport in the privacy of their room on TV and said, “I’ve got all my marbles, they [Staff] are all good to me, I’m well looked after, it’s wonderful.”

There was evidence in people’s personal care files of details about a range of their needs to help staff provide support in accordance with their wishes. We saw this included information about people’s personal life histories, individual likes and dislikes and that a ‘This is me’ profile was kept in their rooms to help staff promote their wishes and aspirations appropriately. Staff who we spoke with demonstrated a positive understanding about the promotion of people’s, dignity, choices and independence and we were told they had received training on this element of their role.

People told us about regular consultation meetings they had with various staff in the service, including care staff, catering and laundry staff to ensure they were happy with the support that was provided. The registered manager told us this was part of a programme known as the ‘resident of the day’ which enabled people’s individual care and support needs to be reviewed by staff on a regular basis. We were told this programme was being further extended with the implementation of Loving ‘Life’ [Listen, Individual, Follow up, Empower] programme, in which various staff were appointed as envoys responsible for promoting customer focussed satisfaction and quality initiatives.

Is the service responsive?

Our findings

There was evidence a personalised service was provided. One person visiting said they were very happy with the care that was provided to their member of family. They told us their relative was “Always clean, with her hair done nicely” and that she had been encouraged to take up a favourite hobby again and now “Loves having knitting and activities in the afternoons.” The visitor stated they were confident that action would be taken in relation to any concerns and told us how they had made a request which was responded to by the next day, with a television fixed to the bedroom wall. One person told us, “I’m very happy here, I can do what I like and can choose to go downstairs and join in or stay in my room.”

We saw evidence staff were vigilant and monitored people’s needs to ensure effective action was taken in response to changes that had been identified. On the day of one of our visits an emergency care practitioner was making a call to the service, to follow up a staff concern about a person who used the service. The emergency care practitioner told us they would be subsequently recommending a hospital admission for this person, to enable further medical tests to be carried out. A visiting GP who had been called out to review the medicines for a person, who used the service, told us the service worked well with them and they had no issues.

People told us they were generally very happy with the service and were involved in decisions about the way their support was delivered. Visiting relatives confirmed they were invited to reviews of people’s support and that they were able to actively participate in this process. We found that staff had key worker responsibilities for meeting particular people’s needs and spending time with them to ensure their individual wishes and feelings were positively promoted.

There was evidence in people’s personal care files of participation and involvement by them in decisions about their support to ensure their wishes and feelings were met. We saw these included assessments about known risks to people on various issues such as risk of infections, skin integrity, falls, and nutrition. We saw evidence people’s risk assessments were regularly updated, together with liaison with a range of community health professionals when

required to ensure their involvement and input with changes in people’s needs. We saw people’s personal care files contained details about their personal life histories, individual preferences and interests to enable staff to deliver support in a personalised way which enabled people to have as much choice and control over their lives as was possible.

Staff demonstrated a good understanding of people’s individual personal strengths and needs. We observed staff had positive relationships with people to enable their personal wellbeing to be enhanced. An activity worker told us about their involvement with people both on a group and individual basis. We saw this included opportunities to participate in a range of general knowledge quizzes, group exercises and individual one to one sessions. On the day of one of our visits we observed the activity coordinator conducting a reminiscence session with a group of people about their time and experiences during the second world war, in preparation for a victory celebration due to take place later that week.

People who used the service told us that staff consulted them about their views and whether improvements could be made to different aspects of the service. We saw for example evidence of feedback about the dining experience and menus on display on a corridor wall in the form of graphs and information and entitled ‘we asked’, ‘you said’, and ‘we did’.

We saw a complaints policy was in place to ensure the concerns of people were listened to and followed up. We observed a copy of this policy was displayed in the reception area of the service, together with an electronic device that enabled people to share their feelings about the service, which was fed back to both the registered manger and the registered provider. People who used the service and their relatives told us they knew how to raise a complaint and were confident any concerns would be addressed and resolved wherever this was possible. There was evidence in the complaints book that concerns had been followed up by the registered provider and that people had been kept informed of the outcome of issues that had been raised. The registered manager told us they maintained an open door policy and welcomed feedback as an opportunity for learning and improving the service delivered.

Is the service well-led?

Our findings

People who used the service and their visiting relatives told us they had confidence in the service and were happy with the level of provision that was delivered. People told us the registered manager was very approachable and accessible. One person told us, “[registered manager’s name] goes that extra mile.” People told us they were consulted and kept informed about developments in the service. One person told us, “I join in meetings and fill in forms about what I think.”

We found the registered manager had a variety of knowledge and experience in health and social care services to manage the service and took their role very seriously. We saw evidence the registered manager maintained an open door policy and welcomed feedback about the service. The registered manager told us they completed a walk round the service to ensure they were able to meet and assess people who used the service on a daily basis.

People who used the service and their relatives told us there were regular meetings they participated in order to raise issues or make suggestions to improve the service. We saw evidence the service maintained close links with the local community and welcomed the involvement of relatives. We saw evidence the service had close working links the local authority quality review and performance team and contributed to various local care home improvement networks.

There was evidence administrative systems were organised well and closely maintained to support the effective running of the service. We saw governance systems in use to enable the registered manager to monitor the service and take action to resolve issues when required. The registered manager was very visible throughout our inspection visits, providing guidance and support to people when this was needed. Care staff told us the registered manager was very supportive and fair. They told us they had confidence in the registered manager and were able to approach them with suggestions, issues or concerns about the service.

We saw evidence the ethos of the service placed an importance on delivering a personalised approach and that the registered manager understood the need for involving people, their relatives and staff to help the service to learn

and develop. The registered manager told us they had obtained an award for completing a programme from the parent company known as Positively Enriching And enhancing Residents’ Lives [PEARL]. The registered manager stated she was also enrolled on a level five leadership and management qualification.

A variety of systems and procedures were in place to enable the quality of the service to be monitored and assessed by the registered manager. We saw these included the use of surveys and initiatives involving staff, people who used the service and their relatives that focussed on different elements of the service delivered, such as meals, entertainments on offer and the environment. We saw minutes from resident and relatives meetings together with action plans developed to address issues that had been raised. This meant that people were able to participate and influence the way the service was managed.

We saw evidence of audits of care plans, medicines management arrangements, accident and incidents, infection prevention and control [IPC], respect and dignity and the environment and saw that action plans had been developed to address identified shortfalls. An annual maintenance programme was in place for the service and we saw evidence of regular checks that were made of the building and equipment, such as fire extinguishers, fire doors, emergency lighting and water temperatures to ensure people’s health and safety was promoted and maintained.

There was evidence of regular staff meetings to enable clear direction and leadership to be provided. This ensured staff understood what was expected of them and were clear about their professional roles and responsibilities. Minutes of staff meetings contained evidence of issues discussed to make sure people who used the service received appropriate support and treatment.

We saw the registered manager had failed to initially submit a notification to the Care Quality Commission about a safeguarding issue as required, following them contacting the local authority about this. We saw however, this had been subsequently identified by the regional operations manager and that this issue had now been completed. The registered manager told us they were now

Is the service well-led?

clear about submitting such notifications affecting the health and welfare of people in a timely way, to enable the service to be monitored and the Care Quality Commission to take action when required.