

Brightholme Care Services Limited

Beechside Residential Care Home

Inspection report

88 Beech Lane
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Liverpool
Merseyside
L18 3ER

Tel: 01517246606

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01 June 2016

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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

This inspection was carried out on 26 May and 01 June 2016. The first day of the inspection was unannounced.

Beechside Residential Care Home is registered to provide accommodation and support for up to 37 people. At the time of our inspection 36 people were living there.

The home 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.

During the inspection we met a number of the people living at Beechside and spoke with seven of them and four of their relatives. We also looked around the premises and spoke with six members of staff. The registered manager is also one of the providers of the service. We spoke with both providers of the service.

We examined a variety of records relating to people living at the home and the staff team. We also looked at systems for checking the quality and safety of the service.

People told us that they felt safe living at Beechside and their visitors said they thought it was a safe place for people to live. Policies and training were in place to help staff identify and deal with potential safeguarding issues that may arise. Everyone we spoke with said they would feel confident to raise any concerns or complaints they had with the providers.

Systems were in place for ensuring medication was managed well and people received their medication as prescribed.

Staff knew people's support needs well and provided the support people needed in a timely manner. People had received the support they needed with their health and personal care. Staff were aware of the actions they should take in the event of an emergency occurring.

There were sufficient staff working at Beechside to meet people's support needs. People liked and trusted the staff team. Suitable systems were in place for recruiting, training and supporting staff, this helped to ensure they were suitable to work with people who may be vulnerable.

Staff knew people well and spent time communicating with people in a way they understood and talking with people as well as meeting their support needs. A variety of activities took place at the home that people enjoyed participating in.

People living in the home, their relatives and staff had confidence in the registered manager and provider.

They said they were always approachable, listened and nothing was ever 'too much trouble' for them.

Systems were in place for checking the quality of the service and planning future improvements. This had included obtaining the views of people living at the home, their relatives, stakeholders and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People said Beechside was a safe place to live. Medication was managed safely and sufficient staff were employed to meet people's needs.

Recruitment procedures were robust enough to ensure the suitability of staff to work at the home.

The premises were safe and systems were in place for dealing with any emergencies that arose.

Is the service effective?

Good ●

The service was effective.

Staff received the training, supervision and support they needed to carry out their role effectively.

Procedures for ensuring people were not unduly deprived of their liberty had been followed.

People received the support they needed with their health and enjoyed a choice of meals that met their needs and choices.

Is the service caring?

Good ●

The service was caring.

People liked and trusted the staff team who supported them.

Staff knew people well and had built up good relationships with people and their relatives.

People were given information about how the home operated and felt their views were listened to.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people's care needs well and provided the support they needed.

A variety of activities were provided at the home which people enjoyed and engaged with.

A robust system was in place for listening to and responding to any concerns or complaints that people had.

Is the service well-led?

Good ●

The service was well led.

The home was led by a registered manager and providers who knew the people living there well and who people felt confident to approach.

Systems were in place for obtaining the views of people living at the home, their relatives, staff and stakeholders.

A number of quality assurance systems and audits were in place to check the quality of the service and plan future improvements.

Beechside Residential 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.

The inspection was carried out by an Adult Social Care (ASC) inspector and took place over two days on 26 May and 01 June 2016. The first day of the inspection was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the manager since our last inspection in June 2013.

During the inspection we looked around the premises and spoke with seven of the people living at Beechside and with four of their relatives. In addition we spoke with two people who visited the home regularly as volunteers, with a visiting activity provider and a training provider. We also spoke with two visiting health care professionals.

We spoke with eight members of staff who held different roles within the home. This included the manager and provider of the service.

We also spent time observing the day to day care and support provided to people. We looked at a range of records including medication records, care records for the people living there, recruitment records for newer members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Is the service safe?

Our findings

People living at Beechside told us that they felt safe living there. One person told us, "I am never scared." Their relatives also told us they thought it was a safe place to live with one relative explaining, "When you leave you have no concerns."

Staff had a good knowledge of safeguarding vulnerable adults and their role in identifying and reporting possible incidents. A member of staff explained that as part of their supervision with senior staff they had been asked if they understood how to identify and report potential safeguarding incidents.

Staff were aware of the whistle blowing policy and a member of staff told us they would not hesitate to whistle blow as the providers "door is always open." Whistle blowing protects staff who report something they think is wrong within their workplace that is in the public interest.

The provider had produced a 'safeguarding adults leaflet' that was available within the home. This gave clear information on how to identify abuse and to whom it should be reported. In addition policies on safeguarding adults and whistle blowing were available in the office and provided phone numbers and guidance for staff to follow.

Records showed that potential safeguarding incidents had been recognised and reported by the home and that when required they had conducted a thorough investigation.

People living at Beechside told us that they had always received their medication on time and as prescribed. One person explained, "The staff supply the tablets, I take them."

We looked at the arrangements for ordering, storing, administering and disposing of medicines. A locked medication room was used for storing medication and contained lockable cabinets, a trolley and fridge. We checked medications stored in the fridge and found that these had been stored appropriately. Records of the fridge temperature had been recorded to ensure it was operating effectively. Records of the temperature of the medication room had not been kept. We discussed this with senior staff who said they would ensure temperatures of the room were checked and recorded in future.

Medication was well organised with a clear system in place for ordering medication and returning unused medications. A copy of the medication policy and applicable guidance was available within the medication room to provide guidance for staff if needed.

We looked at a sample of medication administration record sheets (MARs) and saw these had been completed correctly. We also checked samples of stocks of medication that were prescribed for regular use, short term use, in variable doses and on different days of the week. Stock tallied with the MAR sheets and records of stock held.

Staff had a good knowledge of how to deal with any accidents or incidents that may occur including the fire alarm sounding or health emergencies. They knew the location of first aid boxes and fire equipment. The

provider had commenced a process of gathering monthly statistics about accidents or incidents that had occurred in the home. This provided information on the time and place of an incident along with the type of incident that had occurred and whether anybody had been injured. Monitoring of incidents in this way helps to establish if any patterns have occurred and to plan future action to minimise the risk of them recurring.

On the first day of our inspection we saw that a couple of bedroom doors had been wedged open, this meant that in the event of a fire the door would be unable to close. On the second day of the inspection the provider had fitted door guards to the doors of people who wanted their room to remain open. This showed us that the provider had taken action to ensure people were safe whilst respecting their choices.

We toured communal parts of the home and several bedrooms and found the premises to be safe. Window restrictors were fitted to applicable windows and radiators had guards attached. We tested several call bells and found them to be in working order. Certificates had been obtained and checks carried out to monitor the safety of the premises. This included a fire risk assessment, legionella assessment, obtaining gas and electrical certificates and testing small electrical appliances. Where a risk assessment had indicated improvements could be made the provider had a clear action plan in place to address these.

On the first day of our inspection staffing levels included a senior carer, three care staff and two hostesses who did not provide direct care but ensured people had sufficient fluids and received help if needed. In addition there were two domestic staff, a handyman and two staff working in the kitchen. A full time administrator worked during the week and the owner and registered manager were often on the premises. We looked at a sample of staff rotas and saw that these staffing levels had been maintained.

The people we spoke with had varying opinions regarding whether there were sufficient staff available to meet people's needs. Staff said whilst it is always beneficial to have additional staff they felt there were sufficient staff to support people safely. One of the people living at the home and a relative said there had always been sufficient staff available. Two other relatives said that at times particularly weekends, they felt there were not always enough staff around.

During the two days of our inspection we observed there were sufficient staff to ensure people received the support they needed in a timely manner. We observed that although staff were busy they did not appear unduly rushed and had time to support people in a dignified manner and spend some time talking with people living at the home.

We looked at recruitment records for three members of staff who had commenced working at the home within the past year. These showed that prior to commencing work the person had completed an application form and undergone a formal interview process. Copies of their references had been obtained along with a copy of a Disclosure and Barring Service (DBS) check. The robust recruitment process helped to ensure staff were suitable to work with people who may be vulnerable.

Is the service effective?

Our findings

People living at Beechside told us that they enjoyed the meals provided. Their comments included, "Marvellous," and "They are all right, I have never refused them." People also told us that they had received the support they needed with their health care.

Staff told us that they felt supported by senior staff working at the home. One member of staff said, "They do support us, senior are great, the managers are supportive." Staff said that they felt confident to speak out at staff meetings. Minutes of meetings showed that a variety of areas were discussed at staff meetings including care planning, new computer systems, safeguarding adults and supervision. This showed us that staff were informed about and included in how the home operated.

Staff told us that they felt they had received the training they needed to undertake their role effectively. One member of staff said, "I have had loads of training." Another member of staff said, "They ask is there any training you want." A training provider working for Beechside said they had found staff receptive to training and that they actively sought further training opportunities.

We looked at records of training staff had undertaken and saw that recent training had included mental health awareness, safeguarding adults, understanding dementia, person centred care and skin integrity.

In addition to arranging external training for staff the provider had also purchased on-line training that covered a wide variety of subjects. An external training provider was monitoring the training staff had undertaken and advising the providers of future training that would be of benefit to staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that they were.

As part of their initial assessment when moving into the home people had been assessed to establish whether they would benefit from the protection of a DoLS. Records showed that the provider had submitted applications to the local authority for those people assessed as potentially needing a DoLS. Senior staff had undertaken training in DoLS and other staff had been informed about the process via staff meetings.

We observed part of the lunchtime meal at Beechside. Meals were served in a large dining room or in people's bedrooms or in a lounge as they preferred. We saw that the dining room was attractively set out with tables laid with condiments and napkins. A work surface within the dining room was set up so staff could make people drinks. We observed throughout the meal time and regularly throughout the day people were offered a choice of drinks. A copy of the day's menu was displayed in the home.

The lunchtime meal was unrushed with staff offering discreet support to people when needed. Most meals looked appetising. On the first day of the inspection we commented that meals for people requiring a soft diet did not look as appetising. On the second day of the inspection the provider informed us that he had ordered food moulds to make these meals look more inviting for people. Staff knew about the different diets people needed to support their health. We spoke to the cook who knew how to find information about any cultural diets people may need and told us that these would be provided on request.

A visiting health professional told us, "It's probably the best home on my patch. They are reliable, appropriate and we never have any concerns." They confirmed that staff made appropriate referrals to them regarding people's health care needs and followed the advice and guidance they were given.

A relative said staff noticed any ill health "immediately" and told us about a recent incident whereby staff had noted and acted upon changes to their relatives health seeking medical advice for them quickly.

In discussions with staff they were able to tell us about the health care needs of people and how they supported them with these.

Throughout our inspection we saw that staff ensured equipment people had been provided with to support them with their health, for example pressure cushions were in place and moved around with the person.

Beechside provides everyone living there with their own single bedroom. There are three lounges within the home and a separate dining room. A lift and handrails are fitted to help people get around their home more easily and corridors are wide enough for people to manoeuvre in a wheelchair if needed. Bathrooms and shower rooms are adapted to meet people's personal care needs. Externally there is parking to the front of the home and a seating area in an enclosed garden to the rear. The home was clean, bright and tidy during our visit and had a welcoming atmosphere.

Is the service caring?

Our findings

People living at Beechside told us they liked living there and liked the staff team. One person told us, "I am very happy. Excellent staff, excellent food. I would recommend it here." A second person told us "In general they are very good."

Relatives of people living at the home were also positive about the home and said they had found it to be a caring place for people to live. Their comments included, "Staff are nice, friendly, down to earth."; "It's a very personal place. We are made up, it's friendly and homely." and "Staff are first class, very welcoming and accommodating."

Staff had a good knowledge of the people they supported and spoke positively about them. They had a good knowledge of the things people liked and disliked and their life before moving into the home. One member of staff told us, "I feel I have a good relationship with the residents." This was confirmed in our discussions with other visitors to the home. A volunteer told us, "Staff are lovely with the residents." A visiting health care professional commented, "People seem happy here, they always offer people privacy and are courteous."

We observed that staff changed their approach to communicate with different people in a way the person preferred and understood. We also observed that staff spent time engaging with people, joining in activities and talking with people as well as meeting their support needs.

We also spoke to two people who provided services to the home. Their comments included, "They deal with people well when they are agitated, they go the extra mile, you see staff laughing and joking with people." and "They are well looked after. Family atmosphere, it's not corporate."

Throughout our inspection we found that people living at the home and their relatives had been kept informed about the home and how it operated. For example CCTV had been fitted to the outside of the home and to communal areas. Several relatives and residents who we spoke with volunteered this information, knew the location of the CCTV cameras and said they were happy it had been fitted.

We found that the people living at Beechside and their relatives knew the providers and senior staff well and they told us that they had always found them approachable and willing to address any concerns or listen to any suggestions.

Information about how the home operated was made available to people in several ways. A residents meeting had been arranged for the day of our inspection, although this was later re-arranged we saw that people had been given notices of the meeting and were positive about attending.

The foyer contained information for people about the home and how it operated including a copy of the action plan the provider had complied to make further improvements within the home.

Is the service responsive?

Our findings

People living at the home told us that whenever they had required support this had been provided quickly. They said that when they had used their call bell staff had responded in a timely manner. A relative reiterated this telling us they had always found staff to be "obliging". A second relative told us the home made sure their relative was "very comfortable here". Throughout the inspection we saw that staff responded to requests for support in a timely manner.

Relatives of two people living at Beechside told us that prior to their relative moving in to the home a senior member of staff had met the person to assess their support needs. We saw a copy of a pre-admission assessment completed for one of the people who had recently moved into the home. This contained clear, detailed information about the person and their support needs, providing a basis for staff to plan the support the person would need.

At the time of our inspection the home was moving to a system of using electronic care plans. We looked at samples of these along with a sample of care plans that had previously been completed on paper. We found that between the two systems the information needed to support the person was available. This reflected the detailed knowledge staff had about the support people needed. However more work was required on the electronic care plans before they could fully replace the paper based system used.

People living at the home and their relatives told us that they enjoyed the activities provided by the home. One relative explained, "They have quite a few, they are very good indeed."

Twice a week a music therapist visited the home and provided a session for the people living there. On the day of our inspection the theme was 'Musicals', in addition to singing the session included discussion and props. The therapist, staff and volunteers encouraged people to join in and we noted that everybody in the room appeared to be enjoying themselves with a lively and happy atmosphere throughout the session.

People living at the home told us that they also had a poetry reading session once a week which they enjoyed. In addition volunteers from a local church visited regularly and spent time talking with people or providing communion if they wished. A hairdresser visited weekly and people told us that they had also been on outings to the local park. A notice board advertised additional activities including games, movies and quizzes.

No complaints had been recorded at the home in the past year. However when we discussed this with the provider he explained that any concerns, no matter how small that people raised had always been addressed. This was further evidenced in our discussions with people living at the home and their relatives. People told us they would feel very comfortable raising a concern with the provider or senior staff. One of the people living at Beechside said, "I would say – speak my mind. " Relatives reiterated this with one relative explaining any concerns they had raised the providers had taken action on. Another relative explained the provider had told them, "Nothing's a problem for us. Bring it to our attention."

Information on how to raise a formal complaint was freely available to people living at the home and their visitors via a policy located in the foyer. This provided information on who to raise their complaint with and the timescales within which they could expect a response.

Is the service well-led?

Our findings

Beechside is managed by one of the providers of the service who has managed the home for several years. The second provider of the home also works there undertaking activities including quality assurance and planning future improvements to the service.

Everybody we spoke with was positive about the registered manager and the providers as a whole. Comments we received from relatives included, "(Name) says tell me everything. I can discuss anything with them," and "Very approachable, he showed us around, knew everyone's name," A third relative told us the provider regularly told them, "Nothings a problem for us. Bring it to our attention."

Staff told us that they found the manager very approachable. One member of staff said, "I can always speak my mind. She listens." A second member of staff told us, "They like your feedback, the door is always open."

A visiting professional told us that they had always found the owners and senior staff very receptive to new ideas and committed to continually improving the service.

Throughout the two days of our inspection we saw that the providers were a visible presence in the home and that the people living there knew them well and felt confident to approach them.

An action plan for 2015 – 2016 had been put together by the providers a copy of which was available for people living at the home and visitors in the foyer. In addition all staff had been sent a letter thanking them for their work and enclosing information about the action plan and work planned to further improve the home.

We looked at this action plan and saw that it was a 'living document' with changes and additions made as work was completed or further work identified. A series of audits were carried out at the home to check the quality of the service provided. This included audits of medications, staff files and policies and procedures. A system to analyse these audits had been implemented to check improvements were being made. For example an analysis of medications showed the home had improved their medication management from 80 per cent in 2015 to 92 per cent in 2016.

A survey had been carried out in January 2016 to obtain staff views of how the home was operating. One member of staff had commented in their survey, "I am really impressed with the changes since last year – looking forward to 2016."

A survey to obtain the views of stakeholders had also been carried out and we saw the results of this had been positive.

The views of people living at the home had last been obtained via a survey in March 2015. We saw that any suggestions for improvements made as part of this survey had been actioned. A meeting to obtain the views of people living at Beechside and their relative's had been arranged for the day of our inspection. Although

the meeting was re-arranged people living at the home told us they were looking forward to attending and felt confident to tell the providers what they thought