

Sherburn House Charity Beddell House

Inspection report

Sherburn Hospital
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and 11 December 2015
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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 13 November, 9 December and 11 December 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Beddell House provides care and accommodation for up to 60 people who require personal care. On the day of our inspection there were 45 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Beddell House was last inspected by CQC on 16 August 2013 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Summary of findings

The home was clean, spacious and suitable for the people who used the service.

Accidents and incidents were recorded, analysis was carried out regarding causes and appropriate referrals had been made.

People were protected against the risks associated with the unsafe use and management of medicines.

Staff training was up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

People were protected from the risk of poor nutrition.

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 on authorisations to deprive a person of their liberty were being met. The provider was working within the principles of the MCA.

People who used the service, and family members, were complimentary about the standard of care at Beddell House.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

We saw that the home had a full programme of activities in place for people who used the service.

Care records showed that people's needs were assessed before they moved into Beddell House and care plans were written in a person centred way.

The provider had a complaints policy and procedure in place and people who used the service, and family members, were aware of how to make a complaint.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had good links with the community and other organisations.

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.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were recorded, analysis was carried out regarding causes and appropriate referrals had been made.

People were protected against the risks associated with the unsafe use and management of medicines.

Good



Is the service effective?

The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

People were protected from the risk of poor nutrition.

The provider was working within the principles of the MCA.

Good



Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good



Is the service responsive?

The service was responsive.

Risk assessments were in place where required.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and procedure in place and people who used the service, and family members, were aware of how to make a complaint.

Good



Is the service well-led?

The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had good links with the community and other organisations.

Good



Beddell House

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 13 November, 9 December and 11 December 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Two Adult Social Care inspectors took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

During our inspection we spoke with seven people who used the service and three family members. We also spoke with the registered manager, administrator and four care staff. We also spoke with two visiting health care professionals.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Beddell House. People who used the service told us, “We are safe, I have a buzzer on me all the time and if I fall I call them, the staff come quickly if you press your buzzer” and “When the fire alarm went off we all had to gather outside. Everything is well organised, the fire doors close. The maintenance man is worth his weight in gold”.

Staff told us, “[Staff] work hard to maintain safety at all times”, “First aiders, health and safety and all staff are well trained and always up to standard” and “We risk assess what people want to do and then we find a way around things so there is minimal risk”.

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Through our observations and discussions with the manager and staff members we found there were enough staff with the right experience, skills, knowledge and training to meet the needs of the people living at Beddell House. We discussed staffing levels with the registered manager, who told us staffing on the early and late shifts included at least one senior care staff member. The registered manager told us care staff absences were usually covered by their own permanent staff. The service had a chart which was used to show which staff were available and willing to come in to work to cover absences. The registered manager told us if necessary, bank staff were available, and as a last resort, agency staff would be used. This meant sufficient staff were on duty to keep people

who used the service safe. People who used the service were happy with staffing levels. One person told us, “Never found staffing levels a problem there's always enough staff on.”

The home is a three storey building set in its own grounds. We saw that entry to the premises was via a door, which was locked during the night, and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We saw window restrictors, which looked to be in good condition, were fitted in the rooms we looked in. All of the bedrooms had an en-suite toilet and wash basin and people had access to communal bathrooms and showers. We looked at the communal facilities and saw they were spacious and suitable for the people who used the service. Each contained wall mounted dispensers including personal protective equipment (PPE) for staff, hand towels and liquid soap.

We saw a health and safety representatives meeting had taken place in October and following this meeting a new health and safety check form had been introduced. We saw this had been used to carry out weekly health and safety checks of fire safety, floors, stairs and environment, and kitchen area.

We saw hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors, emergency lighting and fire extinguisher checks were up to date.

This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. These included the name of the person, room number, evacuation point, mobility and aids needs and procedure to follow in case of fire. These records were up to date.

Is the service safe?

We saw a copy of the provider's 'Safeguarding people from abuse' policy, with the aim of protecting people from abuse and providing support to people who reported abuse. We looked at the safeguarding file and saw there had been no safeguarding incidents since 2012 however we saw copies of historic safeguarding adults strategy forms and notifications to CQC, all of which were completed correctly.

We saw a copy of the provider's 'Risk management' policy and saw risk assessments were in place and up to date and included wheelchairs, hoists, stand aids, kitchen appliances, portable appliances and gas appliances.

We looked at the accident book and records of accidents and incidents that had taken place in the home. These recorded the details of the person involved in the accident and a description of the accident, including time, date, location, how the accident happened and whether any injuries occurred. The majority of accidents we saw were unwitnessed falls. We saw during the previous four weeks, one person who used the service had fallen five times and another person had fallen three times. We discussed these incidents with the registered manager who told us that falls/accident analysis forms had been introduced to identify any trends or issues. The registered manager had identified that staff were not putting enough detail on the forms so staff had been asked to be more specific when

recording incidents and accidents in the accident book. The registered manager told us that steps had been taken to reduce the number of falls for these two people, potential causes had been identified and both people had been referred to the falls clinic as an added precaution.

We looked at the management of medicines and saw medicines were stored safely in a trolley, which was secured to the wall in the medicines room. Procedures were in place to ensure people received medicines as prescribed. We saw there were regular medicine audits undertaken to ensure staff administered medicines correctly and at the right time. Medicines room and refrigerator temperature checks were recorded daily and were within guidelines.

We saw there was a separate cabinet for controlled drugs. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We checked records and saw a separate administration of controlled drugs register. Medicines administration records we saw were accurate and up to date.

This meant appropriate arrangements were in place for the administration and storage of medicines.

Is the service effective?

Our findings

People who lived at Beddell House received effective care and support from well trained and well supported staff. People told us, “The staff are very nice”, “I came here for three weeks but told my son I didn’t want to go back home”, “I’m pleased we came here” and “The vast majority of staff have been marvellous with dad”.

Staff told us, “We listen to what the residents want and need and try to base what we do around them”, “We are like a family” and “The residents’ well-being is our top priority”.

We looked at the staff training matrix and saw all staff received training in risk, mental capacity, dementia awareness, health and safety, safeguarding, equality and diversity, end of life/palliative care, food hygiene, nutrition, infection control and moving and handling. We saw certificates that confirmed this. Senior care staff, and some care staff, received training in the safe handling of medicines. We saw the majority of the training had been refreshed in 2014 and 2015. We discussed training with the registered manager who told us the training was predominantly classroom based and an external training provider came to the home to carry out staff training. The registered manager told us 85% of staff employed at the home had a level 2 or level 3 qualification in health and social care.

We saw staff received an induction when they started working at the home. This included a tour of the premises, health and safety, rules and procedures, employee involvement and communication, equal opportunities and employee development.

We saw staff received regular supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions included a review of performance, personal development and an action plan, for example, training requirements. We saw records which showed that staff had supervision and appraisal agreements, which stated that staff would receive a minimum of four supervisions per year. Records we looked at confirmed this. Staff also received annual appraisals. All of the records we looked at showed staff had received an appraisal within the last 12 months.

We saw people’s nutrition was monitored and records of malnutrition universal screening tools (MUST) were in the care records. None of the people we saw the records for was at risk of malnutrition however one person was concerned about their weight gain due to immobility and had asked to go on a calorie controlled diet. We saw the person chose what meals they would like and was screened using MUST. We saw the person’s nutrition and weight was reviewed monthly.

People we spoke with, and family members, were complimentary about the food served at Beddell House. They told us, “Excellent food, I’ve seen the menus, it’s balanced and appropriate. The staff contact me if my relative won’t eat and they ask me ‘what else does she like.’ The food is just like what people have at home” and “The food is pretty good, the puddings are amazing”.

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 on authorisations to deprive a person of their liberty were being met. We discussed DoLS with the registered manager, who told us no applications had been made. The registered manager understood their requirements with regard to DoLS and had discussed DoLS with the local authority. We saw a file containing relevant information regarding DoLS was available to staff and staff had received training in mental capacity and DoLS. This meant the provider was working within the principles of the MCA.

We saw staff communication records. Staff told us, “We communicate and listen to residents’ needs” and “Communication is the key and that’s what we do”.

Is the service effective?

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs and the community nursing team.

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at Beddell House. They told us, “Can’t fault it”, “A lot of time and care goes into looking after my dad”, “The staff are brilliant, I like the younger staff, we chat but we can have a joke with them”,

“Can’t fault the staff they’re all amazing, most of them come from the local community and have a caring attitude that is natural, they have community spirit” and “The staff really go out of their way to make things special”.

Staff told us, “We are caring as we class this as one big family”, “We really care how they feel” and “There are so many things that I’m proud of. I’m proud of the residents and the staff I’m proud to work here”.

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. We saw staff knocking before entering people’s rooms and closing bedroom doors before delivering personal care.

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. All the staff on duty that we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. Staff told us, “We treat everyone with respect and dignity”, “We treat our residents like they are our own relatives, with dignity and respect” and “All of our residents and staff are treated with respect”.

We asked family members whether staff respected the dignity and privacy of people who used the service. They told us, “Yes absolutely” and “Very respectful”. This meant that staff treated people with dignity and respect.

We saw people were supported to be independent. For example, we observed lunch and saw it was served in a calm and unhurried atmosphere. The majority of people could help themselves however we saw staff were on hand to assist people if needed. We also saw people could eat in their own rooms if they preferred. We asked family members whether staff promoted independence. They told us, “Yes, absolutely” and “As far as I can see”. Staff told us, “We try to give residents as much independence as possible.” This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

We saw people who used the service were involved in making decisions at the home. For example, some people were members of the residents’ committee and people had also been asked to comment on qualities that the registered manager should be looking for when recruiting new staff.

We saw the bedrooms were individualised, some with people’s own furniture and personal possessions. All the people we spoke with told us they could have visitors whenever they wished and the service had a flat, which was available for use by people visiting family members. We saw there were many visitors to the home during our inspection and family members we spoke with told us they could visit at any time and were always made welcome.

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated. Family members told us, “They’ve picked up on his personality. They make him laugh” and “I like the fact that they can stay in their room if they want or take part in the activities if they want, it’s all about what they want and I like that”.

We spoke with visiting healthcare professionals who told us, “They [staff] are proactive”, “They are very au fait [with people’s needs]”, “They [staff] ask questions” and “They manage the residents very well”.

Staff told us, “We are quick to deal with any issues that arise” and “We deal with all matters quickly and effectively”.

People’s needs were assessed before admission to the home. The registered manager told us if they didn’t think they could meet the person’s needs, the person wouldn’t be admitted. On admission, people were asked for their preferences such as which floor they wanted to be on, what view they would like and whether they preferred a bath or a shower.

We saw people were involved in developing planning their care. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw each person had a key worker and they spent time with people to review their plans. Key workers played an important role in people’s lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person’s current needs and wishes. We saw that people’s care plans included photographs and were written in plain language.

The care plans we looked at were person centred, which meant they were written with the person’s involvement and put the person first. The care plans were in an easy read format and included information about the person’s likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual’s personality, preferences and choices. The care files had a ‘key worker’ section that was an update about the person and was always completed by the key worker whenever they were on shift. One person told us, “We all have a care file each; they know who to ring, all the contacts are in the file. When we first came in we were all involved in setting them up. The staff always check with us about anything going in

them.” The registered manager told us time was allocated daily for key workers to update care records. This meant that the service was providing person centred support to the people in the home.

We could see in the care plans we looked at that there was good communication between other services that people used. One person told us, “There is a church service here every Friday.” Another person told us, “The staff ring up if anyone needs to go to hospital. Communication is good between the services, if needed the doctors will come out. The community nurse comes to see us too and the prescriptions are all delivered here.”

The home employed four activities co-ordinators, who also worked part time as care staff. Activities coordinators were on duty seven days per week. This showed a commitment from the service to the importance of reducing social isolation and providing meaningful activities. On the first morning of our visit we saw people congregating in the foyer, where an accordion player was entertaining people and staff. We saw the activities coordinator join in the dancing with people who used the service. During the afternoon we saw there was a carol service taking place and children from a local school had been invited to sing with the people who lived at Beddell House.

During the inspection we could see that people using the service were encouraged to engage in activities in their home and in the wider community. People told us, “We have a lot going on for us” and “There are trips out planned all the time. We have had some lovely days out to South Shields”. Another person told us how they organised and ran some of the activities in the home, they told us, “I set up a gentle exercise group we have ten members. I also run a word game group, they run every week. It was my idea to set them up, I approached the manager and the groups have been running for six months now. We play bingo and we help with that too. I also deliver the newspapers every morning, we do have a lot of fun, we really do.”

People who used the service were given the opportunity to comment on activities by completing ‘Residents’ activities questionnaires’ in November 2015. These asked people what activities they were involved in, what they would like to do, whether they preferred group or one to one activities and suggestions for places to visit.

We saw a Christmas countdown calendar in the foyer area, which included a list of activities taking place in December.

Is the service responsive?

These included, putting up decorations, a Christmas party night, trips to the shops, a Christmas singalong, carol services, Santa visit, Christmas day and Boxing day lunches and a visit by the Salvation Army band. We also saw photographs of a Halloween party that had taken place at the home and we saw staff members had got dressed up for the event. We also saw staff had enjoyed entertainment from an Elvis tribute act and comments from people, staff and family members included, “The staff made it a night to remember”, “It was an absolutely excellent night” and “What a wonderful evening, lovely food and company”. The registered manager told us a ‘Pat dog’ service visited the home and one of the activities coordinator’s dogs had puppies and the puppies were brought in to the home for people to see. This meant people were involved in planning and carrying out meaningful activities of their own choice.

We saw a copy of the provider’s ‘Making a suggestion, comment or complaint’ procedure on the notice board in the foyer area. This explained what to do if someone was not happy, how to make a complaint, how long the process would take and what to do if the person was still not happy.

We saw the complaints file, which included a copy of the provider’s complaints policy and procedure. We saw no formal complaints had been received by the service since 2011. A person who used the service told us, “If something was upsetting me I would go to the senior staff and they would take it higher.” Family members we spoke with told us they did not have any complaints but knew how to make a complaint if required. This meant the provider had an effective complaints procedure in place.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. A family member told us, “When you see the staff as stable as they are here this is how I know they are well managed, or there would be comings and goings. The manager mingles she is not behind a locked door, I see her all the time with the residents and the staff.”

Staff we spoke with felt supported by the manager and senior staff. They told us, “We have a good management and senior team in place”, “We have good systems in place to ensure the highest level of care is given to our residents. This is overseen by a good management team and board of governors”, “We have guidelines in place and management are always approachable to help” and “Very well led. I know I can go to my manager with any problems”.

We saw staff were regularly consulted and kept up to date with information about the home and the provider. We saw records of staff meetings, the most recent had taken place on 24 November 2015 and agenda items included surveys, a visit by the local authority commissioners, day care and age concern. We saw a staff survey had taken place in September 2015 and included questions regarding work satisfaction, sickness, staff meetings, flexibility and overtime, training, supervisions, support and unresolved issues. We saw analysis had been carried out on the findings.

We saw the home had a number of ‘Champions’ in place, for example, medicines, care plans and focus on under nutrition. The registered manager told us they had delegated these roles to staff members who had expressed an interest in a particular area or to staff the registered manager felt would be good in the role. These roles included carrying out audits and acting as a lead/mentor for staff.

The service had good links with the local community. For example, links with a local school and age concern, regular visits from the women’s royal voluntary service (WRVS) and salvation army, and hosted coffee mornings, summer fairs

and heritage open days. The registered manager told us the home hosted a ‘Santa day’, where grandchildren of people who used the service and children of staff visited free of charge and were given a gift.

The parish church is next door to the home and people from Beddell House attend services there and in the home. The registered manager told us a member of staff got married at the church and people from Beddell House attended the service. The registered manager also told us they had asked the local parish council if they knew of anyone who would be on their own at Christmas and offered to open the home to people for Christmas lunch.

We looked at what the provider did to check the quality of the service, and to seek people’s views about it. We saw a monthly visit took place by one of the governors of the charity that owned Beddell House. We looked at the most recent visit on 9 November 2015. This included a review of the previous visit, suggestions, concerns and complaints from people who used the service, staff training and development, comments and sickness, the environment, a review of records, entertainment, housekeeping and any additional comments. The outcome of the visit was, “A visit with no new concerns.”

When we spoke with people who used the service they told us that they had a residents’ committee that was set up to enable people to have a voice in how the home is run and to organise activities one person told us, “We all try to work together, we take up any issues we have on behalf of the residents. We organise trips, activities and fundraising. The committee can bring any issues to the manager’s attention that some people couldn’t do on their own.” We saw records of residents’ committee meetings which took place every two months. These were chaired by a person who lived in sheltered housing in the grounds of Sherburn Hospital, where Beddell House was located. The most recent meeting had taken place on 7 December 2015.

We saw there had also been a meet the chefs meeting on 12 November 2015. We saw from the minutes that a person who used the service had suggested adding mussels to the menu. On 23 November 2015 the chef prepared a seafood salad. We also saw two people said they disliked the sausages and as a result the provider changed the supplier.

We saw there had been a ‘Residents’ survey’ in October 2015, which focused on the CQC five domains; safe, effective, caring, responsive and well led. Following this

Is the service well-led?

survey, the registered manager had held a meeting with people who used the service to discuss the findings. We saw almost all the questions were answered either 'Excellent' or 'Very good'. Comments included, "I feel safe at Beddell House", "Care could not be better", "I don't think staff could treat me any better" and "No complaints".

We saw a suggestions and comments box was placed in the foyer. Feedback sheets were provided to people who used

the service, family members, visitors and healthcare professionals to comment on the quality of the care and support from staff, environment, choice and quality of food, cleanliness, atmosphere, overall service and any other comments.

This meant that the provider gathered information about the quality of their service from a variety of sources.