

## Sanctuary Care Property (1) Limited

# Beechwood Residential Care Home

### Inspection report

The Beeches Holly Green, Upton-upon-Severn, WR8  
0RR

Tel: 01684 595959

Website: [www.sanctuary-care.co.uk](http://www.sanctuary-care.co.uk)

Date of inspection visit: 20 May 2015

Date of publication: 17/08/2015

### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

### Overall summary

The inspection was unannounced and took place on 20 May 2015.

Beechwood Residential Home is registered to provide accommodation and personal care for a maximum of 38. There were 33 people living at home on the day of the inspection. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In response to a serious incident in April 2015 the provider was working with external agencies to make changes to the environment and internal procedures to reduce the risk to people's safety. These changes will need to be reviewed to ensure they were effectively managing people's safety.

# Summary of findings

People told us they felt safe and well cared for and there were staff available to meet their needs. Staff told us about how they felt they kept people safe and help reduce their risks. We saw that staff were available to meet people's care and social needs and spent time in communal areas of the home. People got their medicines when they needed them and as prescribed. Medicines were stored and staff knew how which medicines needed to be monitored or changed.

People told us the staff knew them well and understood how to look after them. Staff felt the training reflected the needs of people who lived at the home and had provided them with the skills required.

People had been able to choose their care and treatment and were supported to make decisions if they had not been able to do this on their own. They were supported by relatives, staff and other health professionals. Where restrictions had been placed on people, the provider had followed the correct procedure.

People enjoyed the food and where needed staff supported them to eat and drink enough to keep them healthy. We found that people's health care needs were

assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. Staff had been understanding and supportive of people's choice and decisions. People had been involved in the planning of their care.

People told us they had plenty of things to do during the day and said that they also spent time in the garden or out on planned trips. People told us that if they had comments or concerns that they would raise these with care staff.

The provider and registered manager made regular checks to monitor the quality of the care that people received and look at where improvements may be needed. However, we found that improvements were needed to ensure recent changes were reviewed and the provider reflected on the impact the changes had made on people's care.

You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

The provider had not been able to demonstrate that recent changes would improve people's safety and well-being. People had received their medicines where needed and were supported by staff that meet their care and welfare needs.

Requires improvement



### Is the service effective?

The service was effective.

People had their consent to care and support assessed. People's dietary needs and preferences were supported and input from other health professionals had been used when required to meet people's health needs.

Good



### Is the service caring?

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good



### Is the service responsive?

The service was responsive.

People were able to make everyday choices and were supported in their personal interest and hobbies. People were supported by staff or relatives to raise any comments or concerns with staff.

Good



### Is the service well-led?

The service was not consistently well-led.

People's care and treatment had been reviewed by the registered manager. However, improvements were needed to ensure effective procedures were in place to identify areas of concern and improve people's experiences.

People and staff were complimentary about the overall service and felt their views listened to.

Requires improvement



# Beechwood 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.

This unannounced inspection took place on 20 May 2015 and was carried out in response to a serious incident that had occurred. The inspection team comprised of two inspectors and an expert by experience who had expertise in older people's care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with 12 people who lived at the home and one family. We spoke with eight staff, the registered and deputy manager and two provider representatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at one record about people's care, staffing rotas, six Deprivation of Liberty safeguarding (DoLS) plans, falls and incidents reports, people's medicines records, infection control audits, care plan audits and staff handover notes.

# Is the service safe?

## Our findings

We were made aware of a serious incident which involved the death of one person that used the service. We looked at how the provider had reviewed similar incidents. We looked at what the provider had learned from an incident in October 2014. Changes were made to reduce the person's individual risks of the incident happening again, however no steps were taken to review other people's risks. The preventative steps taken by the provider in October 2014 had not reduced the risk of protecting people who could not safely leave the home on their own.

The registered manager and provider told us about how lessons learned and feedback from external agencies had been used to make changes to better protect people's safety following the serious incident in April 2015. For example, they had upgraded the external door locks and amended the pre-admission assessment.

Staff were aware of the changes and we saw that progress had been made to implement the changes. Staff had been reminded about the procedures when the reception area was not staffed to ensure people's safety. One staff said staffing levels were "Settling down" and that one care staff was to remain in each unit lounge so they were available for people. The provider had not yet been able to demonstrate that the changes made would maintain and improve the safety of people living at the home.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment.

Staff told us that they knew how to keep people safe and would "Report to the manager" if they had any concerns. One staff member said they would "Encourage people back into the home, a safe environment" where they knew if the person was not able to support themselves outside of the home. Staff felt the registered manager would take the appropriate action if needed to protect the person further.

We spoke to the registered manager about a potential risk to a person that had not been recorded or reviewed by the appropriate health professional. The registered manager and staff had not identified that the person's was at risk due to changes in their mobility needs. All people at the

home would need to be reviewed to ensure that no further risks had been overlooked. The provider representative also felt that care plan risk assessment had not always matched the care given.

Staff told us that people had plans in place so they knew the support that each person needed and it had been reviewed regularly. The registered manager confirmed that these were being looked as each care plan was updated. All people living at the home had not been consistently protected from the risk being reviewed and updated.

However, all people that we spoke with told us they felt safe and secure. Two people said that staff, "Make sure that I'm safe". Three people told us that they would "Talk to staff", if they had wanted to raise concerns. One relative we spoke with said, "They keep [person] safe and well".

Where people had fallen or had an accident, the registered manager used this information to reduce the risk to people. For example, providing equipment such as pressure mats. Where these had been used, the effectiveness of these were reviewed after three months to see if they had reduced the risk.

People were able to walk with aids and could choose where they wanted to go. Four staff told us about what they needed to reduce people's risk and keep them safe from harm, and how many staff were needed to assist a person safely. One also said that people had the choice to, "Take a certain amount of risk".

Eight people we spoke told us they felt they staff were around when they needed them. Staff told us they were able to meet people's care and support needs in a timely way. Staff felt they were available when people needed them and one staff said, "Everybody watches out for everybody". We also saw that staff were available in the communal areas of the home and were able to respond to people's request for personal care or support. We saw that the registered manager had responded to people's feedback that they wanted to see more of the kitchen staff. Therefore, at mealtimes they also helped serve food to increase their visibility.

The staffing levels had been set by the registered manager and we saw that the numbers of staff had been scheduled. The registered manager also told us they looked at people, relatives and staff feedback in relation to numbers of staff being able to meet people's needs.

## Is the service safe?

Three people told us they knew their medicines kept them “Healthy” and were happy that staff looked after their medicines. If they had any questions about their medicines they told us they would ask the staff. People were supported to take their medicine when they needed it and staff provided guidance and reassurance. Staff on duty who administered medicines told us how they ensured that people received their medicines at particular times of the day or when required to manage their health needs.

People’s medicines had been recorded when they had received them and we saw records had been completed. Where people required ‘when needed’ medicine’s system were in place to monitor the frequency they had been used.

# Is the service effective?

## Our findings

Staff demonstrated that they had been able to understand people's requests and had responded accordingly. Two people commented the staff "Were supportive" and that staff were "Confident in what they do for me".

Four staff told us that they felt supported in their role and had regular meetings with the registered or deputy manager. One said, "It's very supportive here". Staff told us they had received training that reflected the needs of the people they cared for and future training was arranged as needed. One staff told us training had increased their understanding in supporting people to "make sure decisions are the right ones for people". One staff told us their training and working with colleagues had increased their confidence in working with people at the home. The registered manager was able to provide an overview of the training staff had received and when it required updating. One staff also said that "I love learning" and that the registered and deputy manager checked "To see how I am getting on".

All people that we spoke with said they were able to make choice and decisions about their care and treatment. People said "Staff frequently talk to me about my care needs". Staff listened to them and allowed them to make choices. For example, where they wanted to spend their time in their home or help with an activity. All staff we spoke with told us they were aware of a person's right to choose or refuse care. One staff said they "Do what's best for them (people)".

We looked at how the Mental Capacity Act (2005) (MCA) was being implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent.

People's capacity to make decisions or consent to their care had been looked at and reviewed by the registered manager. We looked at three people's records and saw that capacity assessments had been completed. They had related to an individual decision about the person's care or treatment. For example, when making a decision to use bedrails to stop a person falling from their bed a best interest assessment had been completed.

We also looked at Deprivation Liberty Safeguards (DoLS) which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Where people had their freedom restricted they had been protected by the correct procedure being followed. For example, six people had restrictions in place and the registered manager had made further applications as a result of changes to the keypad on the door now being in place.

People were supported where necessary to eat their meal and five people told us they "Liked the food". People had the opportunity to have their lunch in a communal setting which was called 'Lunch Cub'. The registered manager had put this in place to give people the choice to have a "More social experience" when having their meal. Staff asked people at mealtimes where they would like their meal and listened to their choice.

Staff understood the need for healthy choices of food and people's individual likes and dislikes. When we spoke with kitchen staff they were able to tell us about people's nutritional needs. For example, people who required a diet that supported their diabetes were provided with an alternative where necessary. The chef told us this would include sugar supplements. The chef has also recorded people's allergies and the food supplier clearly labelled all allergens in their products which assisted the kitchen staff to identify unsuitable ingredients. People had access to drinks during the day or people were able to ask staff for them. People were also offered a selection of drinks with their meals and an additional one in the morning and afternoon.

The registered manager confirmed that the local GP visited the home once a week or when requested. Visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. Two people we spoke with told us they saw the opticians, dentist and chiropodist. One person told us that when then needed to see a GP the "Staff would arrange for her to come and see me". Where people required a regular blood test to monitor and maintain their condition, these had been arranged and completed as required. One person told us they were "Due to go the hospital" for on going support to manage their condition.

# Is the service caring?

## Our findings

The home was divided into four named areas, each with its own communal lounge and dining areas. People were able to choose where they went and had access to the garden. Three people told us that whilst they would “Prefer to be in my own home” that they “Liked” the home. One person felt that staff knew their “Sense of humour” and they “Had fun”. People were happy to joke and laugh with staff and we saw that they knew each other well. Staff chatted about their lives and shared experiences which people were keen to listen and respond to. One person said, “I don’t know what I would do without my carers, they are wonderful”.

Staff had a good knowledge of the care and welfare needs of the people who used the service. When we spoke with staff they told us about the care they had provided to people and their individual health needs. One member of staff said, “You want to do your best for them (people). Make it a home from home”.

One person told us that they “Tell them (staff) the care and help I need”. Five other people felt that they were involved in their day to day care needs and that staff responded with “Kindness” and were “Helpful”. One person said “I do all my own personal care” and felt that staff respected this.

Relatives we spoke with felt that all staff were approachable, friendly and were good at providing care and support to their family member. People told us they were confident to approach staff for support or requests. Staff waited to ensure people understood or agreed with a request for support or guidance.

All people we spoke with said that staff ensured they were able to do as much on their own as they were able to. Two people said that staff were “Supportive and respect my dignity” and “I’m very independent and I feel treated well”. Staff provided encouragement to allow people to support themselves and that they were comfortable in their home. For example, staff checked if people wanted the window open or the door closing to prevent noise.

All staff told us they felt people received “Good care” from “Staff that care”. We saw staff had a caring approach with people. They told us they spent time getting to know people and had “one to one time” as well as providing care. Staff said they “Showed people respect” and “Ask before doing anything”. Staff also responded well with emotional support, for example people who became upset or needed reassurance.



# Is the service responsive?

## Our findings

Four people we spoke with told us how they had been involved in their care. They commented that “Staff talk to me about my care and what’s needed” and “Staff frequently talk about my needs but I get all the help I need”. The registered manager was updating people’s care plans as they had identified this as an area for improvement. One person told us they care needs were discussed and were then “Written down” as a record.

All staff we spoke with told us about the care they had provided to people and their individual health needs. Staff discussed people’s needs when the shift changes to share information between the team. Staff told us they were happy to support people and pass changes in people’s care needs to senior staff and felt they were listened to. We saw that staff spoke to the registered manager where they had concerns over a person’s health and discuss ways forward.

We spent time with staff as they changed shifts to see how they shared information about the people they had supported. Staff spoke about people’s current needs together with any changes or visits that day. We saw staff had handovers that took place at the end of each shift and staff told us they were able to refer to the notes during the shift if needed.

Five people told us about how they spent their time in the home. Three people had their own interest which they were

able to pursue. People commented that “The days don’t drag” and there were things that “Keep me occupied”. People had also formed friendships and were able to spend time chatting and laughing with their friends in other units. One person said “The atmosphere is lovely”.

Activities for groups had been organised and we saw people involved and enjoying them. Where people had not wanted to engage, there were quite areas available. A member of staff had been employed to organise and run activities for people at the home and told us they liked to match people’s likes with the activities offered. For example, we saw dancing to music that people chose.

Five people told us they had no issues to raise, however they knew who they would speak to if they needed to. People said that staff listened to them when needed. Throughout our visit staff and the registered manager spoke with people about their care and treatment. People therefore had the opportunity to raise concerns and issues and had confidence they would be addressed.

There been no complaints recorded from people that lived at the home. People had provided feedback to the provider by completing questionnaires for various topics such as the quality of the food. Two people told me that they had attended meetings that “Tells you what’s going on”. We saw that the minutes provided an overview of the comments raised and the topics covered at the meetings. These included changes to home and feedback on activities.

# Is the service well-led?

## Our findings

The provider told us that they had made recent changes to ensure the organisation learned from a serious untoward incident in April 2015. They had changed their pre-admission procedure to ensure they were able to provide the level of care that people required. For example adding additional questions to ensure the person would be suitable to live in the home. They had also changed their policy on not having keypads on external doors. The provider needed time for these changes to take place and review their effectiveness and the impact these would have on people who lived at the home.

The registered manager and provider monitored how care was provided and how people's safety was protected. For example, care plans were looked at to make sure they were up to date and contained sufficient information and reflected the person's current care needs. The provider also told us that they were changing some policy and procedures throughout the organisation to strength their pre-admission processes.

All people we spoke with knew the staff and said they felt supported. One person felt, "The place is well run" and that they were asked for their views about the home. People were supported by a staff team that supported them to be involved in how their home was run. Staff were confident in the way the home was managed and commented, "We want this home to be a good home for the residents". The registered manager felt supported by a staff team that "Were willing to help" and we saw that they spent time talking with staff. All of the staff we spoke with told us that the registered and deputy manager were approachable, and felt they were listened to.

The registered manager told us they felt the people were at the heart of the service. Regular meetings were held with

people and their relatives to discuss the quality of the care. We saw that improvements to care were made as a result of these meetings. For example, plans to start a gardening club and a 'knit and natter' club.

The provider used an annual questionnaire as an opportunity for people and relatives to share their overall experiences. People had responded positively about their care and support with no areas that required a response. The results were available in the reception area of the home.

Advice from other professionals had been used to ensure they provided good quality care. They had followed advice from district nurses and the local authority to ensure that people received the care and support that reflected professional standards.

The provider had a clear management structure in place and the registered manager had access to information and support. The registered manager felt their staffing team were dedicated, worked well together to "Create an atmosphere of love" for people living in home. One person said, "The atmosphere is lovely" and one relative said, "We are welcomed by the staff".

Resources and support from the provider were available and improvements to the home were in progress. This had so far improved medicines storage with plans for further work to be carried out on the communal bathrooms and a monthly day out for people. The registered manager spoke about how they worked with support from the provider to make improvements to the home. They met frequently to discuss all aspects of people's care and the home environment which had been collated by audits carried out. For example, these looked at people's care records, staff training, 'residents and relatives' comments and incidents and accidents. Following the serious incident the provider had supported the manager by increasing management staff within the home to assist with the changes.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People's care and treatment had not always been provided in a safe way. Regulation 12 (1) (2)(a)(b)(d)