

Pearlcare (Richmond) Limited

Beechy Knoll Care Home

Inspection report

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Date of inspection visit:
17 July 2019

Date of publication:
09 August 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beechy Knoll is a residential care home that provides accommodation for older people, people living with dementia and people with a learning disability who require personal care. The home can accommodate up to 40 people in one adapted building over two floors. At the time of this inspection there were 34 people using the service.

People's experience of using this service and what we found

People told us they felt safe living at Beechy Knoll. They told us staff usually responded to them quickly. We found some improvements were needed to the deployment of staff to ensure they were always available when people needed support. Most people received their medicines as prescribed, however improvements were needed to some medicines records to ensure people received the correct support from staff. The risks to people were assessed and minimised and people were protected from the risk of abuse.

People received appropriate nutrition and hydration, however we found improvements could be made to the dining experience. People were supported by staff who had received a range of training to ensure they had the right skills to care for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People told us staff were kind and caring. People said they felt well-treated by staff and they were involved in decisions about their care. Staff supported people to maintain their independence. People's privacy was respected.

People felt able to complain about the service, if they had any concerns. An activity coordinator arranged a varied programme of activities and entertainment for people, within the home and local community. People were happy with the programme of activities, but said they became bored if the activity coordinator was not there.

People and their relatives told us the home was well-run. People were supported by a team of staff who were happy in their jobs and well-supported by their managers. An experienced registered manager completed a range of regular checks on the quality and safety of the service. People and their relatives told us the home had improved since the registered manager had started working there.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 July 2018) and we found a breach of one regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was

no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Thematic review

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the deputy manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Beechy Knoll Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector, one assistant inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Beechy Knoll is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and four of their relatives about their experience of the care provided at Beechy Knoll. We spoke with eight members of staff including the deputy manager, care staff and a range of ancillary staff. The registered manager was not present during this inspection; however, we spoke with them over the telephone shortly after the inspection. We also spoke with a community health professional and the provider's regional manager who were both visiting the home on the day of this inspection.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service, including policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

After the inspection

We sought some more information from the registered manager. This was provided in a timely manner and was used to inform our judgements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The registered manager used information about people's needs and dependency levels to decide how many staff were required on each shift.
- We observed people received care in a timely manner if they requested it, however we found improvements were required to how staff were deployed throughout the home. When staff were required to provide care for people in their own rooms, this sometimes left the communal areas without adequate staff oversight. Throughout the day we observed periods of around 20 minutes where staff were not available to support people in communal areas. During these periods we observed some people required support from staff to keep them safe.
- We observed staff appeared very busy throughout the day. Staff had little time to chat to people between completing the various tasks required of them. Staff told us there were enough staff on each shift to keep people safe. However, some staff told us they thought the home would benefit from an additional care assistant each morning, to ensure people's needs could be met promptly.
- People living at Beechy Knoll and their relatives did not raise any concerns about staffing levels. People's comments included, "They do come quite quickly. They don't keep me waiting" and "During the day they [staff] are always around, so if you want anything you can just tell them."
- The provider followed safe recruitment procedures. They completed pre-employment checks to ensure new staff were suitable to work at the home.

Using medicines safely

- The provider had systems and processes in place to manage people's medicines safely. There were effective systems in place to ensure people received time specific medicines at the correct time and we found most people were receiving their medicines as prescribed.
- We identified one person who would benefit from a medication review as they were regularly refusing prescribed pain relief. We discussed this with the deputy manager and they arranged a review of this medicine by the GP.
- Some people were prescribed medicines on a 'when required' (PRN) basis. Staff followed 'PRN protocols' which contained guidance about how to support people with each PRN medicine they were prescribed. We found some PRN medicines did not have a corresponding protocol for staff to follow and one protocol did not contain enough information. Some improvements were therefore needed to the management of PRN medicines.
- We observed staff were patient and respectful when they supported people to take their medicines. People told us they were happy with the support they received with their medicines.

Preventing and controlling infection

- People were protected from the spread of infection.
- The provider had a policy which staff were required to follow to promote effective infection control practices and all care workers received training in infection control. Staff wore personal protective equipment, such as gloves and aprons, when delivering care, to help prevent the spread of infection.
- We observed the home was clean in most areas, however there was a strong malodour in one of the communal areas during the day. The deputy manager agreed to investigate the cause of this and address it.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse.
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised. The registered manager made appropriate referrals to the local safeguarding authority when required.
- People living at Beechy Knoll told us they felt safe.

Assessing risk, safety monitoring and management

- Staff assessed the risks involved in the delivery of care to people when they started using the service. People's care records contained risk assessments detailing the specific risks posed to them. Risk assessments were reviewed at appropriate intervals to check risk levels had not changed.
- The provider had plans for dealing with emergency situations. For example, personal emergency evacuation plans described how each person should be supported in an emergency.
- Regular checks of the building and the equipment were carried out to keep people safe. The home had safety certificates in place for the premises and the equipment they used.

Learning lessons when things go wrong

- Incidents and accidents were recorded by staff and actions were taken to reduce the risk of them happening again. The registered manager analysed accidents and incidents every month, to try to identify any themes or trends. This information was used to help reduce the risk of further incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed the lunch service during this inspection and identified some improvements could be made to the dining experience.
- We observed people were only offered juice to drink during their lunch; no other cold drinks or any hot drinks were offered. We observed staff appeared rushed during the lunch service which meant there was little time for them to meaningfully engage with people.
- However, people told us they were happy with the quality and variety of food on offer and we found people's dietary needs and preferences were clearly recorded in their care records. Where people required a special diet for medical or cultural reasons, the kitchen staff had up to date information about this.
- Throughout the day we observed additional snacks and drinks were made available to people which supported them to eat and drink enough to maintain a balanced diet.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into Beechy Knoll to check the service was suitable for them. A care plan was then written for each person which guided staff in how to care for them. People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.
- Most people and their family members were happy with the care they received. People and relatives commented, "I think it's fantastic here. [My relative] is happy here and is very settled", "I know [my relative] has settled well here and they seem to have made some friends with other residents" and "It's very nice here." However, one relative told us they thought the standard of care their family member received could be improved.

Staff support: induction, training, skills and experience

- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed; they said it supported them to meet the needs of the people living in the home.
- Staff received regular supervision from their line manager to review their competence and discuss areas of good practice or any improvements that were needed. All staff told us they felt well supported by the management team.
- People and most of their relatives told us they believed staff had the right skills to care for them. One person commented, "They [staff] are very good. They help me to get dressed and they are very gentle. They definitely know what they are doing". However, one relative commented, "I do think there are some gaps in

staff training. For example, my relative has [name of health condition] and I don't think staff understand their needs."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other organisations to deliver effective care and support to people. They sought advice from community health professionals such as the GP, district nurses and speech and language therapists. This process supported staff to achieve good outcomes for people and to help people maintain their health.
- The visiting health professional we spoke with informed us staff sought advice from them when necessary, and staff followed advice they were given to promote people's health.

Adapting service, design, decoration to meet people's needs

- There was a suitable amount of communal space in the home where people could spend time. The layout of the home helped to promote choice, privacy and dignity as there were various lounges and communal spaces where people could go for privacy, for example during family visits.
- Technology and equipment was used effectively to meet people's care and support needs.
- There was pictorial signage displayed on doors within the home, to help people navigate their way around the building. People had been supported to make signs for their bedroom doors, to help them locate their own rooms. People had been supported to personalise their bedrooms with items that were familiar to them.
- Some areas of the home required refurbishment. The registered manager had plans in place to improve some of the communal areas by replacing carpets, modernising the lighting and creating a new wet room.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider had a range of policies in place, to support staff to work within the principles of the MCA. All staff were required to complete training on the MCA and DoLS.
- People's capacity to make certain decisions had been assessed, where this was appropriate. Best interest decisions were recorded in people's care records and we found relevant people had been involved in making these decisions.
- The registered manager submitted DoLS applications to the local authority, when necessary. When authorisations were granted or were made subject to conditions, people's care records were updated so all staff were aware. The registered manager had oversight of which people were subject to such authorisations and when they were due to expire.
- We were satisfied the service was working within the principles of the MCA.
- We observed staff seek consent from people before they provided them with care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff interacted with people in a positive way. Staff smiled and joked with people, where this was appropriate. People appeared comfortable in the presence of staff. People told us staff were kind and caring. Comments included, "They are kind", "They are very good. Nothing is too much trouble for them" and "It's their job to look after us, but they are smashing."
- People's relatives told us their family members were well-treated. Comments included, "The staff are fantastic. I've seen nothing but kindness towards people here", "The staff are amazing and nothing is too much trouble for them" and "The staff here are really good. It's a lovely atmosphere and everybody seems happy."
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. People told us they felt they were treated fairly and were free from discrimination. For example, they felt able to discuss any needs that were associated with their culture, religion or sexuality.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported and encouraged people to make decisions about their care. People told us they felt confident to express their views and make their own decisions. A person commented, "I tell them exactly what I want or don't want."
- Relatives told us they were kept informed about their family member's care and they had been involved in developing their family member's care plan, where this was appropriate. They told us they were always welcomed into the home when they visited. One relative commented, "They make us [the family] very welcome when we come. It's a real home from home."
- People were afforded choice and control in their day to day lives. We observed staff asking them what they wanted to do during the day and where they would prefer to spend their time.
- Most relatives told us staff communicated very well, commenting, "Communication is really good. They [staff] tell me straight away if [my relative] is off colour or anything" and "They [staff] will always get in touch with the family if [my relative] isn't well or they are worried about them at all. They do involve us all the time."

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we observed staff spoke to people respectfully.

- Staff respected people's privacy. They knocked on doors and called out before they entered bedrooms or toilet areas. Staff were aware of the need for people's personal information to remain confidential.
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. Our observations during this inspection showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records documented people's likes and dislikes and contained some information about their social histories. This supported staff to get to know people and provide a personalised service. People's care records contained enough detail about the support they required from staff.
- Staff kept people's care under regular review. This helped to make sure people consistently received the correct level of care and support and meant people's care plans contained up to date and accurate information about the care they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and any support they needed was recorded in their care plan. Staff were able to describe how they communicated effectively with people, if they struggled to communicate verbally.
- We identified the home may benefit from additional communication tools to support people to make choices about their meals. Staff verbally offered people a choice of two meal options at lunch, however people were not supported to decide which option they would like, using any visual aids, such as a pictorial menu or by being shown the meals on offer. Visual prompts may support people living with dementia to make decisions. Some people were not sure what they had been given.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed an activities coordinator who arranged a programme of activities to keep people occupied and entertained. People were able to regularly take part in different activities according to their personal preference.
- We received very positive feedback from people about the activities arranged by the activity coordinator. One person commented, "The activity coordinator is really good. When they are here, we do all sorts of things like keep fit and a lot of crafts. They put all the craft stuff on the table, beads and things like that, and they help us to make things. They go to each person around the table in turn and help us all to do things. We have some quizzes and games too."
- During our inspection the activity coordinator was on annual leave and we observed there was not much

for people to do to keep themselves occupied. People commented that when the activity coordinator was not at work they got bored as other staff did not have time to sit and do things with them. However, people were clear that when the activity programme was taking place, there was plenty to keep them occupied.

- People were supported to access the community, for example to attend church or to go shopping. Regular church services also took place within the home, which supported people to maintain their faiths. People told us they would ideally like to be supported to access the community more frequently.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People and their relatives told us they could confidently raise any concerns with staff or the registered manager and they were sure they would be addressed. One person commented, "I don't have any problems, but I could talk to any of [the staff]. They are all so nice."
- We were satisfied the registered manager was acting on and responding to complaints appropriately.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Staff received training in the provision of end of life care. They worked alongside community health professionals when providing care to people at the end of their lives, such as the GP and the palliative care nurses. This helped to ensure people received consistent and coordinated support.
- Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. The plans provided clear guidance to staff. They described the care and support people wanted to receive from staff and any cultural or religious guidance they wanted staff to adhere to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found the registered manager had not always notified CQC of incidents they are required to tell us about. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18.

- The registered manager and deputy manager understood the regulatory requirements and pro-actively provided information to CQC following significant events at the home. We were satisfied they had notified us of all incidents they were required to tell us about.
- Staff morale was positive and they all told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities.
- All staff commented the registered manager and deputy manager were approachable, supportive and proactive at dealing with any issues that arose.
- The registered manager regularly completed a range of checks on the quality and safety of the service provided. This supported them to identify any areas for improvement.
- The provider maintained an overview of the home. A senior manager employed by the provider visited the home to undertake their own checks on the quality of the care provided and to make sure necessary improvements were being made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were all keen to provide person-centred care. Staff spoke highly of the registered manager and the way the home was run. Staff told us they were listened to, valued and the managers were always available to support them.
- We observed a positive, welcoming and inclusive atmosphere within the home. Staff told us they felt everyone was well cared for and they were all keen to provide high quality care.
- People and their relatives also told us the home was well-run. Comments from relatives included, "Since the new managers have [started working here], they've started to really turn the place around. It's much

better and I feel more settled in the knowledge that my relative is being cared for" and "I would recommend this home to anyone. In fact, I have done."

- There were systems and processes in place to check staff carried out their roles effectively. The home had an open culture and staff were committed to improving the care provided and learning from any incidents or complaints. All staff told us they were confident the registered manager would act on any concerns they raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff had good opportunities to give feedback about the home.
- Staff were able to share feedback during regular supervision meetings and staff meetings. The registered manager operated an 'open-door' policy and staff could speak with them about any ideas or concerns whenever they wanted to.
- People living at Beechy Knoll were invited to regular residents' meetings where they could discuss any concerns they had about the home or any ideas they had about how it could be improved. Feedback was also obtained from people via regular surveys. This information was used to make improvements to the service.
- The registered manager was in the process of arranging regular meetings for people's relatives, to provide them with an additional method of engaging with the service and providing feedback.

Working in partnership with others

- The service worked closely with relevant health and social care professionals. This supported them to deliver effective care to people.
- The service had established links with other organisations in the community, such as local religious organisations who visited the home to provide regular church services.