

HC-One Limited

The Beeches (Doncaster)

Inspection report

Armthorpe
Doncaster
South Yorkshire
DN3 2DZ

Tel: 01302300312
Website: www.hc-one.co.uk/homes/the-beeches-armthorpe/

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28 March 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Beeches Care Home is situated in the village of Armthorpe on the outskirts of Doncaster, close to local shops and amenities. It is a purpose built home providing care for up to 32 older people. The home has bedrooms on the first and ground level of the building. There is parking and a secure garden at the rear of the building.

This unannounced inspection took place on 28 March 2017. The home was previously inspected in March 2016, when a breach of legal requirements was identified regarding staff recruitment. Following that inspection, the provider sent us an action plan identifying what they would do to meet legal requirements in relation to the breach. This inspection was undertaken to check that they had followed their plan and now met all of the legal requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Beeches' on our website at www.cqc.org.uk

At this inspection we found the service had made improvements and met all relevant fundamental standards. We found recruitment procedures were now robust, thereby ensuring essential checks were completed prior to staff commencing employment. We also found the process for inducting new staff to the service had improved.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Throughout the inspection we received positive feedback from people using the service and the visitors we spoke with. We observed that people were treated with respect, kindness and understanding. We saw staff took account of people's individual needs and preferences, while supporting them in a dignified way.

People told us they felt safe living at the home. Assessments identified potential risks to people, and management plans were in place to reduce these risks. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

We found there was sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Overall staff had received training to meet people's assessed needs, with further training being arranged.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had a varied diet which they said they enjoyed. We saw people could access a range of health care professionals including their GP, district nurses and dieticians.

People had access to activities which provided regular in-house stimulation, as well as trips out into the community. People told us they enjoyed the activities they took part in.

People using the service, relatives and staff were happy with the way the service was run. They spoke positively about the registered manager, who they said was helpful, supportive and a good communicator. There were systems in place for monitoring the quality of the service provided and highlighting areas for improvement. We found the registered manager and staff team listened to and learnt from the feedback of others, to make changes and improve the service.

Further information is in the detailed findings below

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 is safe.

Improvements had been made since the last inspection to ensure the recruitment process was robust, which helped the employer make safer recruitment decisions when employing new staff.

People received their medicines in a safe and timely manner.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

Good ●

Is the service effective?

The service remains Good

Good ●

Is the service caring?

The service remains Good

Good ●

Is the service responsive?

The service remains Good

Good ●

Is the service well-led?

The service remains Good

Good ●

The Beeches (Doncaster)

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 checked 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 28 March 2017. The inspection was undertaken by an adult social care inspector, who was accompanied by an 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.

Prior to the inspection visit we gathered information from a number of sources. For instance, we looked at notifications sent to the Care Quality Commission by the registered manager and requested information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

As part of the inspection we spent time talking with people who used and visited the service and observed care and support being delivered, this helped us understand the experience of people who used the service. During the visit we spoke with three people who lived at the home and four relatives, two of the relatives spoke with us on the telephone.

During our inspection we also spoke with registered manager, the deputy manager, two care workers, the cook and the activities co-ordinator.

We looked at records relating to staff, medicines management and the management of the service. We also looked at the care records of four people using the service, including their care plans.

Is the service safe?

Our findings

At our previous inspection March 2016 we found appropriate background checks had not consistently been undertaken before staff began working for the service and training records did not evidence all new staff had received a full induction. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we looked at the files of four new staff and found their recruitment had been thorough and the induction process had been improved. Each file contained the required essential checks, such as two written references, a photograph and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Records and staff comments also demonstrated that new staff had completed a more thorough induction when they started to work at the home. The staff we spoke with said this had included spending time learning about the people living at the home, how the home operated and shadowing an experienced member of staff. While discussing their induction one new worker told us, "I feel the induction here gave me more training than my last job, it's increased my knowledge loads."

The registered manager was aware of the new Care Certificate introduced by Skills for Care, which they said would be used as needed. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

People we spoke with told us they felt safe living at The Beeches. One person commented, "I feel very safe here, I didn't feel it before I came here." A relative said, "Yes we believe [family member] is safe living there. We did have an incident with another resident, but we believe it was handled very well and have no concerns now." Another person told us, "We have looked round the home and are very impressed with the safety precautions they take."

The home was safe and secure with access codes to doors leading to the exits. We saw people were constantly monitored, by staff, for safe movement around the home. They made sure people used walking aids safely and guided other people as needed. Records were in place to monitor any specific areas where people were more at risk, and explained to staff what action they needed to take to minimise potential risks. We also found equipment such as bed safety rails and pressure relieving equipment was used if assessments determined these were needed to keep people safe.

We found there were sufficient staff employed to meet people's needs. One person living at the home told us, "If I call for a bedpan during the night, they come very quickly." A relative told us, "There seems to be enough staff when I visit." Another relative said, "There always seems to be enough [staff] especially to move [family member] around." However, two people said they thought more staff would be beneficial at certain times of day. On the day of our visit we saw staff were busy, but had time to meet people's needs and chat to

them. Call bells and alarm pads were answered promptly and staff were relaxed and unrushed. Staff told us that overall they felt there was sufficient staff on duty to meet the needs of people who were living at the home at the time of the inspection.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored, with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked records of medicines administration and saw these were appropriately kept. Systems were in place for checking medication had been administered correctly and stock levels were accurate. There were also suitable arrangements in place to manage and record medicines which had been destroyed or returned to the pharmacy.

People we spoke with said they were happy with how medication was managed. One person told us, "They make sure I take my tablets." A relative said, "Yes they give her [family member] tablets. There has never been a problem. If she is in pain they give her pain relief." Another relative commented, "She [family member] can refuse to take it [medication] and they do try their best, but it is up to her."

Is the service effective?

Our findings

All the people we spoke with said staff provided care and support that was appropriate to their, or their family member's needs. Comments from people we spoke with included, "I think they [staff] are well trained," "There have been incidents with (family member's) behaviour and the staff have always responded in a calm and collected way. They are an exemplary team," and "They [staff] are very well trained, without a doubt." A relative also told us, "[Family member] can get aggressive and they [staff] handle her very well, very calm and patient."

People told us staff always consulted with them about how care was delivered and were respectful of their wishes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Records sampled demonstrated that where people could not speak for themselves decisions had been made in their best interest, and these were recorded in their care plans. Where restrictions were assessed as necessary, appropriate applications had been made to the local authority.

A staff training programme was in place to help make sure all staff had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed the majority of staff had completed the company's required training and periodic refresher courses. We saw that where staff had not updated their training in line with company expectations, the registered manager had assigned the appropriate courses for the member of staff to complete. The courses identified for completion included fire safety, infection control and food safety.

Systems to support and develop staff were in place through regular supervision meetings with their line manager. These meetings gave staff the opportunity to discuss their own personal and professional development, as well as any concerns they may have. One care worker told us, "The manager is always there if we have any concerns, or just want to talk." Annual staff appraisals had also been completed. This meant staff were formally supported in relation to their roles and responsibilities.

We observed the lunchtime meal being served in the dining room and saw it was a relaxed and pleasant experience for people. We saw that staff knew people's preferences for drinks, food and where to sit for their meal. Staff offered people a choice of main courses and the food looked appetising and plentiful. Where people needed assistance staff provided it in a discreet and very patient manner. For instance, we saw staff offered one person several alternatives when they said they did not want the menu choices. We also saw 'snack boxes' were dotted around the corridors so people could help themselves to small packets of snacks or fruit.

People told us they enjoyed the meals offered. A relative commented, "From what I have seen the meals are very good. She [family member] eats very well; in fact sometimes she's had two breakfasts." Other people told us, "The food is lovely and you get a choice" and "The meals are really good."

We spoke with the cook about menus and special diets. They said care staff completed a form about

people's likes and dislikes, as well as any special dietary requirements, when they came to live at the home, which they used when preparing menus. The cook also told us how they used fortified milk, cheese and cream to increase people's calorie intake if they were at risk due to weight loss, or needed building up.

The care records included information about people's dietary needs and food preferences. We found screening and monitoring records had been used to prevent or manage the risk of poor diets or malnutrition, and people's weight had been monitored regularly.

Records demonstrated that people had access to health professionals such as GPs, district nurses and the optician when needed, and their advice had been followed. The people we spoke with were confident that doctors and emergency services would be called when needed. One relative said, "My [family member] was taken to A& E. The staff acted quickly and kept us informed constantly." Another relative described staffs' actions when their family member was ill as, "They have been brilliant."

Is the service caring?

Our findings

Staff provided care which was person centred and focused on the individual needs, wishes and preferences of the people who lived at The Beeches. There was a relaxed atmosphere throughout the building and we saw staff were constantly chatting with people, telling them what they were going to do and asking if they were happy with how things were being managed. We saw lots of friendly, appropriate banter between staff and people living at the home.

People told us staff knew the people living at the home well, which meant they provided individual care tailored to their specific needs and preferences. We saw care plans and guidance provided to staff gave information about each person and how they expressed their choices. This enabled staff, particularly new staff, to become familiar with how to support people in the way they wanted.

All the people we spoke with consistently told us that staff were caring, kind and respectful. One person said, "They [staff] are so caring, they treat people as if they were their own relative." Another person told us, "I would say staff are very caring and very considerate. They genuinely care for all the residents." A relative commented, "We do not have a bad word for them [staff], they give individual care to people. With their care and attention we were able to have [family member] home for Christmas, which was lovely. My family all agree that they give fantastic care."

Throughout the inspection we saw staff were respectful of people's dignity. This was in their approach and while carrying out personal care. We saw they knocked on bedroom doors and closed them while providing personal care. One staff member told us how speaking with people discreetly was important. They added, "For example today I could see a resident may want to go to the toilet so I whispered to her would she like me to go with her." They felt this also preserved the person's dignity because they could have been incontinent, which would have been embarrassing for them. Other staff spoke about ensuring people were covered up while receiving personal care and always asking people what they wanted.

People were given choice about where and how they spent their time. We saw they had chosen how their room was decorated and the rooms reflected people's individual style and interests. A relative told us, "We think the home is bright and positive. It is very homely with lots of pictures around. We can choose the decoration for the bedroom." Other people described how staff offered choice and support. One person told us, "I like to go to bed later and it is not a problem here."

Staff respected people's spiritual and cultural needs. They were knowledgeable about this aspect of people's needs and this information was also reflected in their care files. The registered manager told us that a religious service was held at the home on a monthly basis. They said other people received support from other religious dominations on a one to one basis. A relative told us, "My [family member] was recently quite ill and [registered manager] rang me for advice on religious matters. I thought that was very kind and thoughtful."

The registered manager told us that there were no time restrictions to visitors and the relatives we spoke

with confirmed these arrangements. Someone looking round the home told us, "Staff are all very friendly. Everyone has said 'hello' to us and greeted us with a smile."

Is the service responsive?

Our findings

All the people we spoke with told us staff offered people choice and were responsive to their needs. They explained how staff worked with them to make sure care was planned around their, or their family members, needs and preferences. A relative told us, "It [planning care] was done while she was in hospital and I was involved then. It is about to be reviewed soon and we are having a best interests meeting." Another relative said, "Yes, she has a care plan and I was involved in it. It has been updated recently." A third relative spoke about their family member's admission to the home adding, "She [family member] was brought here from hospital and the transitions went very well."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care provided at The Beeches was good. The care files we checked gave a clear picture of people's needs and preferences and were person-centred in the way that they were written. For example, they included information about people's preferences, the people important to them and how they liked their care delivering.

Care plans and risk assessments had been regularly reviewed to ensure they were up to date. Daily handovers and care notes ensured new information was passed on at the start of each shift. This meant staff knew how people were each day and any areas that needed to be followed up.

People were able to access a varied programme of social activities. There was an activities board on display, but the highlighted activities for the day were not taking place. The activities co-ordinator told us, "I plan the week, but it very much depends on what residents want to do at the time. We play bingo, have singers, petting animals, go to the pub and for walks. We have a mini bus, but no driver at the moment. We have trips to the seaside in the summer. Some residents like to watch old movies, others like listening to music. It can be difficult pleasing everybody." We spoke with the registered manager who acknowledged that the displayed planned activities did not always take place. They said they would consider how information about the actual activities taking place could be shared with people effectively.

When we asked if people were happy with the social activities available one person living at the home commented, "I have played bingo today, which was good." A relative told us, "I think there are lots on offer [activities], but some [people living at the home] do rely on having the staff take them out. They play bingo and have sing-a-longs." Another relative commented, "She [family member] has taken part in some [activities] but she does like to just sit and read. She has been to the seaside and did take part in a staff selection interview."

The provider had a complaints procedure, which was available to people who lived and visited the home. We saw three concerns had been received over the past year. Each had been recorded with the detail of the complaint, what action was taken and the outcome, including any letters sent to complainants. We also saw several thank you cards had been received thanking staff for the care and support they had delivered.

The people we spoke with told us they had never had reason to complain, but would have no hesitation in

speaking with the registered manager, if need be. One relative told us, "She [the registered manager] is very helpful. If I did have a complaint she would be my first line of approach."

Is the service well-led?

Our findings

The service continues to be well led by the registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

During our inspection, we noted positive examples of leadership from the registered manager and senior staff. We saw the registered manager speaking to relatives enquiring about their family member's wellbeing in a friendly, professional manner.

Relatives we spoke with told us the registered manager was always visible and they felt supported by her. One relative commented, "I don't know how we ever managed with [family member] living on her own. [Registered manager] is now like my second mother, we have some great conversations. She is reassuring, very open and very honest. I love her." Another relative told us how the home managed an incident well. They added, "The Beeches responded very well and have now changed their practices to make it safer." Other people described the registered manager as, "Helpful", "A fantastic support" and one relative said, "Communication is very good between us."

When we asked people if there was anything they felt could be changed to improve the service provision the majority of people could not think of anything they would change. However, two people felt the laundry arrangements could be improved.

Staff also spoke highly about the registered manager and the way the home was managed. One care worker told us, "The manager has made a massive difference to the home, like introducing the snacks in the hallways. The staff are fantastic and the manager brilliant." When we asked if there was anything staff would like to improve the main area they felt needing attention was the décor, as they felt the home looked 'tired'. This was a topic we had discussed with the registered manager, who had outlined the company's plans to improve the environment.

Staff said they felt well supported by the registered manager. One member of staff said, "[Registered manager] has supported me in this new role. She reassures and encourages me when I am not feeling very confident. She has helped me no end and keeps confidentiality, which is important. I have regular supervision and appraisal meetings." Staff also confirmed that they had periodic staff meetings where they received information and could voice their opinions.

The provider had quality assurance systems in place to seek the views of people who used the service, and their relatives. The registered manager told us any areas identified as needing improvement would be discussed with staff, relatives and people who used the service, to agree any actions which may need to be addressed. We looked at outcome from the survey completed in June 2016. Responses to the set questions were very positive with the majority of the areas rated good or outstanding. The one area identified as needing improvement was regarding the décor and maintenance of the premises, which was being

addressed.

The people we spoke with confirmed they had received periodic questionnaires asking for their views. One relative told us, "I received one [questionnaire] last year I think. I have come to meetings and they are very useful. They [the registered manager] act on any concerns we may have."

We saw various audits had been used to make sure policies and procedures were being followed and the home was meeting expected standards. These had been carried out periodically and included topics such as care plans, medication records, health and safety and catering audits. This enabled the management team to monitor how the home was operating and staffs' performance. Where shortfalls were found action plans had been devised to address them.

In addition to the company audits the registered manager told us she did a daily walk round the home to monitor how it was running. Reports showed she checked individual people's wellbeing, infection control and general areas needing attention, such as the car park needing sweeping. We also saw a handover sheet was completed which gave the registered manager an overview of how the home was operating on a daily basis. This included the staff on duty, which senior care worker was in charge of each shift, visits by healthcare professionals and any medication queries. The registered manager told us out of hours and weekend unannounced visits were also made to ensure the home was operating to the correct standard at all times.

The local authority had assessed how the home was operating in October 2016. They told us they had no concerns about how the home was run. They said they had only found, "Minor actions needed which were rectified immediately." They added, "The manager is co-operative and responsive. We have received no complaints or concerns from visiting professionals in the last year that required on going input, and there have been no major safeguarding alerted to us. We have received compliments and positive comments from relatives regarding the care provision offered to their loved ones." As part of the local authority's visit Healthwatch spoke with people living and visiting the home, as well as staff. They also spent time observing how the home operated. Their report was also positive.

The registered manager told us a recent visit by the infection control nurse had rated the home as overall 'Good'. Recommendations made regarding areas such as the need to improve the cleaning store and the hand washing arrangements in the sluice room had been highlighted to the company for actioning.