

Southside Specialist Dementia Care Limited

The Beeches Care Home

Inspection report

17 Waterfall Lane
Rowley Regis B65 0BL
Tel: 0121 559 5055
Website: www.southsidecare.co.uk

Date of inspection visit: 31 March 2015
Date of publication: 12/06/2015

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 

Overall summary

This was an unannounced inspection that took place on 31 March 2015. We last inspected this home on 15 April 2014. There were no breaches of legal requirements at that inspection.

The Beeches Care Home can provide accommodation and personal care for a maximum of 17 older people and specialises in the care of people who may have dementia. At the time of the inspection there were 17 people living at the home.

There was a registered manager in post. 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.

People told us that they felt safe in the home. Families told us they were confident that their relatives were cared for by staff who knew how to keep them safe. Staff were able to describe in detail the needs of the people living at the home and their roles and responsibilities in respect of keeping people safe. Care records were detailed and risk assessments were in place and regularly reviewed and updated.

Summary of findings

We received mixed responses with regard to the staffing levels at the home. People living at the home and some families spoken with felt there were enough staff. However, some other relatives and staff commented on the staffing levels. The registered manager had assessed that staffing levels needed to be reviewed and had introduced an additional member of staff to the shift pattern and had changed the structure of the staff group to ensure staff worked more efficiently. Staff spoke positively about this improvement.

Medicines were stored and secured appropriately. The medication audit system had identified some concerns regarding the recording of medicines and booking in of new stock but the training put in place for staff to address this was not completed in a timely manner. There were no protocols in place for 'as and when required' medicines which could mean these medicines could be administered inconsistently.

People and their families spoke positively about the care and support they received in the home. The staff group, many of whom had worked at the home for a number of years, spoke positively about the support they received from both the registered manager and the provider and told us they felt well trained to do their job.

Staff obtained consent from people before they provided care. The registered manager and staff all had an understanding of the Mental Capacity Act (2005) and care records reflected this.

People were supported to eat and drink enough to keep them healthy and were offered choices at mealtimes. Staff were aware of people's individual dietary needs and provided discreet assistance at mealtimes, where required. People were supported to access a variety of healthcare professionals to ensure their health care needs were met and were assisted to see their GP as and when required.

People living at the home and their relatives told us that they felt the staff were very supportive and caring. Relatives told us they found the provider, registered manager and the staff group very welcoming and approachable.

Staff were aware of people's likes and dislikes and how people liked to spend their day and what was important to them. There were a number of activities planned during each week and arrangements were in place for people to visit the organisation's other homes to take part in other activities and meet other people.

People and their relatives told us that they had not had to raise any concerns or complaints but if they did, they knew who to speak to and were confident that they would be dealt with satisfactorily.

People living at the home, their relatives and staff alike, all thought that the home was well-led. They all spoke positively about the provider, the registered manager and the staff group. Visitors to the home felt welcomed and always listened to.

Staff understood their role and felt supported and well trained. A new system for allocating workload had been introduced and staff had welcomed the difference this had made. The provider and the registered manager had worked to improve training for staff and actively encouraged them to take on additional training, offering support where needed and financial incentives.

Annual surveys were in place to assess the quality of the service and attempts had been made to invite families to meetings. A page on a social media website had also been created to try and engage more with families.

Staff felt supported and listened to and were confident that if they raised any concerns they would be dealt with. However, there were no formal staff meetings in place to enable staff to be involved in the running of the home and have their voice heard as a group.

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 consistently safe.

People told us that they felt safe and that they were supported by staff who knew how to keep people safe from abuse and harm.

Staff were safely recruited to provide care and support to people.

Medicines were stored securely but there were no protocols in place for 'as and when required' medicines which meant these medicines could not be administered consistently.

Requires Improvement



Is the service effective?

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to support people appropriately and safely.

People were supported to have enough food and drink and staff understood people's nutritional needs.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA).

Good



Is the service caring?

The service was caring.

People told us they were cared for by staff who were kind and caring.

People felt listened to and were supported to make their own decisions.

Good



Is the service responsive?

The service was responsive.

People were cared for by staff who knew their needs, likes and dislikes.

People were supported to take part in group or individual activities.

There was a system in place to receive and handle complaints or concerns raised.

Good



Is the service well-led?

The service was well led.

People told us they thought the home was well led and spoke positively about the registered manager and the provider.

Staff were encouraged and supported to take on additional training.

Good



Summary of findings

Changes had been made to the staffing structure of the home to support the needs of the people living there.

The Beeches 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 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 inspection took place on 31 March 2015 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we looked at information we held about the home. We looked at any notifications that had been received from the provider about deaths, accidents and incidents and any safeguarding alerts which they are required to send us by law.

During the inspection, we spoke with three people who lived at the home, the registered manager, the provider, the area manager, two members of care staff, the cook and two relatives. 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. Following the inspection we spoke with two other relatives over the phone.

We looked at the care records of four people living at the home, staff files, training records, complaints, accident and incident recordings, safeguarding records, policies and procedures, medication records, home rotas, staff supervision records and surveys.

Is the service safe?

Our findings

People living at the home, who were able to, told us that they felt safe, one person told us, “They give me a bit of help when I need it and I’m safe”. Relatives spoken with told us they felt that staff knew their relatives’ care needs well enough to keep them safe. One relative told us, “[Their family member] is safer here than they are at home”.

Staff spoken with had an understanding of the different types of abuse and signs they should be looking for when at work. Staff were able to describe the processes they would follow if they witnessed abuse. One member of staff told us, “I would report it to the manager and complete incident forms and write it in the notes”. Staff told us and records showed that they had recently completed training in safeguarding. This confirmed that staff were aware of the reporting systems they should follow, in order to protect people who lived there at the home, from abuse.

We saw that risk assessment paperwork was in place to assist staff in identifying and managing the risks for each individual. We saw completed documents in care records entitled, “Things that I am able to do and things I would like you to help me with”. We saw that where particular risks had been identified during people’s pre-assessment of need risk assessments had been put in place and then reviewed. We saw that where incidents or accidents had taken place, risk assessments were reviewed and updated to reflect the changes. The registered manager told us when new people came into the home, the original care plan and risk assessments were based on the pre-assessment information that was available and that after meeting with families and getting to know people better, the care records were developed further. Families spoken with confirmed that this was the case. We observed that where people were at risk of choking and required their meals prepared to a specific consistency, staff followed the guidance given in care records and supported these people appropriately.

We asked one person how quickly staff responded when they rang their call bell. They told us, “They respond fairly quickly, more or less”. They also added that they thought there were enough staff. Relatives spoken with told us they thought there were enough staff and they hadn’t seen any problems with staffing levels. A member of staff told us, “Some days we feel short staffed as certain residents require more care than others”. Other staff members

spoken with told us they felt there were enough staff and recent changes that had been bought in had made a difference, one member of staff commented, “We used to have two seniors on duty and they would tell staff what to do on shift. That has stopped now and we work as a team. It has relaxed things a lot more and we work better as a group”. We observed that staff were always present in the communal areas and the provider and the area manager both spent some time during the day on the floor supporting people. It was clear that they knew the people living at service well and how to support them. Their presence did provide extra support to the existing staff and people living at the home. However, as they were not on the rota this support could not be relied upon on a regular basis.

We discussed staffing levels with the registered manager. She told us that the home was fully staffed with no vacancies. The registered manager confirmed that in addition to the senior care and two carers on shift, she had created an additional post that was referred to as ‘front of house’. The purpose of this role was to act as a ‘floating’ member of staff to offer additional support throughout the home during the day, for example, welcome visitors and assist care staff to support people at mealtimes. A member of staff told us, “We don’t have much sickness or absence; if we do we ask staff in the group to cover the shift; very rare that we need to use agency”.

We looked at the files of two members of staff and noted that the provider had a robust recruitment process. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

People spoken with told us that they received their medication on time. One person told us, “They give me my tablets every day”. When we arrived at the home, we observed the senior care administering medication to people in the home. This was carried out discreetly and respectfully, with the member of staff explaining to each person what they were doing.

We observed that medicines were stored securely within the home. We saw that policies and procedures were in place with regard to the administration of medication, including administering medication covertly. We saw that there was a form for staff to fill in for medication that was to be given ‘as and when required’ but there was no protocol for staff to follow with regard to this. We looked at the medication record for one individual which stated a

Is the service safe?

particular medicine should only be given 'as and when required'. Records showed that this medication was being given three times a day on a regular basis and was no longer being administered as and when required. This was raised with the registered manager. At the end of the inspection we were told arrangements had been made for this person's medication to be reviewed with their GP the following day.

We saw evidence of monthly medication audits conducted by the area manager. We saw from these records that concerns had been raised in the audits in December 2014 and January 2015 with regard to the recording of medicines

and the booking in of new stock. The area manager had identified that additional training was required but at the time of the inspection this had not been completed for all staff who needed it. We looked at the medication records of four people. We noted in two instances that the medication available did not match the administration records and it was unclear whether or not people had received their medicines as prescribed. This was discussed with the registered manager and area manager. At the end of the inspection arrangements were being made to complete an additional audit of medication and to complete the training required.

Is the service effective?

Our findings

People living at the home and families spoken with all told us they were confident that staff were able to care for their relatives and meet their needs. One relative told us, “I think all the staff know their job inside out. They don’t need to be told what to do it just comes natural to them”. A second relative told us, “They (staff) all seem to know everybody”. People spoke warmly about the staff who cared for them and how they were able to meet their needs.

Discussions we had with the staff demonstrated to us that they had a good understanding of people’s needs. One person living at the home told us, “I wouldn’t put in a bad word about anybody, they’re alright to me”. We saw that there were a number of staff who had worked at the home for many years. This helped maintain consistent and stable relationships between the people living at the home and the staff who cared for them.

Staff spoken with told us they felt supported by the management of the home and felt well trained to do their job. One member of staff told us, “They are very good with the training – encourage all staff to do as much as possible I couldn’t do my job without it”. Another member of staff said, “I want to do as much training as I can. I’m interested in diabetes and epilepsy. I raised this in supervision so it’s being set up for me”.

The provider explained that the organisation had their own internal trainer and training facilities available to staff. A new training system had been purchased. The provider told us, “Training has a big impact on staff. Some prefer to do training in a group, others online. If they need any help they can go to the training room. In supervisions we give targets to work towards mandatory training”. One member of staff we spoke told us, “We seem to work better and learn better in a group than individually – the atmosphere is fantastic”.

Staff told us they received regular supervision and had recently had their yearly appraisal. One member of staff told us, “I do get the chance to raise things in supervision. If something worries me I can talk to the manager”. We noted on the file of one new member of staff that they had received an appraisal, but had not had supervision since being in post. This was brought to the attention of the registered manager who confirmed that arrangements would be made for a supervision meeting.

We saw staff obtain people’s consent before assisting them. One relative told us, “[Relative’s name] doesn’t have to do something if they don’t want to”, a second relative, when talking about their family member commented, “They don’t restrict [relative’s name] at all”.

Staff spoken with had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and what it meant for people living in the home. We saw on people’s care records a DoLS Checklist in place that was completed every six months. We discussed with the registered manager people living at the home and what work was done prior to putting in an applications for DoLS for particular individuals. She told us, “We have to look at the least restrictive way of caring for people”. The registered manager confirmed that an application was being made for one person at the home. The area manager had also developed a training document for the mental capacity act. She commented on the importance of this and added, “As care staff we need them to understand the basis of it”.

People told us they enjoyed the food on offer. One person told us, “I like the lovely food” and another person said, “Food is quite good – they bring menu round. At breakfast one day I said I’d love a bacon sandwich. The next thing I knew there was a bacon sandwich and it was lovely and they put some sauce on, they are very obliging.” A relative told us, “The food always looks good”. We saw that during the day people were offered drinks on a regular basis and were each asked individually what they would like to drink and offered a number of choices. However, we also noted that the care records of one person highlighted that they had lost a significant amount of weight in one month. We raised this with the registered manager who told us this would be picked up at review at the end of the month. Following a discussion regarding this, the registered manager confirmed they would look into this immediately.

Staff spoken with were able to tell us about people’s individual dietary needs. We saw evidence of people being referred to a dietician following concerns regarding their diet. Staff were able to tell us and records showed how this was followed up and advice was taken from the Speech and Language Team, (SALT) and included in the person’s care record. Staff told us that as soon as these changes were made, they were informed at staff handover. One member of staff told us, “Every shift – it’s important to pass on any changes or worries or concerns”. A second member

Is the service effective?

of staff told us, “We work as a team if everyone knows and has the information we can correct the problem”. We also spoke with the cook who was able to tell us about people’s preferences and choices and special diets.

People spoken with told us that they were kept informed of any changes in their relative’s healthcare needs. One person told us, “If there’s anything wrong they are so quick at dealing with things health-wise. I have no complaints on that score and they keep me informed”. A second family member told us how their relative had been ill and how quickly the staff picked this up, they said, “Staff took [relative’s name] to the local emergency doctor to get checked over. I couldn’t criticise them for anything”. We

spoke with the registered manager regarding a particular person living at the home. They told us and records showed how they had identified particular health issues and had worked with the local Primary Care Assessment Treatment Unit to provide the most appropriate care. The registered manager said, “Why wait until someone is very unwell until we take action?”

We saw that people were supported to access their GP, the chiropodist, optician and dentist. We saw that the District Nurses visited on a regular basis. We saw that where guidance was provided by District Nurses this was followed through.

Is the service caring?

Our findings

We observed that people living in the home had warm, friendly relationships with the staff that cared for them. One person told us, “They (staff) are nice to me, can’t speak for other people”. A second person told us, “Staff are nice, kind. The manager is lovely”. This person also described a particular member of staff to us, “[Person’s name] is lovely, they are beautiful”.

Relatives spoken with also talked positively about the staff group in the home. All told us they felt very welcomed whenever they visited and that they could visit at any time. One relative told us, “The staff are kind, they are consistent with care and so patient with people”. Families told us they had observed staff treating both their relatives and other people living at the home with kindness. Families described the staff group as “very friendly” and “approachable”. A relative told us how they had observed staff persevering with a particular person and added, “They bought them back to where they were before”. A second relative told us, “They have been brilliant with [relative’s name] and they don’t just leave people they sit with them and have a little chat with them too”.

We observed staff interacting well with people living at the home and their relatives. For example, one person’s family commented that their relative felt that they were living in their own home. A member of staff responded, “[Person’s name] looks after it as well (the home) and makes sure it’s ok”. Another relative told us, “I visited today and [staff

member] was in on their day off playing bingo”. We observed a quiz taking place in the lounge. The member of staff chatted pleasantly to the people involved and made sure everyone had an opportunity to join in.

People told us they felt listened to and they were involved in planning their care and support needs. One person told us, “I was involved in my care plan and they always ask me how I am”. Families told us they were involved in their relatives care plans and were invited to regular reviews. One member of staff described a particular person and how they supported them. They told us, “[Person’s name] is a very independent person who likes to get up in the morning and wash themselves. They like to try and do as much as they can for themselves which is fantastic”.

We saw that for those people living at the home that had difficulty in communicating, there were picture cards in place. We asked staff how they got to know new people who came into the home. One member of staff told us, “We sit with people and get to know them, if they are unable to tell us, we speak to their families as well”. Families spoken with confirmed this. We observed that people living in the home were dressed appropriately for the time of the year. One person told us their relative was always treated with dignity and respect and commented, “[Relative’s name] is always dressed very nicely”. We observed staff calling people by their preferred names and obtaining consent from people before assisting them. At lunchtime we saw people being asked discreetly if they would like any support. A member of staff told us, “It’s the interaction with everybody that I love; they’ve got me if they need me and I’ve got them. This is like having a big family”.

Is the service responsive?

Our findings

Families spoken with told us and records showed, that they were involved in their relative's care plan before they were admitted to the home. They also told us they were involved in follow up reviews. One relative told us, "We had a meeting after a month to say the month's trial had gone well. Staff know [relative's name] well". Relatives also told us that communication was good and that they were always kept informed of any changes in their relative's needs.

We saw people's care records held detailed information with regard to their likes and dislikes and how they liked their care delivered. A relative told us that they felt staff knew their relative very well, they said, "They sense when [person] is not quite right. They are very astute – they pick up on things". Staff spoken with demonstrated a detailed knowledge of the people they cared for, how they liked their care delivered and their preferences.

We saw that people were comfortable with staff supporting them. As staff walked through the communal areas, they took the opportunity to engage with people and ask them how they were or comment on something that had happened the day before. We observed a lot of laughter during an activity in the morning and the staff endeavoured to include as many people as possible in the activity. We spoke with one person who told us how they had enjoyed having their feet massaged the previous day by a visiting reflexologist. They also told us how important it was to maintain their appearance, adding, "I had my hair done the other day, I always had my hair done before I came here".

People and families spoken with told us that there were a variety of activities available for them to engage in. A family

member told us how their relative enjoyed taking part in the arts and crafts every week, they added, "Overall can't say we have a gripe, we are very happy with how [relative's name] has settled". They also told us of a number of additional activities that the registered manager put on to encourage families to become more involved. They told us, "They had so many things happening at Christmas that we couldn't fit everything in".

The registered manager told us that an activities co-ordinator would be commencing in post shortly to work across the three homes in the organisation. We were told how people liked to visit the other homes [one of which was very close by] to take part in activities and coffee mornings with other people living there. A member of staff told us, "Some residents like to go next door to join in an activity group. When the weather's nicer we will take people out to the pub or café". We observed two visitors on the day who were residents from other homes. They treated the home as their own and interacted pleasantly with other residents.

People living at the home and families spoken with told us that they had no complaints, although they knew how and who to complain to if they had any concerns. One relative told us, "There is a complaints procedure on the wall but I've not had to make a complaint". A second relative told us, "I've never had to complain, I would go to [manager's name] if I needed to". People told us that they were confident that if they had to complain then it would be dealt with satisfactorily. We saw that there was a system in place to record and investigate any complaints. The registered manager told us that they had not received any complaints but explained how they would follow their process to reach a satisfactory outcome.

Is the service well-led?

Our findings

People, their relatives and staff alike, all told us that they thought the home was well-led. People spoke positively about both the registered manager and the provider who also had a visible presence in the home. One relative told us, “They (the registered manager) are approachable. They are there for you”. A second relative commented, “It is managed well. They have a routine; staff know what they are doing and know what’s going on. There’s a nice atmosphere. I can’t praise it enough”.

Families spoken with told us they visited often and were always made very welcome. The registered manager had introduced a coffee machine in the foyer and efforts had been made to make the entrance more welcoming for visitors, there were flowers on display and information of interest including thank you cards and business cards for management should people wish to contact them direct. Relatives told us they appreciated the role of one member of staff as ‘front of house’ as a welcome addition to the staff group. One family member told us they had also completed a survey on behalf of their relative and had returned it to the home. We saw evidence of the results of the survey that were completed in July 2014 and an action plan in place following this to “offer snacks in the evening”. This was taken on board and responded to and both the staff and the cook confirmed this. Other family members spoken with could not recall if they had completed any surveys but all said they felt confident that the home was well run.

Families spoken with told us that there were no relatives meetings that they were aware of but that if they had any concerns they would raise them during their visits. We discussed this with the registered manager and asked how she obtained feedback from people living at the home and their families. As well as the annual survey, she advised that relative’s meetings had been arranged in the past but people did not attend as they tended to discuss any issues with management during their visits. We saw evidence of an invite being sent to families and advocates in November 2014 inviting them to attend informal meetings in order to express their views and discuss any comments they may have with regard to the running of the home or any suggestions to make improvements. The provider did show us that a social media page had been set up for families to get involved in if they wished. This page showed information regarding activities and the latest staff training.

Staff spoken with understood their role and told us they felt supported by management and well trained to do their job. The registered manager and the provider informed us of changes that had been put in place with regard to the planning of rotas and ensuring staff knew what their daily responsibilities were. We saw the new colour coded system that had been put in place which identified particular groups of people living in the home and matched staff to these groups. It made staff allocations and rota planning much easier. One member of staff commented to us, “When we come on shift, before we make a start we talk as a group and decide what we are going to do. Since the introduction of the colour coded system it’s much better and everyone knows what everyone’s doing”.

Staff spoken with were aware of the home’s whistle blowing policy. Staff told us that they felt listened to and that if they had any concerns, they would have no hesitation in speaking to the registered manager or to another senior member of staff. One member of staff told us, “If the manager isn’t here they are always on the end of the phone or I would speak to the provider”. They added, “Since [the provider] took over I’ve learnt so much more and home has been transformed”. A second member of staff told us, “From interview, from the onset, everything was explained to me. When I first started the job more experienced care staff guided us, “[Staff name] has taught me a lot. We are a team and if we work together all well and good for the residents”.

The registered manager and the provider told us how important training was to the development of staff at the home. The provider told us, “We have put incentives in place for staff. We want to show them they can have a career here. We have hit on this formula now, took on apprentices and it has worked well”. The organisation had employed their own trainer and an incremental pay structure had been introduced to encourage staff to take on additional learning. It was made clear to staff that the onus was on them to keep up to date with their training, but that they would be rewarded with incremental pay rises if they did so. Monthly training plans detailing training available to staff was sent out with payslips and staff were encouraged to contact the training support officer for one to one sessions if they required additional support in particular areas.

Staff told us and the registered manager confirmed that there were no staff meetings in place. We discussed this

Is the service well-led?

with the registered manager and the provider. We were told that staff meetings had been held in the past but that “Staff wouldn’t say anything”. The registered manager confirmed that as new staff were coming into the home it would be something she would consider re-introducing.

We asked how the registered manager and the provider measured quality of the care provided in the home (apart from the Annual Survey). In response to this, we were told by the provider of the home, “Through staff retention. We receive very good feedback from families and everyone wants their relative to move here from other homes rather than anywhere else”. We saw medication audits and regular reviews of care plans, risk assessments and DoLS checklists completed every six months. We saw that accidents and incidents were logged so that learning could take place from these incidents.

We observed that arrangements had been put in place to provide the registered manager with as much support as possible, to ensure that she was visible and ‘on the floor’ throughout the day. We saw that at the end of each shift, written handovers were put in place and emailed to the registered manager and the provider to keep them fully informed. The provider advised (and rotas confirmed this) that she worked a shift every Saturday morning. She told us, “I started as a carer myself; I try to lead by example”.

The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.