

Meridian Healthcare Limited

The Beeches

Inspection report

Yew Trees Lane
Dukinfield
Cheshire
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Tel: 01613384922

Date of inspection visit:
01 February 2018

Date of publication:
01 March 2018

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

This inspection took place on 1 February 2018 and was unannounced.

The Beeches is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service could accommodate up to 32 people. At the time of the inspection 27 people were using the service.

The Beeches is a purpose built establishment, situated to the rear of Yew Trees Residential Home. Both homes are owned and managed by Meridian Healthcare Limited, part of HC-One Limited. Accommodation is provided on two floors with stairs and a passenger lift between the floors.

We inspected the service in January 2015 and rated the service as 'Good'. At this inspection we found the service remained 'Good'.

The service had 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.

Relatives felt the service was safe. Policies and procedures were in place to keep people safe such as safeguarding, accident and incident policies. Staff had received training in safeguarding and knew how to report concerns.

We found that medicines were safely managed and only appropriately trained staff had the responsibility for administering medicines to people.

Staff recruitment procedures were robust and included Disclosure and Barring Service checks and references. Staffing levels were appropriate to the needs of the people using the service.

Risk assessments were detailed, person-centred, and gave staff clear guidance about how to help keep people safe. People had personal emergency evacuation plans in place in case of an emergency.

Records were available to demonstrate that where appropriate mental capacity assessments and deprivation of liberty safeguards authorisations were in place. We saw records that indicated people and / or their representative had given their consent to their care and treatment. However, the provider needed to ensure they evidenced people's Lasting Power of Attorneys (LPA) to provide assurances people's relatives / representatives had the correct legal authorisation to be involved in the persons care.

Staff were trained in a range of subjects such as infection control, health and safety and fire safety. Staff had

also received training to support them to meet the needs of people who used the service, such as dementia awareness.

Staff received regular supervisions and an annual appraisal which covered their personal development. Staff felt they were well supported by the registered manager and assistant manager.

We found that people's nutritional needs were being met. People's views on the quality of the food were however mixed. We looked around the home and found the environment to be conducive to the needs of the people who lived there. The environment was generally well maintained. However, we found some areas of the home would benefit with redecoration. Rooms were bright and people had been encouraged to bring in personal items from home and many rooms were personalised.

We saw that the interactions of the staff with people were kind and they treated people in a respectful and dignified way and we saw that people were well dressed and cared for.

Staff were carrying out activities whenever they had the opportunity and time to do so and we observed people enjoying participating in a game of bowls and bingo during the inspection.

We looked at the complaints file and the complaints being dealt with at the time of our inspection. We saw that appropriate details of each complaint had been recorded along with details of actions taken to date.

The premises were well suited to people's needs, with ample individual living space. Communal areas were available for people to spend time together. Bathrooms were designed to meet the needs of the people living at the home.

Person-centred care plans were in place and contained good levels of detailed information. Care plans contained people's likes, dislikes and preferences. Regular reviews took place to ensure staff had up to date information.

The provider had a quality assurance process to monitor the quality of the service. Staff were extremely positive about the registered manager and assistant manager. We found people who used the service, family members and staff attended regular meetings where the quality of the service was discussed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

The Beeches

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 February 2018 and was unannounced. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included asking the local authority. We did not receive a response from the local authority.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 11 people who lived at the home and two visiting relatives. We spoke with the registered manager, deputy manager and four members of the care staff, including the activities co-ordinator. We spent time observing the care and support that people received in the lounges and communal areas of the home during the inspection. We also observed part of a medicines round which was being completed. During our visit we had a discussion with a visiting health professional to obtain their views of the service provided to people.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of two people, medicine records of four people, training records, and records in relation to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments from people included, "I feel very safe here. The staff are all very good and they're always ready to look after me. I only have to call them", "I'm definitely safer here, and my family thought I would be safer in a home and asked if I would come here. I have to admit they were right" and "It's a safe place here." Nobody we spoke with indicated that they felt unsafe or that staff made them feel unsafe.

Safeguarding and whistleblowing policies were available for staff support and guidance. Staff had received training in safeguarding and had an understanding of how to report concerns. Staff felt the provider would take all concerns seriously and act accordingly.

The registered manager kept a record of all incidents and accidents and safeguarding concerns. These were reviewed to monitor for patterns or trends. We found incident forms were completed following episodes of behaviour which might challenge people who used the service and others. We found changes were made to people's support plans where necessary. The registered manager told us staff have a debrief meeting following any incident so the situation can be discussed to see if there is anything that can be learnt to mitigate against another incident occurring.

People were also protected against any risks associated with their health and care needs because risk assessments and associated care plans were developed holistically, followed, reviewed and monitored. This ensured that people received the support they required to remain safe. People and their relatives were involved in this process alongside any key professionals and care staff, to ensure that any risk management and care plans were person-centred and that any decisions made were done so lawfully and in keeping with best practice guidance. Staff we spoke with were familiar with people's individual care needs and any health related risks, such as poor mobility leading to a risk of falls or specialist dietary needs. Risk assessments and care plans were accurate, complete, legible and regularly reviewed and updated to ensure that staff had all of the information they needed to support people to stay safe.

During this inspection we found there were enough staff available to meet the needs of people living at the home. We saw that there were processes in place to ensure the home regularly assessed and monitored staffing levels to ensure sufficient staff were available to provide the support people required. We looked at the staff rotas, staffing dependency tool, spoke with people and staff about staffing levels. We observed the home to be well organised and staff had time to sit with people. However, one person told us the staffing levels needed to be improved. Comments included, "The staff try very hard, but all the problems boil down to there's not enough staff to look after us. There's not enough on duty at all", "Sometimes I need to go to the toilet very quickly because of my medication, and they [care staff] always take me immediately" and "I feel we have enough staff here."

We saw no evidence that people were not attended to within acceptable timescales. The atmosphere during the one day inspection was calm and pleasant. We heard no one calling or shouting for help. Call bells, when rang, were attended to promptly and staff did not appear hurried or under pressure when undertaking

their duties.

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records showed the provider had operated a thorough recruitment procedure in line with their policy and procedure to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the obtaining of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. Additionally, prospective employee's equality and human rights characteristics were recorded and considered when recruiting staff.

People's medicines preferences and risks were documented so staff knew how to give medicines in a way that suited that person. We looked at the Medication Administration Records [MAR] forms for four people using the service and these showed that each person had received their medication at the times they needed them and these were kept in good order. There was no evidence to suggest that people's behaviour was being controlled by excessive or inappropriate use of medicines. Suitable arrangements were in place to ensure staff who administered medication were trained and competent to undertake this task safely.

We saw that the property was well maintained and clean. Records we looked at showed that regular infection control and maintenance checks were carried out; where any actions were required, these were followed up effectively and efficiently. Staff we spoke with were aware of the infection control practices within the home and we observed them adhering to this throughout our visit. For example, we saw staff washing their hands regularly and wearing protective clothing where necessary. Health and safety checks within the home were also carried out to protect people from risks such as legionella and fire.

Is the service effective?

Our findings

People's needs were holistically assessed and met. Systems were in place to ensure that care was effective and the registered manager kept up to date with current legislation and good practice ensuring that staff were updated about changes and improvements.

People were supported by staff that had the skills as well as the training they needed to care for people with a range of needs. People's needs were met by staff that were effectively supervised. There was a system of staff appraisal meetings in place, this ensured each member of staff had their performance, learning and development needs continually evaluated.

The registered manager kept an electronic training matrix which demonstrated staff had received the training they needed to meet the needs of the people who used the service. The provider used a blended approach to learning including E-Learning and face to face sessions. By using an electronic method of training this allowed staff to access their own training records whilst at work or at home using a secure password. Training covered safeguarding vulnerable adults, safer people handling, understanding the mental capacity act and deprivation of liberty safeguards, nutrition and hydration, falls awareness, food safety in care and medicines management.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations. This meant the registered manager could ensure a new authorisation was submitted in a timely manner.

We reviewed two care files and found that copies of people's consent to receive care and support, sharing of information with other professionals and the taking of photographs had been completed. We found that one person's family member had signed the form to confirm their agreement. However, it wasn't clear if the family member signing the forms had legal authority to provide consent on their family member's behalf, such as a Lasting Power of Attorney (LPA) for health and welfare. We discussed the importance with the registered manager of ensuring they request a copy of the person's LPA authorisation to ensure people's family members/representative held the appropriate authority.

The registered manager confirmed they would be reviewing all consent forms in people's care plans as they accept they misunderstood the requirements of the MCA. We will review this at our next inspection.

People and their representatives were involved in discussing their health condition with relevant health professionals, such as the district nursing service or GP. Referrals were also made on people's behalf when they needed equipment or a change to their medicines to enable them to maintain their independence. During the inspection we spoke to a visiting health professional who provided positive feedback about The Beeches. Their comments included, "The Beeches is a good care home, the staff are good and we never have a problem with communication between the home and my team."

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. We saw evidence in the daily notes of the food and drink people had and, if their food and drink was monitored, the amount was also recorded to ensure they were having enough. Staff offered people choice of what to have to eat and how much they would like. We observed that staff who assisted people to eat did so in a respectful and unhurried way and people had a good meal time experience.

People's meals were prepared at Yew Trees Residential Home, the providers sister home. A four weekly menu plan was available to the people living at The Beeches and we observed a staff member asking people what they would like to eat. Prior to the meal time the cooks from Yew Trees Residential Home brought the food over on a food trolley. The registered manager made us aware that there had been a small number of complaints about the food on offer in respect to its presentation and taste.

The registered manager provided evidence that the homes hospitality team were working with the cooks to improve the quality of the food on offer. During the inspection we received mixed comments on the food. These comments included, "The food's okay and it's definitely better than it was", "The food's alright but it's not very warm and the meals are not on time", "I'm ready for my lunch; the food's very good and we get plenty", "The food's not bad, but I didn't feel like much breakfast this morning" and "I'm quite happy with the food, but it is a bit hit and miss. Yesterday the chicken was very tender but one time recently the lamb was like leather."

We looked around the home and found the environment to be conducive to the needs of the people who lived there. The environment was generally well maintained. However, we did find some areas of the home required redecoration with some of the walls being marked and exposing the plasterboard. The registered manager acknowledged this observation and confirmed discussions with the provider were taking place to have areas of the home decorated. Rooms were bright and people had been encouraged to bring in personal items from home and many rooms were personalised.

Is the service caring?

Our findings

Everyone we spoke with said the staff were caring and kind. Comments included, "The staff are very approachable", "The staff are brilliant, very kind and caring, and they chat away to the residents and the visitors. They're very good indeed", "It's very very good and they appreciate you might be down sometimes, so the staff will just sit and chat with you. Just a couple of staff are a bit curt but mainly they're very kind and helpful", "The staff are very attentive", "The staff are nice, he's really lovely" and "The staff are lovely."

We found that the atmosphere in the home was calm, relaxed and organised. During the inspection we observed how well staff interacted with people who used the service. We heard that staff were kind and caring in the way that they approached people. Staff had an understanding of people's needs and told us about the positive relationships they had developed. People appeared comfortable when with staff. We spent time with one person and observed how they engaged in conversations and had a joke and a laugh with staff.

Staff supported people to be as independent as they wanted to be. People were active in the communal areas and throughout our visits people were using the outside garden and out for a walk in the local community. One person said they often went to the local fair when it came to town. People were offered choices; staff asked people their preferred preference. For example, if they wanted to go to the lounge; like to watch television, had they finished their lunch or did they require more.

Staff took practical action to relieve people's distress or discomfort. For example, where one person had a persistent cough, we observed staff were very quick to respond and reassure them and get them water. The person assured us that they had seen their GP but the cough was being persistent.

People's relatives and friends are able to visit without being unnecessarily restricted. It was evident the registered manager knew people's relatives well. They greeted them when they arrived and took a genuine interest in them and what they had to say.

There were a number of thank you cards and compliments about the service available to read. Some of these were very complimentary about the care that people had received. These included, "I have settled in really well, I am glad I came here. The staff are brilliant and don't treat me like an old man or a patient, they treat me more like a good friend" and "I can't imagine living anywhere else, it's lovely. I feel much happier knowing I am not alone and the staff are fantastic."

Staff supported and enabled people to practice their faith and people told us that they were able to attend church as they wished. People's end of life care needs and future decisions were also documented and contained within care plans to ensure people's wishes and choices were respected.

Is the service responsive?

Our findings

We saw that care plans reflected how people liked to receive their care. They were very detailed and included information about what was important to people and how best to support them. Examples included information about people's likes and dislikes or information about personal care preferences. The care plans also included detailed information about people's specific health conditions, which gave staff a better understanding of how these health conditions impacted on people's lives.

We found people had a document in their care records called, "My Life Story." These gave a very detailed insight into the person's support needs and what staff could do to help. For example, for one person routine was very important so it was recorded that they must have structure in their day to day activities. We also found people had positive behaviours plans. The plans detailed risks what triggers to look for what, the consequences of behaviours and the specific control measures which staff needed to follow to reinforce a positive approach to behaviour.

Daily records were completed for each person commenting about their health and wellbeing and any notable incidents. Care records reflected how staff leading the shift on each floor acted on observations and called on the necessary health care professionals when needed.

The provider offered end of life care, although no one needed this when we visited. People were involved in discussions and decision about their end of life care and we saw care plans that confirmed this. The registered manager and a number of staff had undertaken the "Six Steps" training. This is a training course designed to enable people who use the service to receive high quality end of life care by a care home that encompasses the philosophy of palliative care. During the inspection we observed the registered manager spending a considerable amount of time with a family who was visiting the home after their family member had recently passed away. We overheard the registered manager providing reassurances to the family in a caring and dignified manner.

People who used the service and their relatives told us that access to a good range of personalised activities was available.

The service employed an activities co-ordinator. We saw there were a variety of different activities for people living at The Beeches displayed on a large, weekly planner in the foyer. There were also photographs from past events on display. People we spoke with told us they joined in with activities if they wanted to participate. During our inspection we observed various activities taking place, both on a group and individual basis. We observed a particular participative session where people and their relatives were fully engrossed in a game of bingo and bowls. We spoke with the activity coordinator who told us they were guided by what people said they would like to do when they were planning activities rather than having a 'static' activities planner.

We received positive comments from people about the activities on offer. These included, "I like the Bingo and I like reading the Weekly News", "We had an Elvis Presley lookalike yesterday. I joined in even though

that's not really the music I like. (Staff Name) flogs a dead donkey to get us to go to these things. I chose to come in my room and have a read and when it's better weather I like to go out into the garden", "The Bingo's good fun really and they've always got other stuff going on as well", "We've played Bingo this morning and I like the skittles", "It's good if we have a laugh and we do most of the time" and "We play skittles, and we have a great time with skittles and then there's bat and balloon, I quite like that. There's always something going on. Elvis yesterday afternoon and aerobics yesterday morning, she's a lovely girl that does it, we look forward to her coming. We had a full day yesterday."

People told us that they felt able to raise any concerns with staff. The provider had a complaints procedure in place, which was on display in the reception at the home. We saw that the registered manager had a system to document any complaints, with the actions taken to investigate and resolve them. Records demonstrated that previous complaints raised had been fully investigated by the registered manager and a full response provided to the complainant. We could see from the minutes of staff meetings that where complaints had been raised about the quality of food on offer, this had been discussed with staff and during individual supervision sessions. All complaints had to be logged on to the organisations electronic monitoring system which was then closely monitored by the area director of the service on a day to day basis.

Is the service well-led?

Our findings

Staff felt the registered manager was open and approachable with an open door policy. This meant people who used the service, their relatives and other visitors were able to speak with the management at any time. During the inspection we found both the registered and assistant managers were visible in the home with staff popping in the office to speak with them.

Staff we spoke with were clear about their roles and responsibilities. They felt supported in their role and told us they were able to approach the registered manager or assistant manager to report concerns. One staff member told us, "The home is very well managed; [registered manager's name] is always approachable."

We found quality audits were completed on a regular basis and used to develop the service. The operations manager carried out compliance visits to the home and provided the registered manager with a report with any necessary actions. Incidents and accidents were analysed to monitor for patterns or trends, any lessons learnt from incidents were communicated to staff through team meetings or supervisions.

Medicines were audited on a monthly basis with the results being fed into the electronic management system of the organisation. This system analysed the outcome of the audit and if the audit has been a 'pass' or 'fail'. If the audit had failed, then an action plan was developed that had to be completed before the next audit takes place. Senior care staff also had the responsibility for carrying out daily medication audits on each of the three units in the home.

Systems had also been put in place to gain the views of people's experience of the care they received. We saw that questionnaires had been handed out to people in June 2017, the responses indicated that people rated the service 60% good and 30% rated the service excellent.

We looked at some of the comments made about the service via the organisations complaint/compliments process and from comments made to Carehome.co.uk, an independent care home review website. These included the following; "My mum came to The Beeches for respite care. She had fallen at home and needed extra care. All the staff are excellent. I have no complaints about the level of care she receives. She loves the food and has gained weight. She is assisted with washing and dressing and always looks clean. She is even joining in with activities which are well planned" and "Finding The Beeches care home has been a godsend for my mum and I. I really appreciate their care and support for both my mum and myself. They are so kind and caring but also professional and highly organised. I have been able to enjoy my time with my mum. Knowing that her physical and emotional needs are being met when I am not there is such a burden lifted."

Staff meetings were held on a regular basis. We reviewed the minutes and found staff members made full use of this, records indicated what action the manager had agreed to take forward.

The registered manager also attended meetings with registered managers from the provider's other locations. These gave the opportunity to share best practice.

The service held accreditation with the Dignity in Care Award, Investors in People Gold Award and Six Steps for end of life care. The home had received a five star rating from the Food Standards Agency at their last inspection in April 2016. The provider also held a reward scheme called 'Kindness in Care award' in which people, their relatives and visitors can nominate staff members for an award for a particular act of kindness or for 'going the extra mile'. Evidence viewed confirmed staff that has already been awarded this.

The last Care Quality Commission rating of the service was prominently displayed in the reception area of the home, where people visiting the service could see it. We also checked the providers' website and found the latest rating displayed on the first page of the website.