

Methodist Homes The Beeches

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Beeches is a care home providing accommodation for up to 44 people who require personal care. At the time of our inspection there were 43 people using the service. The care provided is for people who have needs associated with those of older people and people living with dementia.

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

The service was extremely responsive and outcomes for people were excellent. People were supported in line with their needs and preferences and were involved as partners in their care. People enjoyed a range of social activities which were meaningful and gave them purpose. The provider was extremely thoughtful and compassionate about how they supported people receiving end of life care.

People who used the service had access to a complaints procedure and were encouraged to make complaints where required. Complaints were followed up and responded to in line with the providers policy.

Risks associated with people's care and support had been identified and actions taken to minimise risks. Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they felt people were being abused. Staff confirmed that they had been safely recruited and had employment checks and references prior to commencing employment. Accidents and incidents were analysed, and trends and patterns were identified. Medicines were managed in a safe way to ensure people received their medicines as prescribed.

People's needs were assessed, and care was delivered in line with their preferences and choices. Staff received support, induction and training to ensure they had the skills to carry out their role. Staff were complimentary about the provider and felt they were very supported in their role. People were supported to eat and drink enough to maintain a healthy and balanced diet in line with their dietary requirements. People had access to healthcare professionals.

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

Staff we spoke with told us how they respected people and ensured their privacy and dignity was maintained. People were involved in the planning of their care and were able to make decisions about the care and support they received. Staff enjoyed their role and were happy to know they had made a difference and supported people to meet their outcomes. We observed staff interacting with people in a positive way. People told us they enjoyed living at the service.

People who used the service had the opportunity to express

their views. The provider had a range of audits in place to monitor the service delivery. Staff were complimentary about the support they received from the registered manager and commented on how approachable they were.

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

Rating at last inspection

The last rating for this service was good (published 15 March 2017). There was also an inspection on 6 August 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Beeches

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and 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 service.

Service and service type

The Beeches is a 'care home.' People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 2 relatives about their experience of the care provided.

We spoke with seven members of staff including the registered manager, deputy manager, senior care workers, care workers, activity co-ordinator and the catering staff. We spent time observing care to help us understand the experience of people who could not talk with us. We spoke with three visiting healthcare professionals and the two chaplains employed by the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our inspection published 15 March 2017, this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to ensure people were safeguarded from the risk of abuse.
- Staff received training in safeguarding people and took appropriate actions if they suspected abuse. They told us they would report incidents immediately and had confidence the management team would take timely and appropriate actions to keep people safe.
- People we spoke with felt safe living at the home. One person said, "They [staff] treat me properly. I have no problems with the staff in any shape or form." Another person said, "I do feel safe. I can't walk because I have a problem with balance and they help me with a wheelchair and it's good to know that I can get help from the staff when I need it."

Assessing risk, safety monitoring and management

- Risk associated with people's care had been identified and managed appropriately.
- Risk assessments were in place for things such as falls, pressure area care and moving and handling. Staff were aware of assessments and knew how to minimise such risks.

Staffing and recruitment

- There were sufficient staff available to ensure people's needs were met in a timely way.
- During our inspection we observed staff interacting with people in a calm and patient way, people were given the time they needed, and staff didn't have to rush from task to task. One person said, "I rely on them [staff] for everything. If I ring the bell they are very quick. It's good to know there is someone there and I get on with them fine."
- We looked at records in relation to staff recruitment and found new staff were recruited in a safe way. Pre-employment checks had been successfully completed prior to them commencing employment.

Using medicines safely

- Systems in place ensured medicines were managed in a safe way. People received their medicines as prescribed.
- Staff responsible for administering medicines had received appropriate training and had a competency check on an annual basis.
- Medicines were stored in a safe way and temperatures were taken of the medication room and fridge.

Preventing and controlling infection

- We completed a tour of the home with the deputy manager and found the home was clean and well

presented.

- Chairs in both lounge areas were heavily stained and required replacing. The deputy manager told us the provider had approved spending to replace these.
- Staff had access to and used personal protective clothing [PPE] such as gloves and aprons. We saw staff washing their hands between tasks.

Learning lessons when things go wrong

- There was a system in place for monitoring and recording accidents and incidents.
- An analysis was completed to ensure future risks were minimised. For example, one person had experienced a fall which had led to a crash mat being put in place and a post falls observation record.

Is the service effective?

Our findings

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

At our inspection published 15 March 2017, this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had a pre-admission assessment form in place which highlighted their health and social needs.
- Pre-admission forms were person centred and included personal care required such as hair style, ear and eye care, oral care, foot care and any other support required such as nail care, chiropody and reflexology.
- Spiritual life was also captured in the assessment which included how people liked to live their life.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the management team and had regular supervision sessions and staff meetings. Staff told us they received training and felt this gave them the skills and knowledge to carry out their role.
 - Staff completed an induction programme which included mandatory training and shadowing experienced staff. This provided an opportunity to get to know people as well as understand how the service operated.
- Supporting people to eat and drink enough to maintain a balanced diet
- People received a healthy and balanced diet which met their needs and considered their preferences. One person said, "I like all the food, breakfast, dinner and tea."
 - Care plans were in place to ensure people's dietary needs were identified. For example, one person required a healthy diet to promote and maintain healthy skin.
 - We observed lunch being served in both dining areas. This was a pleasant experience and staff interacted with people to encourage the intake of a healthy meal.

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

- The provider ensured people had access to healthcare professionals and their advice was followed. One person said, "They fetch a doctor if I need one." Another person said, "A chiropodist comes in to see me."
- During our inspection we spoke with three visiting healthcare professionals who were all very complementary about the service. One healthcare professional said, "I have found the home very friendly and staff are always around to support us. Staff recognise when people need to be seen. Staff follow our advice such as pressure relief for people who require pressure area care."

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

- The home was designed with wide corridors which supported people to move around independently.
- The home was decorated to suit the tastes of people using the service, however some areas were in need

of being refreshed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable about the principles of the MCA and understood the importance of making decisions in people's best interests.

Is the service caring?

Our findings

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

At our inspection published 15 March 2017, this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were seen to be very caring and supportive and spoke with people in a polite and friendly way.
- Staff were sensitive to people's needs. For example, one person became upset and staff sat with them reassuring them. The care worker was very attentive and gave the person a tissue and sat with her until she felt better.
- The chaplain spent one to one time with people and their families casually chatting and socialising with people.
- Staff we spoke with were knowledgeable about the providers values, which were 'respect, nurture and inspire.' We saw staff worked with these values in mind.
- People we spoke with were all very complimentary about the staff team. One person said, "The Carers are great. They will try and turn blood into water for you." Another person said, "If I have a bath the carers to help because I can't manage on my own. Can't fault what they do for me."

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

- We observed staff offering choices and involving people in decisions about their care. For example, one person was being assisted to find their television magazine to find out when their favourite programmes were on television.
- Staff we spoke with were keen to support people to make their own decisions. One staff member said, "These people could be my parents and I would want them to be involved in their care."

Respecting and promoting people's privacy, dignity and independence

- Respecting people's privacy, dignity and independence was very important to the entire staff team. People were treated with upmost respect and their dignity was continually respected.
- We saw staff offering support prior to assisting people. This promoted people's independence. For example, one person was struggling to hold their cup to drink from. The care worker placed their hand gently on the person's hand and steadied the cup, enabling the person to drink.
- We saw staff speaking quietly and where necessary in the persons ear, so they could hear them, but were respectful of maintaining people's confidentiality. This showed respect for people.

Is the service responsive?

Our findings

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

At our inspection published 15 March 2017, this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The Beeches had a highly committed and extremely enthusiastic activity co-ordinator who was passionate about providing meaningful activities for people. The Beeches had developed a strong person-centred approach to activities, which focused on achieving outcomes.
- The activities programme at The Beeches was tailored specifically to each individual person. Members of staff develop the programme of activities which took in to account each resident's personality, abilities, interests and preferences. One care worker said, "It [activity programme] helps people to feel valued for who they are now, as well as for who they were in the past."
- By spending time getting to know people, the activity co-ordinator found out that one person was previously quite a keen decorator and had enjoyed helping family members decorate their homes. The activity coordinator asked the person if they wanted to work with them and together decorated the activity lounge. This had given the person a real sense of worth as they reminisced about decorating. This showed the provider supported staff to value people and assisted them in contributing to their home.
- The Beeches took pride in being able to offer unique and memorable opportunities and activities for residents to quite literally help them 'seize the day.' For example, one person wanted to attend a family celebration. This was only possible if staff from the home went with her due to the person's needs. The activity co-ordinator arranged for the person to get dressed up, arranged transport to take them and accompanied them for the whole day. This was appreciated by the person's family as the home had played a role in maintaining family relationships and the person could be part of the family celebration. This and other examples showed a huge positive impact on people's emotional and social well-being.
- Without exception, everyone we spoke with spoke highly of the activities provided and were complimentary about the activity co-ordinator. One person said, "They have had trips out to Cleethorpes, a wild life place and a garden centre. Oh, and a panto at Christmas so there's plenty going on and [activity co-ordinators name] is lovely." Another person said, "I went to the church service today which was very good, and they were playing some old songs which we sang along to. There is usually something going on in the lounge and I get involved as much as I can." Another person said, "[Activity co-ordinators name] is brilliant. I've been out into Wath [local village] today with them and some others and we've had a walk around the market and went for a coffee. It was brilliant and [activity co-ordinator] does this every so often so we can get out for some fresh air and have a wander round."

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

- The entire staff team were extremely dedicated to ensuring people received excellent person-centred care

which had a positive impact on people's life. People's comments included, "I know the staff very well and I find them easy to talk to. They are very chatty," "It's a friendly place and very comfortable," and "I would recommend this place to anybody."

- Staff had a comprehensive knowledge of people's preferences and the relationship between people and staff was respectful, empathetic and exceptionally caring.
- Staff were extremely professional and calm in the way they interacted with people. For example, one person became agitated and vocal during lunch time. Staff were quick to recognise triggers and intervened in a timely way by placing their hand gently on their shoulder and explaining that it was lunchtime. This gave reassurance and reduced anxiety.
- Staff at The Beeches demonstrated an exceptionally positive and inclusive environment which enabled people to express their views about things such as religion, culture and sexual orientation.
- The provider employed two chaplains who spent time at the service on a weekly basis. The chaplain service was fundamental in supporting staff to deliver an outstanding level of care. A truly holistic approach was taken that valued every person as an individual, irrespective of their beliefs. The Chaplain described to us how everyone at The Beeches was considered to be part of a family. This complimented the excellent level of care provided by the staff but demonstrated how the caring ethos and values-based approach truly benefited everyone at The Beeches.
- The home held a celebration for LGBT [lesbian, gay, bisexual, transgender] history day. The activity co-ordinator told us this was to involve people in celebrating the day and explaining to them what it was all about so people could feel included and informed and to celebrate diversity. This raised people's awareness and gave confidence that the service respected people's sexual orientation.
- We spoke with visiting professionals and found they were delighted with the care and support people received at the home. One professional said, "My job would be great if every home was like this. Always activities going on where people are stimulated, rooms are always immaculate. From an outsider coming in it is a fantastic service and I can't praise it enough. I visit several homes, and this is by far the best one I go in."

Meeting people's communication needs

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

- Information displayed throughout the home was well presented, clear and in large print to aid communication.
- The provider employed a music therapist, the main aim being to facilitate positive changes in emotional wellbeing and communication. Music therapy helped to unlock special memories, reconnect with their loved ones and express emotions and feelings that other forms of communication cannot, even if the individual is no longer able to speak or respond to other people's words. Through unique interaction of music therapy, the therapists were able to help reduce the anxiety and agitations which dementia can cause, as well as help staff understand possible causes of these symptoms.
- One person had a care plan in place which detailed how to support the person as they were living with dementia. The care plan stated they were usually happy, and that summer time made them feel particularly happy. However, the person became anxious and unhappy at teatime and in the winter evenings. This had reduced anxiety levels and had developed their ability to use verbal language.

End of life care and support

- The registered manager and staff team were passionate about ensuring end of life care was carried out with the upmost thought and respect in line with people's preferences and choices. One senior carer was

the end of life champion and ensured staff were supported and had the skills and knowledge to support people when required.

- The home had a 'Serenity Suite' which was a family snug to be used if family wanted to stay over. This housed a reclining chair and a bed settee and bedding in case they wanted to make a bed up.
- The home had a memorial book in the entrance area for photos and memorials for people who had passed away.
- We viewed an end of life care plan which detailed the person's final wishes and how they preferred to be supported. The care plan also considered what things they may like near them such as photos, flowers, mementos. We saw other professionals were involved in the person's care and these included reflexologists, district nurses, GP, and advanced nurse practitioner.
- The chaplain service offered a highly valued service when people were receiving end of life care. They offered support to people, their relatives and staff. Some families had valued this so much that the chaplains had been invited to take part in their relative's funeral services.
- One thank you card was complimentary about how staff supported their family member. It stated, "The last few years of [relatives] life was really hard for [relative] and we are truly grateful to those who went the extra mile to give him such kind tender loving care we can't thank you enough."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was available throughout the home. The registered manager kept a record of complaints raised and used this process to improve the service.
- People we spoke with told us they felt comfortable raising concerns and felt they would be acted on. One person said, "I've no complaints and if I want anything or anything changing I just ask." Another person said, "I have no worries or concerns."

Is the service well-led?

Our findings

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

At our inspection published 15 March 2017, this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service continued to be well led and had a clear, person centred vision. The providers values of respect, nurture and inspire, were embedded in to the culture of the service and the management team monitored practice against these values.
- The management team and provider promoted a positive culture where everyone felt valued. High importance was placed on people achieving their goals and aspirations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team consisted of the registered manager, deputy manager and senior care workers who worked together to ensure regulatory requirements were maintained.
- The management team and staff were clear about their roles and operated in an open and honest way when things went wrong.

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

- The service involved people and their family and friends in a meaningful way. One person said, "All I can say is that they do a lot for me and I appreciate their help and I am quite content here."
- People had several opportunities where they could feedback their views about the service. People's views and opinions had been used to shape the service. For example, the home had a 'you said, we did' display in the main entrance which supported this.

Continuous learning and improving care

- The service had a governance system in place which informed the management team of quality issues and areas of development.
- A range of audits took place on areas such as medication, care planning, infection control and health and safety. Where issues were raised these were acted on.

Working in partnership with others

- The service continued to work in partnership with other agencies to support care provision.
- The management team took advice from a range of visiting healthcare professionals. One healthcare

professional said, "I love this home it's a fantastic home, staff are on the ball, they are well managed, they are a good team and always very pleasant. People get a good standard of care here."