Beechcroft Residential Home

Beechcroft Residential Home

Inspection report

Salop Drive
Oldbury
West Midlands
B68 9AG

Tel: 01214292993
Website: www.carltoncaregroup.co.uk

Date of inspection visit:
17 July 2017

Date of publication:
16 August 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection was unannounced and took place on 17 July 2017.

At our last inspection in June 2016 the service was rated as good in three of the five questions we ask: Is the service effective? Is the service caring? Is the service responsive? And requires improvement for the remaining questions: Is the service safe? And Is the service well-led? This was because medicine and recruitment systems were not adequately safe. Additionally although governance processes were in place they had not always been effective to ensure that staff sickness levels and other staff issues had been addressed. This inspection we found that specific issues that we had identified previously had been addressed in well-led and safe but some new issues were evident in safe. As a result the rating for safe remains as requires improvement.

The provider is registered to accommodate and deliver personal care to a maximum of 50 people. At the time of our inspection 48 people lived at the home. People who lived there were elderly and had needs associated with old age and less advanced dementia.

The manager was registered with us and was present on the day. 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.

Although recruitment systems overall prevented unsuitable staff being employed checks needed more diligence. Medicine systems had improved but some further strengthening was needed to enhance safety. People were safe and systems were in place to prevent people from the risk of harm and abuse. Staffing levels were monitored regularly to give assurance that people's needs could be met.

Staff received induction and other training that they required to acquire the skills and knowledge to provide safe and appropriate care to people. Staff confirmed that they were adequately supported in their job roles. People received care in line with their best interests and processes were in place to ensure they were not restricted unlawfully. People were supported to have the food and drink that they enjoyed.

Relationships between staff and the people who lived at the home were positive. Staff were friendly, polite and helpful to people. People were encouraged to make everyday choices and they were supported to maintain their independence.

People needs were reviewed regularly to ensure that they could be met. The complaints system was well managed and was available for people and their relatives to use. Activities were available each day for people to engage in.

People knew who the registered manager and provider were and they were visible within the service. Quality

monitoring processes, the use of provider feedback forms and meetings helped to ensure that service was being run in the best interests of the people who lived there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines processes needed some strengthening to ensure consistent safety.

Recruitment systems generally prevented the employment of unsuitable staff but additional checks were required.

Systems were in place that staff were aware of to keep people safe and prevent the risk of harm and abuse.

Is the service effective?

Good

The service was effective.

People and their relatives felt that the service provided was good and effective.

Staff were trained and supported appropriately to enable them to carry out their job roles.

Staff ensured that people were not unlawfully restricted and that they received care in line with their best interests.

Is the service caring?

Good

The service was caring.

The staff were kind, caring and attentive to people.

People's dignity, privacy and independence were promoted and maintained.

Visiting times were open and flexible.

Is the service responsive?

Good

People needs were reviewed to ensure that their needs could be met.

The staff knew the people well enough to meet their needs.

Complaints processes gave people assurance that complaints would be appropriately dealt with.

Is the service well-led?

Good

The service was well-led.

The manager was registered with us as is required by law.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Quality monitoring processes were in place and action was taken where issues were identified.

Beechcroft Residential 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 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 was unannounced and was carried out on 17 July 2017 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 care service.

We asked the provider to complete a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with sixteen people who lived at the home, six relatives, three care staff, two senior care staff, a team leader, a cook, the registered manager and the provider and a visiting health care professional. As some people were unable to tell us their views of the service, we used a 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. We looked at care files for three people including their medicine records, recruitment and training records for two staff. We looked at the systems the provider had in place to audit and monitor the quality of service provided including: provider feedback forms that had been completed by people and their relatives.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we found that although recruitment systems were in place where staff had declared health conditions there was no risk assessment to confirm that they would be safe to work. At this inspection we checked two staff recruitment files and saw that this issue had been addressed. A staff member said, "Yes I can confirm all checks are carried out for all staff before they can start work". We checked staff start dates on their contracts and found that the majority of checks had been completed that included, the scrutiny of staff job application forms, the obtaining of references and a check with the Disclosure and Barring Service [DBS]. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. However, a staff member thought that they were 'live' on the DBS update system [this is where staff can subscribe annually to the DBS and their certificate is updated and can be reused] we found that they were not. The provider had not undertaken a search on the DBS 'update' system to confirm the status of the staff members DBS and they were allowed to start work. When we raised the issue the registered manager he took immediate action to address the situation and showed us evidence to confirm the actions taken. The staff member applied for a new DBS, a risk assessment was undertaken and the staff member could only work with senior care staff until their new DBS was received.

We identified some environmental risks for people. There were some trailing electrical wires in one ground floor corridor that posed a possible trip hazard for people, as did some areas in corridor carpets as they were in need of stretching. We found that some taps did not provide water that was adequately hot for effective hand washing. The registered manager and provider gave us verbal assurances that those issues would be addressed. A person told us, "I can honestly say that I feel safe here". Another person shared with us, "Everything is safe nothing goes missing". Two people who required a hoist to move them from one place to another told us that they felt safe during hoist usage. A relative confirmed, "They [registered manager and staff] are very on top of things if there is a bug [infection outbreak] or anything you can't come" [visiting may be stopped to prevent a spread of infection]. Staff told us that people were safe. A staff member shared, "We [staff] have care plans in place to show us risks. We know who is prone to falls and things like that". We saw that risk assessments had been carried out. Where concerns were highlighted referrals had been made to physiotherapy and other external health care professionals. This was to get advice on how to prevent people from having accidents and being at risk of injury.

The Provider Information Return [PIR] highlighted, "Monthly review and report writing on all accident forms to see any trend in accident patterns and how we can prevent to maintain a good safety record". We saw that incidents and accidents had occurred these had been documented highlighting what had happened, at what time and the action taken to prevent further risks.
The registered manager told us and records confirmed that weekly and monthly checks were carried out on equipment for example, the fire alarm system and that the lift received a service from an engineer. These actions helped to keep people safe.

People and relatives told us that they had not witnessed or were aware of any abuse. A person told us, "Rough? No, never. Nothing like that in all the years I have been here". A relative told us, "No never anything

like that [bad treatment or abuse] and I come here a lot". A staff member told us, "I am not aware of any issues of abuse. I would not allow anything bad. I would certainly report any issues as soon as I was aware if there were issues of abuse". Records that we looked confirmed that staff had received safeguarding training. Staff and the registered manager knew of the providers safeguarding procedures and told us that they would follow these if there was a need to protect people from harm and abuse.

People and their relatives had mixed views about staffing levels these included: "I don't think there are enough staff in the mornings", "They need more staff at lunch time and when the rush is on mornings", "Plenty of staff I think I come at all odd times", "There are usually enough staff". Staff told us that although they were always busy and at times rushed there were enough staff to meet people's needs and to keep them safe. A staff member told us, "We have more staff than when you last came which is better". Another staff member said, "I think generally there are enough staff. We [staff] are busy but people are safe. Sometimes people complain if they have to wait even for a minute. We do really try but at times people may have to wait a short time. That would probably be the case anywhere". We observed that staff were available to supervise people in the lounges and at mealtimes. We did not detect that call bells sounded for any length of time. We fed back to the registered manager the views on staffing levels who confirmed that staffing levels were monitored and that they would continue to do so. The registered manager told us that at the present time there were 20 vacant care hours and these were being recruited into. The registered manager said, "In the meantime staff within cover those hours and holidays". The provider said, "We would allow the use of agency staff if we really needed to".

At our previous inspection we identified that where medicines had been prescribed on an 'as required' basis protocols were not in place to advice staff when the medicine should be given. The Provider Information Return [PIR] highlighted, "We have implemented a full procedure for all people prescribed their medicine as required". When looking at medicine records we found that protocols had been introduced and that people had been given their medicine when they needed it. We heard a staff member ask a person if they were in pain and if they needed their pain killer. This showed that the required improvement had been made.

A person shared with us, "I feel more confident about my tablets as the staff give me them. I might do it wrong". Another person said, "The staff give me my tablets as they should". A staff member told us that they had received advance medicine training and that their competence had been assessed. Records and certificates that we saw confirmed this.

We saw that medicines were stored safely in locked cupboards and trolleys to prevent unauthorised people accessing them. We found that ordering and receipting processes were in place and that a record was made when medicines that had not been used were returned to the pharmacy. We looked at the medicines and Medicine Administration Records [MAR] for two people and found that their prescribed medicines were available to give to them as prescribed. Overall, we found that each MAR had been completed appropriately. However, we identified that staff had not signed the MAR after they had given prescribed eye drops and one tablet. This showed that medicine recording systems needed some more strengthening.

Good

Is the service effective?

Our findings

A person shared with us, "Overall, I am well looked after. If I had a choice I would rather not be here. I would rather be at home. I accept that I am not safe at home". Another person said, "I chose here as I knew someone else who had stayed here and thought it was good". Relatives confirmed that people received an effective service. Staff we spoke with told us that in their view the service provided to people was good.

A staff member told us, "I had a thorough induction. I had training and worked with staff who had been here for a long time". Another staff member said, "I have worked here for some time. I have been promoted and had another induction and instruction to introduce me to this new job role". The staff member showed us the induction document and staff files that we looked at had evidence to demonstrate that induction processes were in place. The registered manager told us that they had introduced the nationally recognised Care Certificate but said, "Wherever possible we do try to employ staff who have experience and qualifications". The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

Staff told us that they were supported on a daily basis by the registered manager and senior staff. A staff member shared with us, "The manager is here in the week and there is always a deputy manager or senior care staff at other times". Staff told us that they had supervision to discuss their role and performance and an annual appraisal. Records that we looked at confirmed this and highlighted that staff training and other needs were discussed during supervision sessions. Records also highlighted that if there were issues with staff performance this was dealt with formally through the supervision process and actions were identified for improvement.

A person said, "The staff are trained well". A relative told us, "I think the staff have training". Staff told us that they received the training that they needed and that they were able to do their job effectively. Staff training records that we looked highlighted that staff had received training and the communication book confirmed that refresher training had been secured for the coming months.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that they could move around the home freely. A person said, "I can go to my bedroom, in the garden and out with my family". We saw that people went into their bedrooms when they wanted to. Staff we spoke with had knowledge of MCA and DoLS and all staff knew that they could not restrict any person unlawfully. The registered manager told us that no person at the present time had a DoLS authorisation. The registered manager said, "I have previously applied for DoLS for some people but the outcomes were that

they were not required".

A person confirmed, "The staff ask me if it is alright before they do anything". The Provider Information Return [PIR] highlighted, "Staff seeks consent prior to undertaking personal care". We heard staff ask people if they could support them to transfer from dining chair to easy chair and gave the m the reason for, "You might be more comfortable". Another time a staff member asked a person if they would like support to go into the garden. On both occasions people gave their verbal consent for support to be given. One person smiled and said, "Yes please".

A person told us, "We have choices of food and drink every meal". Other people told us that they made choices from a menu and liked the food. At breakfast time we heard staff asking people what they would like to eat and drink. We saw that a selection of cereals were available. People could chose different preserves to have with toast and hot options including, eggs, tomatoes, sausages and bacon. At lunch time people were offered soup before their main meal. We observed that people enjoyed their food. People told us, "That was nice. It always is" and, "I really enjoyed that". Throughout the day we saw that drinks were offered to people regularly and that they were encouraged to drink. A person told us, "I have a jug of drink they [staff] are always saying I don't drink enough". In the afternoon we saw that people were offered ice creams as it was a hot day.

We noted that people's food likes and dislikes had been recorded in their care records. We saw nutritional assessments had been undertaken to determine if people were at risk of malnutrition or obesity. Where people were at risk of choking this was highlighted in their care plans. We saw that staff sat with some people whilst they were eating to ensure that they were not at risk of choking. We spoke with the cook who had a good knowledge of people's food and drink likes and dislikes and risks regarding eating and drinking. They said, "We always make sure that people are offered food that they enjoy and is suitable. If people don't like what is on the menu we offer alternatives. Staff know who is at risk. We mash or puree meals depending on needs". The cook told us that where people were at risk of weight loss they made and encouraged people to take high calorie milk shakes to reduce the risk. We saw people drinking the milk shakes during the day. We observed however, that there was only a few hours interval between people having their breakfast and lunch. This could mean that people may not enjoy their lunch or consume as much food as they may if there was a bigger gap. The registered manager told us that they would discuss the meal times with people to see if a change was needed.

A person said, "I see my doctor if I am ill". Another person said, "I have my eyes tested". A relative told us, "The staff picked up a lesion on dad's leg he saw the GP and went to hospital and had it treated". Other relatives told us that the GP visited routinely once a week [they would call too in-between the weekly visits if there was a need] and staff kept them informed. Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective healthcare support. This included GP's, the dietician, occupational and speech and language therapists. A visiting healthcare professional said, "The staff quickly let us know of any concerns and follow our instructions". This ensured that the people who lived at the home received the health care support and checks that they required to maintain their health and well-being.

Good

Is the service caring?

Our findings

A person told us, "The staff very nice and kind". Another person said, "The staff are friendly and helpful". Staff told us that their colleagues were caring. A staff member said, "We [staff] care that's why we work here".

We observed that interactions between staff and people were positive. We heard staff ask people how they were. We heard staff asking people about their families and showing an interest in them. They listened to what people said and gave them their attention. We saw that the people who lived at the home were friendly towards each other. There was friendly banter between people in the dining room and lounge and people showed an interest in each other. A relative told us, "It's [the atmosphere] relaxed and homely". This showed that the provider promoted a positive atmosphere within the service.

A person confirmed, "I see my care plan but prefer my daughter to deal with things like that". Another person also told us that they had a say about their care plan and was happy with it. Care plans that we looked at confirmed that people were encouraged to be involved in their care planning by the staff. This was to ensure that information was current regarding as examples: their preferred daily routines; getting up and going to bed; if they preferred a bath or a shower and when; how they wanted to spend their day; their general likes and dislikes and what made them happy. Staff we spoke with knew people's individual likes and dislikes and how their preferred their support to be delivered.

One person told us, "I like to go to my bedroom after tea for some time on my own". Another person said, "They [staff] knock my door. They don't just barge in". A staff member said, "We [staff] treat people with respect". Staff gave good examples of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care. We observed that staff ensured that toilet doors were closed when being used. We also observed at lunch time that one person felt nauseous. The staff saw this and supported the person to a quieter area to maintain their dignity. We saw that the staff member sat by the person until they felt better. Another time we saw a staff member lean over to discreetly ask a person if they would like to visit the toilet. This showed that people were treated in a way to promote their privacy and dignity.

A person shared with us, "I always select my clothes each day". Other people also told us that they chose the clothes that they wanted to wear each day. We saw that people wore clothing and accessories that reflected their individuality such as, formal shirts, tee shirts, dresses, skirts and necklaces. It was a hot day and some people went to sit in the garden area. They wore light clothing and hats. A person told us that they enjoyed having their hair styled. They said, "It is good that a hairdresser comes here". We saw the hairdresser and people having their hair done. We heard staff complimenting people on their appearance telling them that they looked nice and how they liked their clothing and their hair. We saw that people smiled and were happy with the compliments.

The Provider Information Return [PIR] highlighted, "We leave literature around the home for external services such as advocacy". We saw that information was available giving people contact details for

independent advocacy services. An advocate can be used when people may have difficulty making decisions and require this independent support to voice their views and wishes. Records that we looked at and the registered manager told us that one person had an advocate and that advocacy services were secured for other people on an as needed basis.

A person told us, "I have visitors every day and look forward to them coming". A relative told us, "There are no restrictions on visiting and I am welcomed by the staff". Staff confirmed that family and friends could visit when they wanted to so that people could enjoy their company.

Good

Is the service responsive?

Our findings

A person shared with us, "My daughter sorted everything before I came here. She told the staff all about me so that they knew what I needed". A relative said. "Reviews are held and I get invited". Records that we looked at confirmed this. Staff told us that people's care plans were reviewed regularly. The care plans that we looked at had been reviewed and updated to ensure that they were current and reflected people's needs and wishes.

A person said, "I don't have many hobbies now but I enjoy the church service every few weeks". The registered manager and daily records confirmed that people who wished were supported by staff to attend the church service. The registered manager and staff told us that they had previously secured input from specific denominations to meet individual people's needs. This highlighted that people were enabled to practice their religion as was their wish.

A person told us, "We do quite a few things as activities it stops me getting bored". Another person said, "It is nice to get out and about when we go out". People told us and it was confirmed by staff that a trip was arranged each Tuesday [weather permitting] recent places that people had visited included, Bewdley and Bridgnorth. An activity coordinator was employed at the home to organise activities. We did not get to meet this staff member as they were on leave. People told us that in-house activities included crafts and planting in the garden. It was a hot day and people enjoyed sitting in the garden. Staff had ordered newspapers for those people who wanted this service. We observed staff give people their daily newspapers to read, the people smiled and looked pleased. The visiting library went to the home once a month so that people could select books to read. Seasonal activities were provided during the year and people's birthdays were celebrated. We heard a staff member say to one person, "You will be having a cake and a bit of a 'do' tomorrow for your birthday".

A person shared with us, "I have not made any complaints I have not had a need. My daughter would deal with anything like that". A relative told us "I have never complained about anything but would know how to". We saw that the complaints procedure was displayed within the home for people and their relatives to access if they had the need to. One complaint had been recorded, investigated and the outcome had been feedback to the complainant in line with the provider policy. The registered manager told us, "Any issue raised I log a complaint that shows that we take things seriously and are open about issues".

Good

Is the service well-led?

Our findings

At our previous inspection we found that governance processes had not always been effective to ensure that staff sickness levels and other staff issues had been resolved. This inspection a staff member told us, "Things have improved overall with the staffing issues. It is a nicer place to work". The provider told us, "The manager has flourished over last year and issues have been dealt with". We found that the provider had changed the sickness policy and fewer absences were now allowed before action was taken. This had reduced staff sickness rates. Where there were staff issues these had been addressed. We found that initiates had been introduced to increase staff morale. This included a 'staff of the month' nomination scheme. Staff told us that these actions had promoted better service consistency and a more positive atmosphere.

A person said, "It is a good place here". A relative told us, "The home is clean and well-run". A staff member said, "Things have changed for the better it is more organised". There was a leadership structure that staff, people and relatives were aware of. There was a registered manager in post who was supported by a deputy manager and senior care staff.

The provider visited the home regularly as a minimum of once a week and we saw that a written report was produced of their visit findings. We saw that checks and audits were undertaken regarding health and safety, medicine safety and the premises. The provider told us that they had identified that the premises required some re-decoration and had placed an advert for a decorator on a short term contract. They had invested financially to enhance the premises for people. One bedroom had been refurbished and new carpets had been provided in the lounge and dining room.

A person told us, "I know who the manager is. You can go to him he sorts things out. I hadn't had a voting paper he sorted it out". A relative shared with us, "The manager is very good very interactive and keeps me informed". We saw that the registered manager and the provider were visible within the service. We saw them chatting with people and we saw people confidently approach them to speak with them. This showed that people were familiar with the registered manager and provider.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. The registered manager, provider and staff were open and honest in their approach to our inspection by telling us plans for the home and where they felt improvements were needed.

It is a legal requirement that the provider informs us of incidents that affect a person's care and welfare. The registered manager had ensured that we were notified of issues that needed to be reported. It is also a legal requirement that the current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was also displayed within the service.

People told us that the provider had asked them to give feedback on the service provided. We saw provider feedback forms that had been completed by people and relatives. The overall feedback was positive and

confirmed that people and relatives were happy with the service provided. Meetings were held for people who lived at the home regularly to enable them to give their views on the service provided. Minutes of meetings that we looked at highlighted that people were asked their views about outings, activities and menus. People told us that trips were arranged as they had requested in the meetings.

Staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member shared with us "Any concerns I would go straight to the senior or manager. I would feel happy do this and I know that the issue would be dealt with". We saw that the providers whistle blowing procedure was in place for staff to follow. Staff told us that they were familiar with the policy and knew what they should do if they had any concerns. The whistle blowing process encourages staff to report occurrences of bad practice or concern without fear of repercussions on themselves.