

Beechcroft Care Homes Ltd

Choice Care Home

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Choice Care Home is a care home without nursing registered to provide accommodation and care for up to 32 people. People living at the service are mostly older people, some of whom may be living with dementia or physical disability. At the time of our inspection there were 32 people using the service.

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

The environment was safe and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place. However, we found some areas of the service with clutter left around and some carpets heavily stained. The manager told us new flooring was being ordered for many areas in the service.

Medicines were ordered, stored and disposed of safely. However, one person who had a daily patch applied did not always have this placed in different areas on their body as required. The manager assured us they would discuss with staff and have a protocol put in place to ensure this happened.

We have made recommendations about the management of medicines. The report highlights the actions the provider had taken at the inspection.

People were supported by staff who completed an induction, received appropriate training and support to enable them to carry out their role safely, including fire safety and dementia care training. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and staff carried out activities to assist people. Staff knew how to keep people safe from harm.

Records were accessible and up to date. The service used a computerised care planning system. The management and staff knew people well and worked together to help ensure people received a good service.

People told us they were happy with the care they received, and people said they felt safe living there. Comments from people included; "Yes I feel safe" while a relative said; "I'm happy he is safe and happy." People looked relaxed, happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

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.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

Staff told us the manager and deputy manager was available, assisted them daily and helped cover shifts when some staff had been off with COVID-19. They went on to say how they were approachable and listened when any concerns or ideas were raised. One relative said; "It is delightful here and I would recommend it and much has improved since (named manager) has been here." While a staff member said; "(named manager) is not just a manager, she will do everything that we are doing."

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

Rating at last inspection and update

The last rating for this service was good (published 7 November 2018).

Why we inspected

We were prompted to carry out this inspection due to concerns we received about the service, staffing and management. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains good. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective and Well led sections of this full report.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Choice Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector, an assistant inspector and an Expert by Experience inspected this service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Choice Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Choice Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 12 months and had submitted an application to register with the commission. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service about their experience of the care provided. We spoke with eight members of staff including the manager, deputy manager, care workers and auxiliary workers. We also spoke to three relatives.

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

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them. However, one person was prescribed a daily patch to slow down the progression of dementia. This patch had clear information that it should be placed in different areas of the torso daily. Records showed not all sites were used and some site had been used repeatedly. The manager assured us they would discuss with the staff.

We recommend the provider follow reputable medicines guidance in the recording of medicines patches that require to be place in different part of the torso daily.

- Medicines were ordered, stored and disposed of safely and securely. There were no gaps in medicines administration records (MARs) and when people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- People received their medicines in a safe way, as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- External creams and lotions to maintain people's skin integrity were applied during personal care.
- Systems for medicines that required additional security were clearly followed.
- Medicines were audited regularly with action taken to make ongoing improvements.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. One relative said of the staff; "They really care."
- Risk assessments were detailed and up to date which meant staff had guidance in how to manage people's care safely. They covered areas such as skin integrity, personal care and people's dementia. Risk assessments for weight management and nutrition and dependency levels had also been undertaken.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place and showed how the service supported people during an outbreak of COVID-19.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. We heard one person arranging to see their relative later that day.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People and staff told us there were enough staff on duty to meet people's needs. One person said; "Yes, there is enough staff. I like the staff, they treat me well."
- The staff said they worked additional hours, so people had staff they knew and trusted. This was to support appointments or during staff absences, for example during a COVID-19 outbreak.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work. The recruitment process was completed by the manager and the directors of the company. This helped to ensure the skill mix was suitable to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. A relative said; "There are no obvious notable staff shortages."
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff were able to describe the signs and types of abuse. Staff understood to report any concerns they had to the management team.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

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 last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The physical environment was continuously being reviewed, updated and improved.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.
- Some people felt the service could be cleaner. The manager confirmed some of the older carpets needed replacing. They had brought a carpet cleaner, but an order had been made to replace many of the communal flooring areas. Comments included from people; "Not actually dirty but could be better" and another person said "It could be cleaner. It smells sometimes."

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

- The management team and staff worked with external healthcare professionals to deliver care in line with best practice. During the pandemic and an COVID-19 outbreak, the manager said the local healthcare team had been supportive and had helped ensure people received the care required.
- People's individual needs had been assessed before they moved in. New admissions had to receive a negative COVID-19 test before admission and then people were supported to isolate within the service if required.
- Assessments of people's individual needs were detailed, expected outcomes were identified and their care and support regularly reviewed. All documents relating to people's care were on a computerised care record system. Staff agreed this system was working well and held comprehensive information on each person. Staff were able to access updated information via a handheld device to ensure they had full updated information about people.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff members said; "The training is good – we have lot of the physical training and online as well and did physical manual handling" and "I have done two days of induction and have another day and I have done my training - safeguarding, dementia and moving and handling and all health and safety and then shadowing."
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice. Training sessions were online with some training in person being arranged. One person said; "Staff are excellent, they look after me."
- Staff were provided with opportunities to discuss their individual work and development needs. Staff

received one to one meetings to enable them to raise any issues and share ideas. All staff spoken with said they were well supported by the manager and the deputy manager.

- Staff, new to the care sector, were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with healthy meals which they enjoyed. One person told us; "There is a choice of food. We have drinks throughout the day" while another person said; "Food is excellent, I get a choice." One person told us; "Food is alright, sometimes a choice."
- Staff were aware of any specific dietary requirements for people, for example, if people needed a soft diet. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, through personal choice, had drinks provided and these were refreshed throughout the day. One person said; "Yes, they always knock, the staff are very friendly. I haven't been here long, but I couldn't fault anything."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate healthcare professionals as required. During our visit a district nurse attended one person to change their dressings.
- Staff supported people to see external healthcare professionals regularly, such as GPs. Home visits by some healthcare professionals continued during the pandemic and the service was able to contact other professionals via phone calls or video calls in an emergency. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People's care records highlighted where risks had been identified. For example, where people needed extra support when accessing the community, this was provided.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were well managed, and staff engaged with external healthcare professionals including physiotherapists and hydration clinic.
- There were clear records to show staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and for people currently seeing an oncologist.
- Staff supported people to continue to mobilise independently. We observed staff offering support to people who used mobility aids.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made and received to deprive people of the liberty within the law.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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 last inspection we rated this key question good. The rating for this key question has remained good. 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

- We received positive feedback in relation to how the service was run, and our own observations supported this.
- Staff and relatives were very complimentary of the service, the manager and the deputy manager. One staff member said; "I think (named manager) is really good. She is very kind, very caring." While a relative said; "(named manager) is a very warm person and that seems to be transferred down through the staff."
- There was a warm, friendly and family atmosphere in the service.
- There was a person-centred culture which kept people at the heart of the service. A relative said; "It's brilliant, it has definitely improved since (named manager) has taken over."
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included; "I have a sense of accomplishment when I leave work."

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 manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had oversight of what was happening in the service and was very visible. They took an active role in the running of the service. They had worked to improve the service. This included the introduction of new systems, including new auditing processes. This assisted staff to ensure people's needs were met. A relative said; "It's brilliant, it has definitely improved since (named manager) has taken over and I think she is absolutely lovely and good at her job and she is really committed, and she really seems to enjoy what she does."

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "(named manager) is not just a manager she is just on it and in the morning she will either work in the kitchen or on the floor if there is not enough staff."
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good. People confirmed if they needed assistance, it was provided in a timely manner.
- Staff and people told us the service was well managed and they felt valued. Staff told us the manager and deputy manager were very approachable and always available for advice and support.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. The manager and staff said this had been particularly important during the pandemic and the lockdowns.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team during COVID-19.
- The manager kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during an outbreak. The manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.