

Methodist Homes Beechville

Inspection report

653 Chorley New Road
Bolton
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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?

Good 

Is the service well-led?

Good 

Overall summary

Beechville is a two storey purpose built home set in mature well maintained grounds and gardens. The home is in a residential area and is on the outskirts of Bolton. The home is registered to provide care and support for 63 older people. The home is separated into four areas known suites. Oak and Maple suites are located on the ground floor and provide care for people living with dementia. On the first floor which is accessible by a passenger lift Cedar and Sycamore suites are located. Cedar suite cares for people with early onset of dementia and Sycamore suite is a residential suite.

This inspection was unannounced and took place on the 21 August 2015 commencing at 06.30 am. There were 61 people using the service at the time of the inspection.

We last inspected the home on 17 December 2013. At that inspection we found the service was meeting all the regulations we reviewed.

The home had a manager who was registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Beechville had a large reception area with comfortable seating and a coffee bar which operated two afternoons a week and alternate Friday and Saturday afternoons. There was also a piano which was played by a person who used the service. There was a range of books for people to bring in and exchange.

We arrived early at the home as we had received information that people who used the service were being got up out of bed. We found this was not the case and people on all the suites were still in bed.

We found people were being cared for by sufficient numbers of staff who were suitably skilled and experienced and who were safely recruited. We saw that staff had received training and support to enable them to do their job effectively and care for people safely.

Staff were able to demonstrate their understanding of the whistle-blowing procedures and they knew what to do if any allegations of poor practice or abuse was suspected.

People who used the service told us they felt safe and spoke positively about the care and support they received. People told us about the kindness, caring and compassionate attitude of the staff.

We found the system for managing medicines was safe and we saw how staff worked in cooperation with other healthcare professionals to ensure people received appropriate care and treatment.

We saw all areas of the home to be clean and well-maintained. Procedures were in place to prevent and control the spread of infection.

People’s care records contained sufficient information to guide staff on the care and support required. The care records showed that risks to people’s health had been identified and what actions had been taken to eliminate and reduce the risk. People and their relatives (where appropriate) were involved and consulted about the care plans to help ensure people’s wishes and preferences were considered.

We found the provider was meeting the requirements of the Mental Capacity Act 2005(MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

We saw that people looked well cared for and there was sufficient equipment available to promote people’s safety and independence.

People who used the service were provided with a varied and nutritious diet to ensure their health needs were met.

The registered manager had systems in place to monitor and assess the quality of the service. Opportunities were place for people to comment on the service by the use of questionnaires and meetings.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Suitable arrangements were in place to help safeguard people from abuse.

The systems for managing medicines was safe and people received their medicines in a timely manner.

Sufficient, suitably trained staff, who had been safely recruited, were available to meet people's needs.

Good



Is the service effective?

The service was effective.

People were provided with a choice of nutritious food and drink to ensure their health needs were met.

The provider was meeting the legal requirements of the Mental Health Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff received sufficient training relevant to their role and systems were in place to ensure staff received regular support and supervisions.

Good



Is the service caring?

The service was caring.

Staff had a good understanding of the people they were caring for.

People told us that the staff were kind, caring and compassionate.

Staff had undertaken specialised training to help ensure they were able to care for people who needed end of life care.

Good



Is the service responsive?

The service was responsive.

Care records contained sufficient information to inform staff about the care and support people required.

The provider had systems in place for the receiving, handling and responding to complaints.

People were provided with a range of activities.

Good



Is the service well-led?

The service was well led.

The home had a registered manager in post.

Systems were in place to ensure incidents and accidents were recorded and actions taken to prevent reoccurrence.

Good



Summary of findings

Quality systems were in place to monitor and assess the quality of the service.	
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Beechville

Detailed findings

Background to this inspection

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

This inspection took place on 21 August 2015 and was unannounced. The inspection team consisted of three Adult Social Care Inspectors from the Care Quality Commission 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.

Before the inspection we reviewed information we held about this service. This included previous inspection

reports and notifications we had received. We were provided with a copy of a completed provider information return (PIR); this is a document that gives us information about the service, what the service does well and any improvements they are planning to make.

During the inspection we spoke with ten people who used the service, five relatives and ten members of staff, the chef, the deputy manager, the registered manager and a visiting healthcare professional.

We looked around most areas of the home, we observed how staff cared, and supported and interacted with people who used the service. We also looked at three staff files and six care records and checked to see that medicines were safely administered and recorded.

We looked at staff training and supervisions and records about the management and maintenance of the home.

Is the service safe?

Our findings

During our inspection we asked people who used the service if they felt safe living at the home. One person told us, "Everything is safe here; you don't feel in any danger at all". Another told us, "The staff, the surroundings are secure and comfortable". A third person said, "There's someone here night and day". One relative said, "The staff, the door security make it safe here my [relative] can potter about outside and we know they are safe".

We saw suitable arrangements were in place to help safeguard people from abuse. We saw staff had received training in the protection of vulnerable adults and policies and procedures were in place for safeguarding people from harm. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

Staff had access to whistle-blowing procedures and knew who to contact outside the service if they had any concerns and they thought they would not be listened to within the service.

We looked around the home and saw that the bedrooms and en-suites, dining rooms, lounges, bathrooms and toilets were clean and there were no unpleasant odours. We asked people who used the service what they thought about the cleanliness and maintenance of the home. One person told us, "I think it's lovely", another person said, "I think we are very well looked after in tidy and good surroundings, things are looked after well here". One relative told us, "It's spotless".

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and staff had completed infection prevention and control training. We observed staff wore protective clothing such as disposable aprons and gloves when carrying out personal care duties. We saw communal bathrooms and toilets were equipped with liquid soap and paper towels to help prevent the spread of infection.

The registered manager showed us that risk assessments were in place for the general environment including fire safety and emergency evacuation plans. Checks were in place to ensure that the water temperatures were regulated and small electrical portable appliances were safe to use. This helped ensure the safety and well-being of people living, working at and visiting the home.

We looked to see how the medicines were managed. We saw a medication policy in the front of the medication file on each trolley. There was also a copy of the British National Formulary (BNF) guide which is aimed to provide health professionals involved with prescribing, monitoring, supplying and administering medicines with guidance on each suite. We saw that all medication was securely stored in individually named boxes in a locked trolley. We checked the medication administration record (MARs). We found that medicines, including controlled drugs, were securely stored and recorded and signed for correctly when given. Countersignatures were seen in the controlled drugs register as required. We saw from the MARs that people were given their medicines as prescribed, ensuring their health and well-being were protected. One person self-medicated their own medicines; we saw a risk assessment relating to this in the medication file. We spoke with a visiting district nurse who told us, "I find the staff really helpful, they are brilliant here. The staff are responsive and action what we implement. I can't fault them".

The care records we looked at showed that risks to people's health and well-being had been assessed and monitored with regard to skin integrity, nutrition and hydration and appropriate action taken as required.

We looked at two staff personnel files and the file for a volunteer and saw a safe recruitment system was in place. The staff files contained an application form, references and other forms of identification. Other information included interview notes and a medical questionnaire. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with vulnerable adults and informs the provider of any criminal convictions.

We looked at the staffing rotas as we had been made aware that on occasions staffing levels were low. We saw that sufficient numbers of staff were on the rota to cover all shifts. The registered manager told us that there had been a period of time where there were a lot of staff on sick leave. The registered manager told us this had now been resolved and sickness had reduced. On the day of our inspection sufficient numbers of staff were on duty including volunteers. People who used the service told us they thought there was enough staff on duty. One person said, "Well I've never lacked for anything, the staff are very good here". Another person said, "There always seems to

Is the service safe?

be enough staff around to me". One relative told us, "Sometimes it's difficult my [relative] has to wait as they

need two carers to assist". Another relative said, "I would say so, even at weekends it's not a problem". One member of staff said, "There has been some issues with sickness, but we've pulled together, its good teamwork".

Is the service effective?

Our findings

We asked staff to tell us how they ensured people received safe, effective support and care that met their individual needs. We were told that people had a comprehensive assessment before moving into the home. This helped the service to ensure the home was suitable and that staff could meet their needs and preferences.

We were shown the induction programme of a newly appointed member of staff. This person was not new to working in the care sector but was completing Beechville's induction programme. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of people who used the service and staff. We also looked at the training matrix that was in place for staff. It showed staff had completed essential training necessary to care for and support people using the service. Staff spoken with confirmed that they had completed training relevant to their role.

The people we spoke with told us that staff had the necessary skills and experience to meet their needs. One person told us, "The care is excellent". A relative told us, "My [relative's] health has improved since the coming to live here".

Records we looked at showed us that systems were in place to ensure staff received regular supervision meetings and appraisals. Supervision meetings help staff to discuss any issues or concerns they may have and also to discuss any learning and development they wish to undertake.

We observed that some people were not able to give consent to their care and treatment. The registered manager told us that if an assessment showed people did not have capacity to make decisions a 'best interest' meeting would be arranged. A 'best interest' meeting is where other professionals and family (where appropriate) decide the best course of action to take to ensure the best outcome for the person who used the service.

We asked the registered manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is essentially a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. DoLS are part of the MCA. They aim to make sure that people in care homes are

looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally authorised. The registered manager had a good understanding of the importance of determining if a person had the capacity to give their consent to care and treatment.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We were provided with the records of people who used the service who were subject to a DoLS. We saw the registered manager had followed the correct procedures to ensure any restrictions placed on people had been legally authorised. Staff spoken with had an understanding of MCA and DoLS and were able to provide us with good examples of what this meant for people who used the service. The training matrix also confirmed that staff had completed training in this area.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health needs were being met. We observed that breakfast was served on a flexible basis. We saw some people were having breakfast early and some came to the dining room at 10.30am. Each suite had its own kitchen area with a supply of cereals, toast and preserves, fresh fruit and choices of hot and cold drinks. We asked staff if people had the choice of a cooked breakfast and were told, "There's always a cooked breakfast on Saturdays, but if anyone wanted a cooked breakfast during the week they would get what they wanted".

We spoke with people who used the service about the quality of the food, their comments included, "The food is lovely", "We get lots of fresh fruit and vegetables" and "It's really good and there's plenty of it". A visitor told us, "My [relative] says the food is lovely, it's far better than what they were having at home". One of the inspection team joined people for the lunchtime meal. The lunch was a light lunch and people were offered homemade soup, a selection of sandwiches on white or wholemeal bread or scrambled egg on toast followed by a dessert. The main meal was served late afternoon.

We saw that the dining room tables were nicely set with tablecloths and napkins, appropriate cutlery and condiments were available. We saw that the home had recently received a '5 Star Food Hygiene' rating from the local environmental health service.

Is the service effective?

Records we looked at showed that for some people they required monitoring of their daily food and fluid intake. This was documented in the care plan and referral to the dietician or the GP was made if required.

The records showed that people had access to external healthcare professionals such as GPs, community nurses, opticians and podiatrists. The home had engaged the services of a dentist who had visited the home and provided gift bags complete with tooth brushes and tooth paste to help promote oral hygiene and dental care.

The home was separated into four areas known suites. Oak and Maple suites were located on the ground floor and provided care for people living with dementia. On the first floor which was accessible by a passenger lift Cedar and Sycamore suites were located. Cedar suite cared for people with early onset of dementia and Sycamore suite was a residential suite. Each suite had signage to help direct people around the home. The home was well lit with

natural and artificial light and corridors and areas were free from hazards or barriers. We saw that the lounge areas were homely and comfortable with chairs arranged in small groupings

We saw that day, date and time boards were providing the correct information for people on each suite. As the front access to the home was secure and visitors had to be let into the building by staff people living at the home did not have any restrictions on moving around the home. Bedrooms doors were not locked unless this had been requested by people whose room it was or their family. People had access to the dining rooms at all times where drinks and snacks were available.

We saw people could access the garden area safely and appropriate seating was provided. We were told that one person liked to help maintain the garden as could do this unaccompanied.

Is the service caring?

Our findings

People who used the service were complimentary about the staff and the care they received. Comments included: "The staff are very good to me". Another said, "They [the staff] are very attentive to anyone who wants any help". People told us that the staff were kind, caring and compassionate.

We saw people who used the service were well groomed and well cared for and were suitably dressed. We saw some ladies wore makeup and jewellery and gentlemen were clean shaven. The home had a hairdressing salon on the first floor and people were seen going to have their done.

We saw visitors arriving throughout the day. People told us they were welcome at any time; there were no restrictions on visiting times. We saw people who used the service entertained people in their own rooms or in the communal areas.

We asked staff how they supported people to retain their independence. We were told that some people attended to

their own personal care needs for example bathing and dressing. One person told us "I can do everything for myself". We saw that up to recently one person had their car parked outside and went out when they wanted to. One relative told us, "They [staff] definitely promote independence their [relative] goes into the kitchen (on the suite) to make a cup of tea".

We saw care staff treated people with dignity and respect. People were addressed by their preferred name. Staff attended to their needs in a discreet and sensitive manner. We saw staff knocked on bedroom and bathroom doors and waited for a response before entering. This was to ensure people had their privacy and dignity respected.

We asked the registered manager tell us how they cared for people who were poorly and at the end of their life. We were told that the staff had completed training in palliative care (end of life care). The home has successfully completed the Six Steps end of life training. The Six Steps programme guarantees that every possible resource is a made available to facilitate a private, comfortable, dignified and pain free death.

Is the service responsive?

Our findings

We asked people if staff responded to their needs. We were told by one person, "Absolutely". One relative spoken with said, "We couldn't ask for better care". During our inspection we saw that staff responded swiftly and efficiently when people required assistance.

We looked at the care records for six people who used the service. The care records were detailed and contained information to guide staff on the care and support to be provided. There was good information about likes and dislikes, times of rising and retiring, hobbies and interests had been incorporated into the care records. We saw that the care records had been reviewed regularly to ensure the information was relevant and up to date. We saw people who used the service and/or their family had been involved in the care planning and decision making. Where possible people who used the service had agreed and signed their care record.

We asked the registered manager to tell us what arrangements were in place to enable the people who used the service to give consent to their care and treatment. We were told that care and treatment was discussed and agreed with people who were able to give consent. People we spoke with confirmed this was correct. One person said, "I don't think they [staff] bother what time we go to bed, we go at a decent time when we are ready". Another said, "We please ourselves what we do, if we want to join in things we do it's our choice". We saw that people's choices and preferences were acted upon, for example one person wanted a shower in the mornings and we saw staff preparing to assist this person.

We saw that in the event of a person being transferred to hospital or to another service, information about their care needs and medication they were receiving would be sent with them on a hospital transfer form.

We looked to see what activities were provided for people. We saw the service offered a wide range of activities, these included music, arts and crafts some of which we saw displayed on the walls, quizzes and word searches, gentle exercises, biscuit decorating. On the day of the inspection we sat in the reception area where two volunteers were assisting people with flower arranging using both dried and fresh flowers. The activity generated lots of conversation and discussion between people. The floral arrangements were later displayed around the home. One gentleman we spoke told us, "We [men] could do with a bit more going on". The home also had a reflexologist who provided complementary therapies.

We asked the staff about links with the local community and were told, "We go to a tea dance, schools come into the home for pantomimes, singing and dancing". One person spoken with told us, "I don't want to go out; I'm quite content in my old age".

The home had their own chaplain for services and spiritual comfort. The chaplain had an office where people who used the service and their family could speak with the chaplain in private. There was also a suggestions box on the chaplain's door where people could post questions to them.

We observed the home had enough equipment to meet people's needs. Suitable aids and adaptations were available to promote people's safety, independence and comfort.

We saw the complaints procedure was displayed and that the provider had a clear policy in place with regards to receiving, dealing with and responding to any complaints or concerns.

Is the service well-led?

Our findings

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the Care Quality Commission and they were supported by a deputy manager. Both the registered manager and the deputy manager were available to assist with the inspection.

During our inspection we saw the management team met and greeted visitors to the home and chatted with people who used the service and staff. From our conversations with the management team it was clear that they knew the needs of the people who lived at Beechville. For a home that was providing care for people living with dementia, the home was calm, relaxed and well organised. We observed the interaction of staff and saw they worked well as a team. For example we saw staff communicated well with each other and organised their time to meet people's needs. We observed that staff attended a handover of information after each shift, so staff were kept updated of people's needs.

We spoke with people who used the service about the management of the home. We were told, "I think the home is very well run" and "It seems to be very well organised". One member of staff told us, "I don't always feel supported by the management". A relative told us, "I have no concerns about how the home is managed, if I had I would discuss this with the manager".

We were provided with an updated copy of a service user guide. The guide provided information to people who used the service and their families. Information included the care and facilities available, fees, staffing structure and other relevant information.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure that people

received safe and effective care. We were told regular checks were undertaken on all aspects of running the home. We saw evidence of checks including medication, care plans, infection control, the environment, safe use of bed rails. We saw where improvements were needed; action was identified with timescales for actions.

We were shown records of maintenance for the gas and electrical supplies, servicing of the lift, hoists and fire appliances. Certificates were up to date and were valid.

We were told formal meetings took place for people who used the service and their relatives. The last meeting was held on 28 May 2015 at 2.00, cheese and biscuits provided. Discussions included care reviews, the garden, high staff sickness levels and the upkeep of the home. Staff meetings were also held and minutes were documented.

We saw the management sought feedback from people who used the service through a satisfaction questionnaire. Comments included, 'Everybody is so kind and helpful', 'I am very happy with the service and the care and attention I receive. The staff are very friendly and helpful'. The provider, Methodist Homes (MCA) also carried out an annual survey of the service and facilities provided. We had been provided with a copy of the survey results from 2014. These showed us that people were happy with the care and support they received, they thought the home was clean and tidy and that staff treated them with dignity and respect.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by the management to ensure people were kept safe.