

Beamish Residential Care Home Limited

Beamish Residential Care Home

Inspection report

Old Vicarage
West Pelton
Stanley
County Durham
DH9 6RT

Tel: 01913701763

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28 March 2023

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20 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beamish Residential Care Home is a residential care home providing personal and nursing care to up to 21 older people, including people who may live with a dementia related condition. At the time of our inspection there were 19 people using the service, accommodated in an adapted building.

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

There were sufficient staff to support people safely. A relative told us, "Definitely the best place, pleased [Name] is there, where they can be looked after on a 24-hour basis. The bedroom door is always open and a staff member will always go and check on them, I do think [Name] is quite safe." Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe.

Staff followed effective processes to assess and provide the support people needed to take their medicines safely. A relative commented, "We were very strict with [Name]'s medicines and staff are too. They make sure [Name] takes their medicine correctly at the right time."

Staff contacted health professionals when people's health needs changed. A relative told us, "Staff involve other people whether it's a referral to the Speech Therapy Team or Mental health team and they contact the GP."

People and relatives were very positive about the caring nature of staff and had good relationships with them. They trusted the staff who supported them. A relative told us, "Staff are incredibly compassionate and they are absolutely brilliant with residents. They are good at building relationships and are always friendly and always approachable, absolutely kind and patient."

Staff followed good infection control practices. A programme of refurbishment was taking place around the home.

Records provided guidance to ensure people received safe, person-centred care and support from all staff members. A professional commented, "People receive personalised care and staff members are well-aware of their needs."

Staff spoke very positively about working at the home and the people they cared for. They said communication was effective to ensure they were kept up-to-date about any changes in people's care and support needs.

Staff respected people's diversity as unique individuals with their own needs. The staff team knew people well and provided support discreetly and with compassion. A relative told us, "Staff are very good with [Name] and they feel comfortable. [Name] cried with happiness when they got a permanent place here."

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.

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

Rating at last

The last rating for this service was good (published 18 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 remained good based on the findings of this inspection.

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

Recommendations

We have made a recommendation to ensure protocols are in place for the use of 'when required' medicines.

We have made a recommendation to review the use of the shared room in order to promote people's rights to privacy and dignity.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beamish Residential 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

The inspection was carried out by 1 inspector and 1 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.

Service and service type

Beamish Residential 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. Beamish Residential 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 March 2023 and ended on 5 April 2023. We visited the service on 28 March 2023.

What we did before the 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 (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

During the inspection we spoke with 4 people who used the service and 14 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak, therefore they gave us permission to speak with their relatives on the telephone. We spoke with 5 members of staff including the registered manager, general care manager, two support workers, including a senior support worker and the chef. We received feedback from two health and social care professionals.

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.

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. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff were trained on how to safeguard people.
- People and relatives said people were kept safe. A person told us, "I feel quite safe living here, there are always staff around if I need them." A relative commented, "They [staff] are really helpful, friendly girls, [Name] is well-looked after, much better than when they were at home, we couldn't look after [Name] the way staff do."

Using medicines safely

- Medicines were managed safely. Staff followed systems and processes to prescribe, administer, record and store medicines safely.
- People received supported from staff to make their own decisions about medicines wherever possible. A relative commented, "Staff are really good when [Name] refuses their medicines, they will go back and try again with medicines they should take."
- Medicines risk assessments and associated care plans were in place, including some guidance to follow where a person may experience agitation or distress, but they did not provide guidance about when to administer 'when required' medicines.

We have made a recommendation about ensuring protocols are in place, for the guidance of staff, about when to use 'when required' medicines, where prescribed, including for their use where a person may be agitated and when they should be used as a last resort.

Assessing risk, safety monitoring and management

- Systems to manage risks to people's health, safety and well-being were well-managed.
- Risk assessments and associated care plans were in place with a system of regular review.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The registered manager managed people's safety well. Staff recognised incidents and reported them appropriately, and the management team investigated them, and shared lessons learned.
- The registered manager analysed incidents and near misses on a regular basis so that any trends could be

identified, and appropriate action taken to minimise any future risk.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were sufficient staff to support people safely. Staff met people's needs promptly and were unhurried when assisting them. A relative told us, "Staffing is more than adequate, and the staff team are lovely, every one of them."
- There was a long-standing staff team but any new staff were recruited safely with all appropriate pre-employment checks carried out before they started work.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A relative told us, "It has always been very clean, it's spotless and [Name]'s bedroom has always been immaculate."
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of 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 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.

Visiting in care homes

- There were no restrictions to visiting and the provider followed guidance if an outbreak was to occur. A visiting professional commented, "The registered manager and staff had systems in place to protect people during the pandemic."

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. At this inspection the rating 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

- There was a positive, person-centred culture to benefit people living at the service. A relative told us, "I think as a whole they offer a homely concentration on people's individual needs, staff are observant about when people need extra care. They are superb and I just can't praise them enough" and "Staff are all friendly and chatty with people."
- People were involved in decisions about their care. We did discuss the use of a shared bedroom, which did not promote people's rights to privacy and dignity, and their use where people, did not have capacity to agree to sharing a room.

We have made a recommendation to review the use of any shared rooms, in order to promote people's rights to privacy and dignity.

- Staff said they were well-supported. They were very positive about the manager and said they were approachable. People, relatives and staff all said the registered manager was "very approachable".

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

- Quality assurance within the service was effective.
- The registered manager had clear and effective oversight of the service.
- Management made regular checks on the quality of the service using a range of audits. Where improvements were identified these were acted on.
- The registered manager understood the duty of candour and the need to be open and honest. They reported incidents to CQC and other stakeholders where appropriate.

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

- People were involved in decisions about their care. They were consulted and encouraged to be involved in how they lived their lives.
- Staff and relatives told us communication was effective to ensure they were kept up-to date about people's changing needs and any changes being introduced into the home. A relative told us, "Staff ring us all the time, if [Name] is unwell, has been put on different medicines or to inform us about any changes at

the home."

- Feedback surveys were given to people, relatives and staff. The results from these enabled the management team to see what they were doing well and what needed to be improved. A relative commented, "I have attended relatives' meetings and possibly once filled out a survey."

Continuous learning and improving care; Working in partnership with others

- The service worked well in partnership with other health and social care organisations, to help improve the well-being of people who used the service. A visiting professional commented, "Staff are very caring, they provide person-centred care to everyone," and "Timely referrals are made for advice and staff followed any instructions to ensure people's health care needs are met."
- There was a focus on learning and improvement. Staff were encouraged to develop their skills through training and personal development.
- The management team took on board people's opinions and views to make improvements.