

Beechcare (Thornbury) Limited

Beech House - Bristol

Inspection report

Beech House
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Beech House is a care home that provides personal and nursing care for up to 55 people. The service is provided in accommodation over two floors. At the time of the inspection, 51 people were living at the home.

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

Those people who used the service expressed unreserved satisfaction and spoke highly of all staff and services provided. Comments included, "I am so grateful to everyone, Beech House is indeed outstanding, brilliant and fantastic", "I would unreservedly recommend the home to others and would happily reside here myself", "It's absolutely gorgeous. Extremely good" and "Having had experience of other care homes I have been astonished at the standard of Beech House. This is very much my home now and a very happy one. After the first four days of being here, I called my daughter and told her I am definitely not coming home!".

The service provided an effective service. Innovative and creative ways to train and develop their staff was based on research and best practice guidelines to enhance quality and safety of the service provision. Improved practice and creative ways had been considered to encourage people who were reluctant to eat or may require help with specific dietary needs for example a soft diet. The home was decorated and maintained to a very high standard whilst maintaining a homely feel. People were consulted about the adaptation and design of their home and choice and preferences were respected. There were various areas to enjoy activity, events and personal private time. The service had been creative in developing areas of the home that would enhance people's wellbeing.

The service was exceptionally caring and put people at the heart of everything they did. We were introduced to people throughout our visit and they welcomed us. They were relaxed, comfortable and confident in their home. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that people's life experiences remained meaningful.

The service was exceptionally responsive to people's health and social needs. People received person centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was very well led. The whole staff team had been incredibly proud when they received their outstanding CQC rating in January 2017. The provider, registered manager, deputy

and staff team maintained a clear focus on continually seeking to improve the service people received. Everyone demonstrated strong values and, a desire to learn about and implement best practice throughout the service. Good quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

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

Rating at last inspection

The last rating for this service was Outstanding (published January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was exceptionally caring.

Details are in our well-Led findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our well-Led findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Beech House - Bristol

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Beech House is a 'care home'. People in care homes receive accommodation and nursing and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with thirteen people who lived at the service and five relatives. As part of their ongoing quality assurance, people, staff and relatives were encouraged to write reflective accounts of their experience using the service. We have referred to these in our report. We spent a period observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia. We spoke with eight members of staff, as well as the director, registered manager and deputy.

We looked at five people's care records, together with other records relating to their care and the running of the service. This included six staff employment records, policies and procedures, complaints, audits and quality assurance reports.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People and relatives consistently told us they felt they were in safe hands. Comments included, "I woke up on my first morning with an immediate sense of security and relief", "All staff irrespective of their role were extremely welcoming and made every effort to ensure that my parents felt immediately at home and secure in their new home", "I do feel safe, yes. They double check the windows and doors at night before pulling the curtains", and "I feel safe because the staff are lovely, friendly and have your interests at heart".
- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, diabetes management, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, nursing beds, mobile hoists and equipment to help people shower and bathe safely.
- Up to date emergency plans were in place to ensure people were supported in the event of a fire.
- There was a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Staff understood the processes to follow to safeguard people in their care. The registered manager and staff recognised their responsibilities to raise concerns when they suspected an incident or event that may constitute abuse. Agencies notified included the local authority, CQC and the police.
- People were supported by enough staff with the skills, experience and knowledge to meet their needs. Staff rotas were well managed and were planned in advance.
- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were enough numbers of staff on duty. People told us they understood that sometimes they might have to wait for assistance, but 'on the whole this wasn't for very long'.
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Using medicines safely

- We asked people if they were happy with the way their medicines were managed. Comments included,

"The nurse brings the tablets and makes sure you take every single one. She sits with you and talks with you while you take them", "I get pain relief as I need it. I ask on the medication round and never have to wait long", and "They are very good with medication. They wait with me whilst I take it. My Thyroxine is timed and they are good with that".

- If people wished to manage their own medicines they were supported to do this and risk assessments and audits were in place. People had secure facilities in their rooms and staff monitored stock levels to make sure medicines were being taken as prescribed. One person who self-medicated, told us, "I am happy with how it works, I feel in control and yet safe with staff checking in".
- Policies, procedures, records and practices helped ensure medicines were managed safely. There had been no significant errors involving medicines in the last 12 months.
- Medicines were administered by nurses who had completed their medication competency assessment and received regular updates based on best practice guidelines.

Preventing and controlling infection

- The home was exceptionally clean and well maintained throughout. There was a head of housekeeping and a large team of ancillary staff. They worked cohesively and were proud of their contribution to the environment people lived in.
- The infection control nurse champion told us, "I have a lot of opportunity to teach, supervise and support our team members. My recent new role of infection prevention and control means I have more opportunity to make our home safer for our residents, visitors and staff".

Learning lessons when things go wrong

- Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented.

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 the last inspection this key question was rated as Good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People's needs were consistently met by staff who had the right competencies, knowledge, attitudes and behaviours. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. People told us, "They are all very well trained. They seem to go to a lot of courses", "Yes all staff are well trained and skilled. I couldn't wish for a better place" and "They are all super and know exactly what they are doing".
- The provider considered innovative, creative ways to train and develop their staff based on research and best practice guidelines to enhance quality and safety of the service provision.
 - One example included the use of the Virtual Dementia Tour (VDT) training. PK Beville designed a simulator in 2001, with the hope that it would provide a person with a healthy brain the experience of what dementia might be like. Staff were extremely positive about the training and how it had helped them. Comments included, "I felt vulnerable and threatened by the experience. It has given me a better insight about what each person is going through", "The experience made me understand more about how the person feels and how I approach a resident with dementia when speaking to them or by touch" and "I felt vulnerable by the lack of control I had. It was very thought provoking and a very powerful experience that will stay with me". The training was provided to the whole staff team and had a significant impact on care and service delivery throughout.
 - One staff member spoke with us about the VDT training. Part of the 'virtual' experience included, wearing shoes that felt uncomfortable, the insoles of the shoes simulated the experience of some people living with dementia. The staff member had read articles that explained how this could account for some people who would try to take their shoes off all the time. In addition to relieving a person of these feelings of discomfort, removing their shoes was a potential risk to slips and falls. Research had shown that 'super soft' specialist insoles helped reduce this feeling and the registered manager purchased them for those people affected. The staff member told us this had been a positive intervention and people had kept their shoes on since wearing the insoles.
- The service recognised the importance of increased awareness and transparency in mental health and wellbeing. The provider wanted champions to have the skills to support, people, their relatives and staff. Initial training had been booked to commence this autumn for two staff to become champions. The course is designed to provide improved listening skills, tools and techniques to be the first response to someone in need and if necessary signpost them for any further support needed.
- In addition, the registered manager had researched the benefits of alternative therapies. This was particularly with regards to relieving anxiety and stress, not only for those who had dementia but also to people who were receiving palliative care. All staff had received hand massage training so that this could be

provided at any given time and when needed. Research supports the soothing touch of a hand can evoke feelings of reassurance, trust, protection and relaxation.

- Staff felt they were supported by the registered manager, deputy and fellow colleagues. Additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve. They discussed the people they cared for, any professional development and set themselves objectives.
- Staff were constantly encouraged and supported to progress within the organisation and develop new skills. They were proud of their achievements and wanted to be excellent role models.

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

- Since the inspection of January 2017, the service had considered how they could further enhance people's long-term health needs. The service now had a diabetic nurse champion. This role had been instrumental in improved diabetes management for people. The champion was very passionate and proud about their role and achievements to date. They told us, "Undertaking the role as the diabetic champion has involved liaising with community specialists, staff and residents and putting many new and important things in place whilst raising awareness". The nurse had considered changes to reflect a person-centred approach. This included the provision of individual 'hypo boxes' where people had chosen preferred sweets, snacks and soft drinks should their blood sugar levels drop below a healthy level. Other new improved initiatives included, an improved diabetes audit tool, new policy and procedure based on local and national protocols, further development in person centre care plans, a foot care assessment and monthly review for people.
- In addition to having registered nurses, senior care staff had received clinical skills training since the last inspection. These skills included, taking temperature, pulse, respiration and blood pressure and understanding what the readings meant. They were also able to measure oxygen levels, conduct basic neurological assessment and observation and blood sugar monitoring. They had been trained to record the data in the updated version of the National Early Warning Score (NEWS) 2 tool. This was developed by the Royal College of Physicians (RCP), to improve the detection and response to clinical deterioration in people and was a key element of people's safety and improving outcomes.
- The registered manager shared with us a new example of assessing needs and evidence of delivering an effective outcome where real advancements had improved people's health and wellbeing. New oral assessments for people had been implemented in accordance with the NICE Guidelines. The registered manager told us, "Every resident has had an oral check, their last dental examination date documented and, in some cases, residents hadn't been seen for many years. Our turnaround has been exceptional in recognising a shortfall in our practice". Subsequently NHS referral forms were completed, domiciliary visits requested, and some people were able to attend the dentist with staff support. The impact for one person was having treatment for a broken tooth that made their painful mouth better. Their diet improved and the choice of food increased as she was able to have a normal diet instead of soft. The oral assessments include the mouth e.g. oral mucosa and lips, frequency of changes of toothbrush has been noticed, as well as general oral awareness in staff handover.

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

- There had been an emphasis on the importance of eating and drinking well. Innovative methods had been sought to support those who were reluctant or had difficulty in eating and drinking. The service had considered various initiatives to promote and enhance 'Dining with Dignity'.
- This year staff had attended training in the International Dysphagia Diet Standardisation Initiative (IDDSI). This initiative was a collaboration between professionals and included, dietitians, speech and language therapists, food scientists, physicians, and nurses. The training provided staff with the knowledge to deliver improved nutrition and safety for those people who had difficulty in swallowing. The framework promoted a

person-centred approach to support people's needs and cultures.

- Following their dementia training staff had considered how colours play an important role in mood therapy. One staff member spoke with us about the colour yellow, a stimulating colour which is used to increase brain wave activity and cognitive function. Following the training the registered manager had supplied new yellow crockery to help assist at mealtimes. In addition, items were specialised such as plates with a surrounding integral lip so that food didn't slip off people's plates. This replaced plate guards which were considered 'demeaning and undignified'.
- Other new initiatives around eating and drinking had made a significant impact on people's health. Through the use of a hydration risk assessment tool, it was noted that a proportion of people were at risk or were dehydrated and had a fluid chart in place. There were many attempts to improve this, with the use of different fluids, more encouragement to drink, and increased monitoring. As a different approach it was agreed to purchase a 'soda stream'. People confirmed they liked traditional drinks such as ginger beer, lemonade and bitter lemon so these flavours were purchased. With this being a system based on cordial flavours any preference of flavour was purchased on request. This different texture (sparkling) and traditional flavours supported improved intake of fluid and several people had since been taken off their fluid charts because of the significant improvement in the hydration risk scores. Several more soda streams had been purchased because the impact has been so significant.
- The meals prepared and served to people had always been well received. Although there were menus, people were supported to choose whatever they wanted on the day. Drinks and snacks were readily available throughout the day.
- Comments from people included, "The food is excellent. There is enough to eat and drink and they offer more as well", "The food is well cooked, very adequate home cooking and I have wine at lunch on Sundays", "I asked for smoked mackerel and it's now available when I want it".

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

- Following the inspection of January 2017, the provider and registered manager had continued to look at further adaptation of the home to bring enjoyment that would benefit everyone who used the service. Through research and consultation with people, the home now had its own public house. This had been a resounding success and everyone was proud of 'The Chester Arms' (named after the home's resident cat and chosen by the residents), which had its grand opening winter 2018. Great care and planning had ensured the pub was authentic and it was evident that much thought had gone into the attention to detail. A relative had recently written to the registered manager and stated, "You have lovingly installed The Chester Arms and recreated a place from bygone years. Residents can feel part of the 1940's-60's era, which many of them still remember in intricate detail. Little touches that mean so much".
- Following the opening of The Chester Arms the men living in the home had asked for a men's only club. The club ran every other week, favourite bar snacks and beverages were enjoyed and the attendance was very good. They talked about chosen topics, local and national news, places of interest, family, life experiences and musical tastes. The maintenance person told us how they had thoroughly enjoyed facilitating and being part of the group at the 'residents' request. They had all forged good friendships with each other in the club and really valued getting to know one another individually.
- Many people had made friendship groups and had favourite evenings they liked to socialise and meet at the pub. One person told us, "I have made some very good friends and we meet at the pub two or three evenings a week". We saw various photos where people were enjoying pub games and quiz nights at the pub and people and their families could hire the pub to celebrate special occasions.
- Another new addition and communal space was the 'front parlour'. Once again this had been developed, designed and furnished to reflect a retro era. This room was used for high teas and socialising with friends and visitors.
- Large murals in other parts of the home continued to have a positive impact on people. Each was

interchangeable and memorabilia objects were added to suit the theme. These were perfect for creating conversations, sharing experiences and memories and people enjoyed sitting quietly passing the time of day and reflecting. In one unit there was a tranquil beach mural and memorabilia such as sun hats. This area could be screened off and was often used as a sanctuary to provide relaxation for people when they became anxious or distressed.

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

- Thorough assessments were completed for those who were considering moving into the home. The information supported the registered manager and prospective 'resident' to decide whether the service was suitable, and their needs could be met.
- One relative said, "They made a significant effort to understand my parents' respective needs and to ensure that the support was appropriate and immediate once they arrived".
- Care and support was reviewed and evaluated so that people received support that was responsive, and person centred.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the principles of the MCA, how to implement this and to support best interest decision making.
- Staff offered choice to people and asked for their consent when offering support.
- There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and they had arranged to go out. They chose to spend time in various lounges, the dining rooms, the pub, the parlour, conservatory, gardens and their own rooms. They engaged with various preferred activities and interests throughout the day.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

The registered manager, deputy and all staff were highly motivated and inspired to offer care that was kind and compassionate. They were determined and creative in overcoming obstacles in achieving this.

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

- Following the inspection of January 2017, the service had continued to consider how acts of kindness and care would have a positive impact on people's lives and wellbeing. The provider, registered manager and staff demonstrated a determined, positive commitment to people and made sure they felt valued. Comments we received from people and family members included, "Above all there is an atmosphere of genuine concern for our happiness and welfare", "Nothing is too much trouble, one only has to ask", "I have been humbled by their dedication and human kindness" and "I am absolutely happy with the care, it's very good".
- Throughout our visits we heard about the 'small things' that gave 'simple pleasures' and further demonstrated the caring, kind philosophy of the whole home. The following are just some of the examples we found.
- Many people missed their pets when moving to Beech House. Traditional methods of pet therapy had always been well received where visitors brought in their dogs and the home had two house cats and a tortoise. The registered manager had considered alternative methods and the benefits of robotic pet companions. Several companions had been purchased and could be found around the home and with individuals for personal use. They had proven to be very popular. The companions had eased anxiety, reduced feelings of loneliness, and improved overall quality of life.
- We were told about one person who had become bed bound, she was no longer able to sit out and had previously joined in with trips and activities. She mentioned to a member of night staff that she would like to listen to 'proper music' and went on to tell her who she liked to listen to and how it brought back memories when courting her husband. Later the staff member had walked past a local charity shop and there in the window was a small stereo which did not cost much. She purchased it and brought it in to be checked by the maintenance team, she then presented it to the lady who was 'over the moon'. The maintenance person put it all together, mounted speakers on the wall and a shelf for all her CD's. Other staff members would talk to her about what she liked and would also buy her CD's from a charity shop or car boot sales. These were of minimal cost but a great deal of thought and kindness to this lady had made so much difference.
- A new call bell system had been recently installed. The provider had looked at different systems and their features to ensure people and their needs were considered. The new system had advanced technology so that the volume and tone at night times could be adjusted to avoid disruption to other people as much as possible.

- One gentleman had a bad allergy to wasp stings. The garden was the pride and joy of the home, people experienced much pleasure from the gardens and the events and pastimes held there. It was important everyone had access to enjoy it. The registered manager had purchased fake wasp nests which had proved to be a successful deterrent from wasps building a nest and had reduced wasp activity.

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

- The service continued to have a strong, visible, person centred culture and was exceptional at helping people to express their views. People told us, "We are encouraged to make the day what we want" and "We live our lives just as we want to, it's all about making choices".
- Since the inspection of January 2017 recruitment procedures had changed to ensure that people were given the opportunity to be involved in this process. Four people had expressed a wish to facilitate recruitment. We were told about two potential candidates that were interviewed and how one was found not to be suitable by a resident. The other candidate was found to be 'most suitable', the person interviewing told the registered manager later, "She had a wonderful nature".

Respecting and promoting people's privacy, dignity and independence

- Dignity and respect was at the heart of everything when delivering any care and support to people, family members and each other. Recently dignity had been considered around moving and handling people. Direct observation from the homes moving and handling assessor considered not just people's safety but that any support provided was managed in a dignified way. New portable privacy screens had been purchased to promote dignity and respect in communal areas.
- Following the VDT training, the maintenance team and head of housekeeping had considered how their roles caused noise disruption and how interpretation of noise was heightened for those people with dementia. They had considered daily routines and times when using equipment such as tools and cleaning equipment to cause minimum disruption and anxiety to people.
- Staff were proud of their approach towards people, they always made time for people and had good listening skills. We saw various examples where dignity and respect was promoted. When offering support staff spoke politely and made efforts to ensure they were at the person's eye level. They discreetly offered to help people with sensitive needs for example assistance at mealtimes and when using toilet and bathroom facilities. One relative commented, "I have never once heard a raised voice, only respect which is certainly a great accolade to all staff".
- There was a strong sense of empowering people wherever possible and providing an environment where independence would be encouraged and celebrated. Staff were exceptional in enabling people to remain independent and gain skills in independence. Through continual assessment and monitoring staff were able to identify if people's conditions had deteriorated and take appropriate action. An independent physiotherapist was employed. This meant people had on-hand expertise and continual assessment. People had easy access to help in restoring movement, rehabilitation and reducing the risk of injury or illness.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- Staff remained committed, proud and privileged when providing end of life care that was person centred and respectful. We read heartfelt comments from families who had recently lost loved ones. They wrote, "During her final days, her care was dignified and compassionate and she was able to die peacefully", "Thank you for what has been a beautiful experience throughout these most important years of our lives", and "Dad told anyone who asked that in the circumstances he couldn't have been in a better place. You cared for him with kindness, patience, dignity and respect".
- The registered manager spoke with us about how they had been further enhancing a person-centred approach and ensuring people and their families felt comfortable and confident to plan ahead so that choices and preferences were respected. Recently one person receiving end of life care had asked the registered manager to help assist with planning what they referred to as their 'going away outfit'. They told us they had felt honoured to be involved and that the person was admirable in bringing humour and laughter to the whole process and what they chose to wear when they had passed away. In addition, they had asked to be supported to buy cards and presents for family members to receive after their death. It was evident in conversation with the registered manager that she was proud to have supported this person in such sensitive matters.
- The deputy was the end of life champion. The registered manager and deputy were continuously sourcing ways to further enhance people's experience when receiving end of life care. This autumn they had been invited to join their local hospice in the ECHO project which will be running from October 2019 to July 2020. Project ECHO brings together communities of healthcare professionals for learning and support, with the goal of improving care through collaborative working and problem-solving.
- The service anticipated sensitive changes for people and family circumstances and supported them at times when they suffered feelings of distress when receiving bad or sad news. One person living in the home had recently lost their husband. They were being supported by staff and friendship groups. Staff had taken the time to find out what was important to this person to help maintain special memories and precious moments they had previously enjoyed with their loved one. There were many examples where staff ensured these things continued, for example, trips to favourite places, watching Children in Need on television eating pizza and giving them a gift, each Christmas relating to their favourite pop idol which was something their husband had done every year.

Meeting people's communication needs

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

impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard. Since the inspection of January 2017, the service had considered ways in which technology could assist in effective communication, comprehension, and orientation. There had been several new additions to the home to help assist people with this. Several large digital calendar/clocks for those who were vision impaired or had memory loss had been provided and had helped to orientate people in the date and time. They had two electronic tablets and laptops for people to use.
- During the harvest festival service, we saw one person was supported by a member of staff who used an electronic tablet with large font so that they could read the words to hymns and join in the singing. The home had purchased three voice-controlled computing devices that connected to a 'Voice Service'. This service provided responses to questions, played music choices, reported on the weather, news or sports scores and much more. The registered manager told us the devices had been very successful in empowering people to communicate personal choices and interests, whilst promoting independence.
- Care plans had a section 'important information' and staff could see at a glance whether someone had difficulty expressing themselves or receiving information.
- Staff had received training to help understand non-verbal body language to help interpret how people might be feeling. Some people with dementia may have difficulty expressing if they were in pain. Staff used the Abbey Pain Scale which is used as part of an overall pain management plan. The Pain Scale is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs.
- The speech and language team continued to work alongside staff to help formulate care plans around effective communication.

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

- People and their relatives confirmed that activity provision both within the home and the community continued to be a resounding success. The registered manager told us, "We look outside of the box to make things happen". One staff member told us, "It's all about knowing your residents and making it happen". There was a dedicated activities team who provided support six days a week. The ethos of the service was that people should be afforded every opportunity to live a normal life and enjoy those things that everyone has a right to. Ideas and initiatives to support this were constantly thought about and discussed with people and amongst staff. For the purpose of the report we have shared a few examples where activities remained innovative and met people's individual needs and preferences.
- One person had recently lost their husband. Staff told us she missed him terribly and this could cause them to become depressed and socially isolate themselves. She shared with one staff member how she used to dance with her late husband every week. The staff member had since taken the time to support this person in getting dressed into her favourite pink dress, getting her hair done, spending time dancing with her every Saturday night and playing her favourite music that she used to enjoy with her husband. She has since told staff that this makes her feel young, brings back lovely memories of her husband and enables her to feel part of the life in the home. There were occasions where she was low in mood, having found out that she and her husband were devout Christians, the staff member also makes time to sit and pray with the lady to support her individual religious beliefs.
- This year the registered manager had been approached by a medical professional who was conducting a study at the university of Bristol to support effective communication for people with memory loss through art and animation. Initially this had been a voluntary summer project but following its success the sessions were to continue. We were re told about some positive examples where people who previously struggled to communicate or verbalise their thoughts, had 'come alive'. The sessions were aimed at capturing significant events/memories through drawings and converting these into animated films. The registered manager told

us, 'The smallest steps were sometimes the greatest achievement'. Written feedback from the sessions included, "She was an excellent willing artist", "He appreciates the sessions and although he doubts his artistic ability he has some great stories", "One lady seemed to respond to her name being written down, she smiled" and, "One person talked about their parents and having a bakery shop and another shared stories about ships and farming. "

- The culture was inclusive whilst respecting people required private time to themselves. The provision of specialist seating had enhanced people's wellbeing and reduced the risks of social isolation. The registered manager told us about some of the responses she had received. One family was 'over the moon' because their relative was able to join in the Christmas activities. He now had full use and access to the home and went out with his family. One lady said she was very comfortable and felt safer. She was less anxious in comparison to sitting in a wheelchair where she felt as if she was falling all the time. This lady now joins in with all the activities, especially keep fit and sherry! Another lady said, "I like my own company but now I have the choice to stay in my room or join in with activities and social setting".
- Another new introduction to the home was the 'shop and chat' service. A mobile shop was taken to each person individually and this was used as an opportunity to have a one to one session with a staff member. This had been well received especially for those that preferred to stay in their rooms.

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

- The service was flexible and responsive in finding creative ways to enable people to live as full a life as possible. There were four people who required specialist seating due to safety and/or discomfort. Without this they would remain on bedrest or have the use of a wheelchair for very short periods. The service had ensured each person had been assessed and provided with mobile specialist seating. One person had been told by the NHS they could supply a chair but it could take four months. The registered manager felt this was not acceptable and sourced the seating independently.
- Any changes to people's needs were responded to promptly and appropriately. People had a continuous daily evaluation which helped identify any deterioration or change in people's health. People told us they received a responsive service from staff especially if they were feeling unwell. One person told us, "When I had a raised temperature, their observations were spot on, I had sepsis! Staff got a doctor, an ambulance and sent me to hospital in the middle of the night".
- The homes approach to care continued to be person centred and holistic. The care plans were informative and interesting. They reflected that people had been fully involved in developing their plans and people confirmed this. The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes.
- The registered manager, deputy and nurses continuously reviewed the planning, delivery and management of people's care and support. As a result, people continued to receive a service that was responsive, innovative and based upon a person-centred approach and best practice.

Improving care quality in response to complaints or concerns

- The registered manager's approach to concerns was thorough, open and transparent. They had considered other methods which would ensure an independent objective view had been taken and had involved other health and social care professionals where required. In addition, they had attended new training provided by the local authority. The concept of the training was based on using the E-I-E-I-O (Engage, Issue, Expectation, Impact and Outcome) tool. The registered manager told us the format provided an improved structure to help further ensure complaints were approached and dealt with effectively. One senior nurse told us, "Both the manager and deputy have an amazing way of talking to families and

resolving issues. I have learned so many new methods of dealing with situations, in their absence".

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 the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered managers philosophy of care was based on building bricks to create a wall that built a home for people based on quality and safety. Throughout the home we saw posters reminding everyone who used the service that "Residents do not live in our work place, we work in their home".
- Systems in place were sophisticated and contributed to the smooth, effective operation of the service whilst still retaining its personalisation. This was a large service with an equally large workforce, yet it felt inclusive and seamless. It was evident that the achievements were not down to one individual but had been achieved collectively with the involvement of the whole team.
- The registered manager was respected, trusted and empowered to make decisions and implement change to improve the service. Both the registered manager and provider recognised their roles and responsibilities and worked cohesively; the provider was receptive to new ideas and sought the registered manager's views.
- The registered manager recognised positive traits in all staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities to further enhance the service they provided. Staff members had taken individual lead roles and become champions. These roles had helped ensure the service was up to date with current best practice and legislation. The leads attended events, training and networked with other agencies to increase their knowledge and understanding. This helped them to develop improved systems in the home and further enhance person centred care. They also delivered learning sets for staff about these subjects and improved auditing to ensure better quality and safety.
- Investing in staff and their professional development was always supported and encouraged. This was key to ensuring staff felt valued and had the opportunity to progress their careers either within the organisation or with other health and social care partners.

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

- The registered manager and deputy demonstrated effective leadership skills within their roles. Their knowledge, enthusiasm and commitment to the service, the people in their care and all staff members was without doubt exemplary. They led by example and all staff embraced and shared their visions which ensured the vision and values were put into practice. We read two letters recently sent to the registered manager. They stated, "To you personally, the words thank you seem inadequate. You manage this first-class home and set the tone and style for your staff. I will be forever grateful to you" and "You are a class act,

generous beyond measure".

- We met with the director at the end of the inspection to discuss new proposals and initiatives since the last inspection. In addition, we discussed the continued vision of the organisation and their groupwide development, shared values, visions and ethos for each of their four homes. Work in progress included, introducing nurse associate roles to bridge the gap between nurses and care staff. This role would further enhance prompt access to medical health screening for people, including venepuncture, heart trace and monitoring, wound care, and healthy lifestyle support. A new apprenticeship programme was being developed to ensure it was be-spoke and personalised to the organisation, this will run alongside a vocational qualification.
- Systems in place continued to ensure services were reviewed and audited to monitor the quality and safety of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements or changes that were required. We looked at the quality monitoring reports conducted by the head of quality and care. The audits lent themselves to a thorough quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the registered manager and deputy.

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

- The service continued to be active in the local and wider community. The service had been proactive in challenging negative views around social care. Raising awareness about care homes and how they can be a positive place to live was paramount. New connections with the community had been made since the last inspection.
- One local network forum of mum's based in Thornbury had contacted the registered manager and asked if they could bake cakes for people's birthdays. This had been well received by people and we saw various photographs of people receiving beautiful, decorated cakes and cards.
- This year people enjoyed their street parade for the Thornbury Carnival. They made and decorated a banner and joined in the celebrations with the rest of the local community.
- The home's gardening club was still very popular in the home and once again they had entered the Thornbury in Bloom competition. They were elated to hear just after the inspection that they had won an award for the third year running.
- The service continued to promote and encourage open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis.
- Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. Meetings were effective, meaningful and enjoyed and decisions made in the home were influenced by everyone who used the service.

Working in partnership with others

- The service prided itself on how it continued to work in partnership with other organisations to make sure they were following current best practice, promoted joined up working and shared new initiatives and ideas. In addition to the ECHO project and the art and animation study, the registered manager had been approached and supporting two further projects. One of the current projects they had enrolled in will be conducted by the University of Bristol. The aim of the study is to ascertain if unpaid work can be meaningful and rewarding for 'residents', their families as well as the volunteers. This was something the registered manager strongly advocated and supported and they believed they could contribute to the study effectively. There was a large following of volunteers at Beech House. Volunteers were family members of people who

previously used the service and students. Some volunteers were there for work experience and had progressed to become doctors, dentists and nurses. Many kept in touch with the registered manager and shared their news and progress. One volunteer now lived at the home. This spoke volumes about the credibility of the home and the trusting relationships fostered over time. The whole staff team were proud and passionate about ensuring volunteers felt welcome, part of the team and valued.

- A student from Bath university was also involving the home in a study about people living in care homes and using hand held technology and whether there were risks to social isolation.
- Local NHS clinical commissioners had asked the registered manager to link up with another care home who required help and support to improve their services. The registered manager attended local provider and care home forums and linked up with other local home managers.
- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.

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 provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved. One staff member told us, "The manager and deputy have a relaxed, honest and flexible approach to managing their team and are given the respect they deserve from us all. We can all walk through the open door of their office and talk about anything and everything, and, our opinions are listened to".