Mrs Bridie Kalliga and Mr K Kalligas

Beechwood House

Inspection report

202 Woolley Bridge Road
Hadfield
Glossop
Derbyshire
SK13 1PQ

Tel: 01457867268

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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

Summary of findings

Overall summary

Beechwood House provides accommodation for up to 10 older people, some who are living with dementia, who require personal care. There were 8 people using the service at the time of our inspection.

This inspection took place on 10 October 2016 and was unannounced.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments. The records had been updated to reflect changes in people's care needs. Medicines were managed safely. People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Legal requirements had been followed consistently where people were potentially being restricted. People told us they enjoyed their food and we saw meals were nutritious. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People and their relatives told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. Relatives were involved in the planning of their care and support. There was a range of activities and events available to enable people to take part in hobbies and interests of their choice. There was a clear procedure for the management of complaints.

The leadership of the service was praised by external professionals and relatives and communication systems were effective. Systems to monitor the quality of the service Identified issues for improvement. These were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

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.

Staff were deployed effectively to ensure people were assisted in a timely manner. Staff followed the guidance in people's risk assessments and care plans. Medicines were managed safely. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable staff were employed.

Is the service effective?

Good

The service was effective.

The provider had established people's capacity to make decisions and ensured they had given their consent to their care. Staff had received training to provide them with the knowledge to meet people's individual needs. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

Is the service caring?

Good

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff

Is the service responsive?

Good

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion.

Is the service well-led?

Good

The service was well-led.

There was a registered manager at the service. Systems in place to monitor the quality of the service were effective. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

Beechwood House

Detailed findings

Background to this inspection

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

This inspection took place on 10 October 2016. The inspection team was comprised of one inspector and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at all of the key information we held about the service which included notifications. Notifications are changes, events or incidents that providers must tell us about.

We received written information from the Local Authority's contract monitoring officer prior to our visit. We spoke with six people using the service and one relative during the visit. We looked at two people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and recruitment records. We spoke with the registered manager and three staff. We also spoke with two health and social care professionals and three relatives by telephone following our visit.

Good

Is the service safe?

Our findings

People told us they felt safe living at Beechwood House. One said, "It's not home, but I feel safe. I don't want to be in a home, but this is very comfortable, very good." Another person told us, "They were very good with me, very kind, it feels like home … yes, I'm safe." Another said "It's very good. I'm always pleased to see them, they don't mistreat me for sure, very kind and helpful." Relatives also confirmed they thought their family members were safe. One said, "(Family member) is safe here." External professionals also said people were safe and two told us they had, "No concerns," about the service.

Our observation confirmed people were supported safely when care was provided, for example, when moving around the building. We saw staff acted promptly and considerately when offering support and encouragement as required to ensure people were safe whilst maintaining their independence.

Staff understood the procedures in to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. The provider was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care because they were aware of the provider's whistle-blowing policy. This helped to ensure any suspicions of abuse were reported and people were protected from unsafe care.

People's care plan records showed that risks to their safety associated with their health needs, environment and equipment were assessed before they received care and regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed to ensure the information was up to date and reflected people's current needs. For example, one person had a risk assessment for swallowing problems and another had a specific risk assessment for from falls. However, the reviews did not consistently contain sufficient details to reflect the outcome. For example, one nutritional assessment recorded no change since its original completion so it was unclear if this had been fully evaluated. We discussed this with the manager who agreed to look into this and improve recording. We found there was clear guidance on how to safely support people in the records we looked at, for example, equipment used to support people's mobility needs. This helped to make sure that people received safe care and support.

Staff understood people's safety needs and we observed that they supported people safely when they provided care, for example, when they supported people with their medicines and when mobilising. Where people were assisted to move we saw any potential hazards were removed first and equipment was used safely. Staff training was updated as people's needs changed. The provider had designated one staff member to oversee moving and handling practice and ensured they had completed additional training for this role. Risks to people's health and well-being were well managed.

People told us there were enough staff available to assist them. One person told us, "There's no need to wait, staff are not too busy." Another said, "There are usually two staff on at night. I press the buzzer and they come quickly."

All the staff we spoke with told us staffing numbers were adequate to meet people's needs. They told us that rotas were planned to provide sufficient number and skill mix of staff and that staffing arrangements were sufficient for them to perform their role and responsibilities. External health professionals also confirmed there were sufficient staff available to meet people's needs. One said there were "Always people around to help."

We saw there were always staff available in communal areas and they responded to requests for assistance in a timely way. We looked at rotas for the period 3 October 2016 – 10 October 2016. This showed us that were two care staff available during the morning, afternoon and night shifts. We saw the number of staff available during the inspection was consistent with the rota seen. Where any absences were identified, the rota showed that cover was usually obtained from within the existing staff group and agency staff were used if this was not possible. The provider ensured there were sufficient staff available to work flexibly so people were safe.

People's medicines were safely managed and given to people in a way that met with recognised national practice standards. People told us they received their medicines when needed. A relative told us they were pleased with how a medicines issue had been sorted out to prevent their family member continuing to receive a medicine that did not suit them. They said, "It's now fixed and I'm confident they won't ever get it (medicine) again."

Staff were able to explain the procedures for managing medicines and we found these were followed; for example, staff knew what to do if an error was made.

Staff approached people discreetly when they needed to consulted with them about their medicines. For example, we saw that staff checked whether people needed their pain relief medicines before they gave them. People were offered a drink of water with their medicines and staff responsible checked with each person to make sure they had taken their medicine before they recorded it had been given. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. This meant people received their medicines according to the prescriber's instructions.

Staff responsible for people's medicines received appropriate training, which was updated when required. This included an assessment of their competency to administer people's medicines safely. Medicines were stored at the correct temperatures to ensure they were safe to use.

We found the environment was free from hazards and people were able to move about safely. The premises were clean, tidy and odour free. The provider therefore ensured the premises were safe for people living there and visitors.

Good

Is the service effective?

Our findings

People told us they were well looked after. One said, "I've been here a few years. They look after me very, very well to my satisfaction." Relatives also told us they were pleased with the way staff looked after their family members. One told us, "I'm impressed with the quality of the care," and another said, "I'm very pleased with the care, I really am." External professionals also confirmed people were well cared for. One told us, "They take very good care of (the person)"

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular training, supervision and support to carry out their duties. All of the staff we spoke with said they were required and supported to attend regular training relevant to people's care needs. Staff spoke positively of the arrangements for their training and support. For example, one staff member said, "It's seems as if we're always training." Staff told us they received supervision and found this useful. One staff member said "Any problems get sorted." New members of staff confirmed they received sufficient guidance at the start of their employment through the provider's induction programme. Records confirmed an induction programme was completed at the start of employment.

Staff also demonstrated a thorough and detailed knowledge of people's individual needs, preferences and choices. Staff described the access to training as good and said they had received training in areas relevant to the needs of people using the service, such as dementia. We saw that staff were skilled in reassuring people and maintaining a calm atmosphere.

Training records showed staff were up to date with health and safety training and they identified which staff needed refresher training. This meant staff were able to provide effective care based on the support and training they received.

People were supported to make choices and asked for their consent whenever they were able. We saw staff asked for people's consent to care or support. The records of people who were not always able to consent to their care or make important decisions about their care and treatment because of their health conditions showed an appropriate assessment of their mental capacity. There was also a record of any decisions about their care and treatment made in their best interests.

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.

We checked whether the provider was working within the principles of the MCA. There was information in people's records regarding mental capacity assessments and whether decisions made were in the person's best interests. We saw specific decisions recorded, for example, in relation to people's medicines. This indicated that consent to care and treatment was being sought consistently as outlined in the Mental

Capacity Act 2005.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted for their safety. They told us they had received training in this area and records we saw confirmed this.

We found applications had been made to the appropriate authority for the people where these restrictions were assessed as necessary. The outcomes for others were not yet known. The provider was therefore meeting the requirements of the MCA.

People told us their health care needs were met. One person said, "A nurse comes in to clean my legs and staff put stockings on." Another said, "I'm quite satisfied with my health, I'm fit and well with no aches and pains." People also told us medical assistance was called when needed, "Doctors come here, they're not too bad, it doesn't take long," and another said, "The doctors have been very quick and I'm happy with it."

Relatives told us they were pleased with the way health needs were met. One relative told us, "From what I can see she's content, and that's an achievement. I'm happy that (family member) is getting the very best care here. I didn't think we'd settle (family member) here but they've been very kind." Another relative told us they were pleased with the way their family member had improved since using the service. They said, "She's improved so much," and told us the person's mobility had improved and they were socialising more, which had had a positive impact on their general well-being. A third said they were very pleased with the way the manager had assisted in a hospital discharge and how the person had improved since returning to the home and, "Looked so much better."

We also saw staff actively looked for any changes which might indicate a medical problem. For example, the doctor was called to see someone where staff had noticed a change in their condition. External professionals told us they were called when needed and that the home acted on their advice. One told us the person they were involved with had, "Come on brilliantly," since using the service.

People told us they liked the food. One said, "The food is okay. Another person said, "There's more than enough, I can't eat it all," and another said, "The food is good." Relatives also told us they thought the meals were good. One said, "(Family member) is a very finicky eater, I believe she's put on quite a few pounds since being here." Another told us their family member was, "Eating a wider variety of food and her weight has remained stable."

We saw the lunchtime meal looked appetising, although due to the small number of people using the service, there was no choice on the menu. However, if people did not like what was available an alternative was offered. We saw one person was provided with an alternative to the menu. One person said, "There's no choice, I have what they bring me. Occasionally I might get a choice of something at tea time" and another said, "The food is adequate, I can get what I want."

Good

Is the service caring?

Our findings

We found staff were caring and people were appreciative of staff and their helpfulness and friendly attitudes. Everyone we spoke with said they had a good relationship with the staff. One person told us, "They are very friendly and kind." One relative told us "Staff make you feel welcome." External health and social care professionals praised the care provided and said staff were caring and compassionate. One told us, "Staff are always very helpful." Another described staff as "Lovely." The provider was therefore ensuring the service and its staff were caring and compassionate.

People told us their privacy and dignity was respected. One person said, "Privacy and dignity were a big concern for me because of my particular needs but I discussed it with the carers and they deal with it properly." Another said, "Privacy and dignity is okay." Relatives also told us privacy and dignity was respected. They told us people were treated with respect and approached in a kind and caring way. One relative said, "The carers are sensitive to (health need) and make her (family member) more comfortable, they are discreet and she's better with it." Another said, "They are very patient and ensure (family member) is dealt with carefully."

We saw staff respected people's dignity, privacy and choice. Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions. All staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this – closing curtains, approaching people quietly, covering people when they received personal care and supporting people to spend their time as they choose. People's care was provided in a dignified manner.

We saw people were offered choices in their daily routines and that staff encouraged independence. Relatives confirmed people were offered choices and said staff communication was good and enabled people to choose. One said, "They always ask before doing anything and offer a choice." We saw staff involved people in daily conversations about the support required. For example, we saw staff being patient and encouraging when a person needed assistance to go to the toilet. Staff were able to describe how they offered choices to people, for example, regarding what to wear and how they would like to spend their day. One staff member said, "We listen and try to do what people want." When people refused options, such as joining in activities, their choice was respected.

People were listened to and were comfortable with staff. Relatives also told us their views were listened to and they were able to give examples of how people were treated on an individual basis. For example, one relative told us staff ensured their family member was encouraged to socialise and be involved in hobbies of their choice. Another told us "Anything you ask for, they'll (staff) do."

External professionals confirmed people were treated respectfully. People therefore received care and support from staff who were kind and that met their individual needs and preferences.

People and their relatives were involved in their care planning. One person told us, "There's a care plan

that's been done since we came in." Relatives we spoke with were aware of their care plan and confirmed they had seen a copy. One relative told us, "We're very involved with the care." Where required, people had an advocate, which ensured people's views were represented.

People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. Records we saw showed reviews of people's care involved family and people important to the person.

Good

Is the service responsive?

Our findings

People were supported to follow their interests and take part in social events. We saw people being encouraged to take part in conversations and in an exercise session. One person told us, "I'm quite satisfied with my life here," and another said, "I read a lot. They come in every so often with books (from the library), plenty to choose from." Another said, "There's a church across the way. We have a fellow who comes from there to chat. I can go across there too." Another person said, "I go out for a walk every afternoon."

Relatives we spoke with confirmed that people were involved in activities and one told us "(Family member) joins in much more now." People's preferences were respected and if they did not want to join in a specific activity, this was upheld. One relative told us "They always offer for (person) to leave the room if he doesn't want to join in."

People's religious needs were catered for through involvement with local churches and regular services at the home. The manager also told us how they had accessed a religious minister for one person whose spiritual needs differed to the majority of people in the home. We also saw where people did not want to participate in religious services that this was respected.

We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms. A health professional we spoke with confirmed that staff knew people well and were able to accommodate their preferences.

We observed the staff handover between shifts. This demonstrated that staff knew people well and were able to give detailed information to colleagues. For example, information from the district nurse was passed on and one person's food intake was discussed.

Staff knew people's likes and preferences and we saw these were recorded in people's care plans. This enabled staff to offer people activities and recreational opportunities that were more personal to them. We saw there was range of hobbies and activities available throughout the day to suit a range of individual interests. Books were provided and regularly by a local library and hobbies such as knitting were encouraged and supported. We saw people engaged in knitting and reading. Throughout the inspection we saw people were actively involved in a range of interests of their choice. A relative told us, "They treat people as individuals."

People and their relatives told us they knew how to make a complaint. One person said, "I would talk to the manager" and another told us, "You only have to say and they'll alter it for you." People told us there had been no need to make a complaint but were confident any complaints would be dealt with in a courteous manner. One person said, "Certainly no complaints about care here." A relative also told us, "I have never had to make a complaint."

We looked at the provider's complaints procedure. It was given to people when they started using the service. No formal written complaint had been received in the previous twelve months. The manager told us

any minor areas of concern were usually raised in individual discussion with people or in meetings. She told us these were addressed promptly. Records from meetings confirmed this. This meant people's concerns were addressed at an early stage.

Good

Is the service well-led?

Our findings

People and their relatives felt that staff and the manager were approachable and open to listening to their suggestions or concerns. One relative told us "I'm always made welcome when I come." Two relatives told us, "I can't fault the place" and another described the manager as, "Very good and on the ball." We saw surveys had been completed by people in December 2015 that showed good levels of overall satisfaction.

There was a registered manager at the service. The manager understood their managerial and legal responsibilities, for example, when and why they had to make statutory notifications to us. We had received notifications for people who were being deprived of their liberty under the DoLS, as legally required. People's personal care records were safely stored and well maintained. The provider was therefore ensuring that the service operated efficiently.

External professionals praised the leadership of the service. One said they had an open and honest relationship with the service and described staff as "Knowledgeable" about the people they were caring for.

We found the provider had gathered relative's views on the service and used their comments and opinions to monitor and improve the quality of the service. Surveys had been completed in 2016. All the responses we saw were positive. Comments included, "Staff are a great balance of cheerfulness, friendliness and caring" and "Run efficiently." The manager also told us that one person's suggestion about having a shop for toiletries and everyday items had been implemented. Feedback received demonstrated the provider was providing a good quality service and was taking people's needs and wishes into account to develop the service.

The service had a clear set of values which were central to any developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice. Relatives praised the service highly for employing carers who demonstrated these qualities on a daily basis. One relative told us, "Staff are really cheerful and caring." An external professional told us, "Everyone is always very professional, they are really good and welcoming."

All staff spoke positively about working at the service and praised management and leadership at the home. One told us, "I enjoy working here" and another said "The manager is very approachable." We saw staff had completed surveys in July 2016. These provided positive feedback and included comments such as, "The manager will listen to staff problems," and "The manager will act on things straight away." They confirmed they felt valued and told us they were encouraged to improve their skills and knowledge, for example, in dementia and by undertaking qualifications.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, they knew how to report accidents, incidents and safeguarding concerns. They told us they were provided with relevant policy and procedural guidance to support their role and responsibilities. Staff said they were regularly asked for their views about people's care in staff group meetings and one to one

meetings. Staff also felt able to raise concerns or make suggestions about improving the service. One told us of a suggestion they had made about starting a film afternoon that was acted on promptly. The provider was therefore proactive in obtaining staff views and opinions to improve the service.

The manager told us they had established links with the community, such as the local church and a community friendship group, and supported people to use local facilities such as pubs and shops, where possible. They also maintained professional contacts with relevant agencies such as local medical centres, hospitals and social services. They also told us teamwork within the staff group was important and that they valued the staff working at the service, for example, by sharing compliments received with them.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as health and safety and people's records, had taken place in the last twelve months. It was clear what actions were required as a result of the audit, for example, where information was missing on medicines records, this had been addressed. A falls analysis was undertaken in 2015 that identified root causes and there were specific actions identified for individuals; for example, ensuring additional equipment was provided. The premises were maintained safely; for example, we saw external agencies had checked gas safety in December 2015, fire alarms in May 2016 and portable electrical appliances in August 2016. The provider had systems in place to ensure the service operated safely.