Anchor Trust

Beechfield Lodge

Inspection report

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Date of inspection visit: 15 July 2014
Date of publication: 29/12/2014

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We carried out this unannounced 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, and to provide a rating for the service under the Care Act 2014.

Beechfield Lodge is a residential care home based in Salford, South Manchester. The home provides residential care for up to 59 people and is owned by Anchor Housing. Some people who lived at the home suffered from dementia. All the rooms are for single occupation with the majority having en-suite facilities of a toilet and sink. There are some larger en suite rooms with showers and kitchenettes. On the day of our inspection there were 48 people living at Beechfield Lodge.

The home was divided into three areas known internally as The Lowry, Buile Hill and The Keys.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

People received the information they needed to help them to make decisions and choices about their care. People's views and wishes were incorporated into their plans of care. Care plans showed they had been discussed with the person or their representatives, with individual quotes from people who used the service captured during the care plan review process.

People's privacy and dignity was respected however we saw two instances where it was not. Examples of this were when one person was seated outside the toilet whilst it was used by somebody else and the staff member walked away and did not return for some time leaving another member of staff to assist this person. On another occasion a toilet door was left open whilst one person was assisted to the toilet.

We spoke with one person in their bedroom who was enjoying watching the television. We observed there was a strong, overpowering smell of urine with a wet patch on the floor next to a urine bottle which appeared to have been spilt. The manager told us this was often done intentionally by this person however there was no mention of this in the care plan or risk assessment as to how it was being managed. Observation checks had also been undertaken by staff but with no mention of this incident in the notes.

We observed the lunch periods in Lowry and Buile Hill and observed good interactions between staff and people who used the service. We saw evidence staff understood people's care requirements with sufficient numbers of staff available to assist people with their nutrition and hydration.

People who were able to express their views verbally felt they received effective care and support to meet their needs. The care plans we looked at showed people who lived at the home, or their representatives, were involved in the assessment of their needs and planning of their care.

The home was responsive to people's individual and changing needs. The registered manager told us additional staffing had been provided since April 2014, with an additional member of staff added to both the day and night shift. The register manager told us; "This has made a huge difference".

The registered manager demonstrated a good knowledge of the people who lived at the home. Throughout the day we saw both the registered and deputy manager talking with people who lived at the home and staff. Everyone looked very comfortable and relaxed with the managers.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005. The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. There were six people living at Beechfield Lodge who were subject to DoLS. We saw robust documentation to show the necessary referrals and correspondence had been made with the local authority.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe at the home and with staff who supported them. We found appropriate safeguarding procedures were in place. Staff were clear about what may constitute abuse and how to they would report concerns. The staff we spoke with were confident that any concerns raised would be fully investigated to make sure people were protected.

People were protected against the risks of abuse because the home had a robust recruitment procedure. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults.

Is the service effective?

Good

The service was effective. We saw people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Each person's care plan contained a record of the professionals involved such as GP's, dentists, district nurses and opticians.

We observed the lunch periods in Lowry and Buile Hill. We saw evidence staff understood people's care requirements, with sufficient numbers of staff available to assist people with their nutrition and hydration.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005. The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. There were six people living at Beechfield Lodge who were subject to DoLS. We saw robust documentation to show the necessary referrals and correspondence had been made with the local authority.

Is the service caring?

Requires Improvement

Not all aspects of the service we caring. We saw two examples where people's privacy and dignity was not respected. Another person told us how staff did not always knock on their door before entry.

We spoke with one person in their bedroom who was enjoying watching the television. We observed there was a strong, overpowering smell of urine with a wet patch on the floor next to a urine bottle which appeared to have been spilt. The manager told us this was often done intentionally by this person however there was no mention of this in the care plan or risk assessment as to how it was being managed. Observation checks had also been undertaken by staff but with no mention of this incident in the notes.

Summary of findings

Is the service responsive?

Good

The service was responsive. The care provided was responsive to people's individual needs and changes were made to accommodate people's changing needs and wishes.

People's views and wishes were incorporated into their care plans. Each person had a care plan that was personal to them. Care plans we saw showed they had been discussed with the person or people who were important to them. We noted individual quotes from people were captured during the care plan review process about how their care had progressed.

People told us they knew how to make a complaint and were confident that any issues raised would be dealt with. We saw records of complaints that had been made. All had been thoroughly investigated and responded to with a written response given to the complainant.

Is the service well-led?

Good

The service was well-led. There was a registered manager in place who was open and approachable. The home's management was visible and demonstrated a good knowledge of the people who lived at the home. Throughout the day we saw both the registered manager and deputy talking with people who lived at the home and staff. Everyone looked very comfortable and relaxed with the managers.

Accidents and incidents were monitored closely. The home learnt from mistakes and made changes to ensure continual improvement. There was a system in place to audit care practices and make adjustments in accordance with the findings.

Beechfield Lodge

Detailed findings

Background to this inspection

This inspection was carried out by a lead inspector from the Care Quality Commission and an expert by experience. The expert by experience had personal experience of caring for older people.

The manager was registered with the Care Quality Commission and was available to assist us throughout the inspection.

Before the inspection we reviewed all the information we held about the home. At our last inspection in October 2013 the home was judged to meeting the essential standards. We also conducted a responsive inspection of the home in February 2014 due to concerns raised by members of the public. The provider was meeting the essential standards during this inspection.

During the day we spoke with six people who lived at the home, four relatives, four members of staff and a visiting professional. We were able to look around the building and viewed records relating to the running of the home and the care of people who lived there.

We were able to speak with people in communal areas and their personal rooms. Throughout the day we observed care provided in all areas of the home. We observed the main meal of the day in two of the three dining rooms and observed some organised activities in both the morning and afternoon.

Before the inspection we reviewed all the information we held about the home including the provider information return (PIR). This provided us with information about how the home felt they answer the five key questions. We also liaised with external professionals including the safeguarding and infection control teams at Salford Council.

In the part of the home known as The Lowry we carried out a Short Observational Framework for Inspection over the lunch time period. SOFi 2 is a tool to help us assess the care of people who are unable to communicate to us their experience of the care they received.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us; "I feel safe here because there are carers around and the same at night time. On the whole there is enough staff here. I've got four bell pushes and pull cords, one round my neck and the others around the flat".

We observed staff used safe moving and handling procedures when assisting people with poor mobility. We observed two members of staff using a hoist to move a person from a chair to a wheelchair. This transfer was carried out safely and sensitively with staff members ensuring the person was told what was happening throughout which kept them calm. We also overheard them say 'thankyou' to the staff and they had a smile on their face.

People who lived at the home, or their representatives, were involved in the assessment of risk and were able to make choices about how risks would be managed. We saw risk assessments had been completed to make sure people were able to receive support and care with minimum risk to themselves and others. One of the risk assessments we looked at stated that the person was at risk of falls. In order to reduce this person's risk, that was required to have their zimmer frame in close proximity to them at all times. We observed this was close to them during our inspection. Another person had a hip protector in place to keep them safe in the event of a fall and this was clearly recorded in their care plan.

Staff were aware of risks to people and the plans in place to keep people safe. We looked at three people's care records during our inspection. Care records we looked at identified where people were 'at risk' such as not eating or drinking sufficient amounts. Individual care plans described how these risks should be minimised such as referring to the district nurse or tissue viability nurse if they were at risk of developing pressure ulcers.

On the day of our inspection we observed there were sufficient staff to meet the needs of people who used the service safely. Staff on shift included the registered manager, deputy manager, six care assistants, two team leaders, an activities coordinator, a handy man and numerous kitchen and domestic staff. During the inspection we observed staff assisting people to stand, administering medication or sitting quietly and chatting with people in the lounge area. Staff did not appear rushed and carried out care tasks as required. A visiting professional said to us; "The majority of the time there is sufficient staff for safety".

The staff we spoke with were clear about what can constitute abuse and how to report concerns. Staff were confident any allegations would be taken seriously and fully investigated to make sure people who lived at the home were protected. One member of staff told us; "I have made a safeguarding alert in the past. I am confident it would be dealt with and have the phone numbers of other parties if I ever need them". A full record of any safeguarding referrals were kept in the office of the home and we saw an investigation had been undertaken against each alert or concern that had been made.

Staff we spoke with were up to date with current good practice around safeguarding vulnerable adults and with reporting procedures. Staff told us they had received training in recognising and reporting abuse. Records seen confirmed all staff received this training during their induction and also undertook a refresher course.

We saw that the home had a clear policy and procedure regarding safeguarding vulnerable adults. The policy provided guidance about the types of abuse that could occur and what action to take. We saw examples where the home had informed the Care Quality Commission and other relevant authorities when allegations of abuse had been made. The documentation showed us the registered manager had worked in co-operation with the appropriate agencies. We observed that this had led to a full investigation and subsequent action had been taken to minimise further risks to people living at the home.

People were protected against the risks of abuse because the home had a robust recruitment procedure. During the inspection we looked at the personnel files for five members of staff including care staff, kitchen staff and domestic staff. The files showed that there was a recruitment process which ensured that new staff had the relevant skills and were of good character. The recruitment procedure minimised the risks of abuse to people who lived at the home by making sure all staff were thoroughly checked before commencing employment. We saw all potential employees completed an application form which gave details about the person and their previous

Good

Is the service safe?

employment. The home carried out interviews, sought references from previous employers and carried out DBS (Disclosure Barring Service) checks before people started work.

We observed that paths were laid between the garden areas but some drainage grids were situated below the level of the pavement and could cause tripping hazards for people. The manager told us she would raise this with the maintenance man working at the home.

Good

Is the service effective?

Our findings

We undertook a tour of the building to ensure it was fit for purpose and had been adapted to meet the needs of people who used the service effectively. Room numbers and public areas were signed on corridors by the use of small but clear font plastic signs on walls. However because of the need to negotiate long stretches of corridors with bland, magnolia painted walls and identical doors, people may experience difficulty in orientating themselves within the building, especially those people who lived with dementia.

In order to try and effectively create an environment for people with living with dementia, the lift between the two floors was of modern design with a large, clear faced, clock and digital display of the date and day. The lift also had a speaker system indicating the floor level, which reassured residents as they travelled between floors. There was also age appropriate music playing softly in the background for people to relate to and help them to feel calm.

People who were able to express their views verbally felt they received effective care and support to meet their needs. One person commented; "My needs are met here I'm quite happy". Another person added; "I get everything I need".

We looked at five care plans during our inspection. The care plans we looked at showed people who lived at the home, or their representatives, were involved in the assessment of their needs and the planning of their care. We saw that care plans were signed each month by staff and the person who lived at the home to say that the person had been involved in discussions about their care. For example, one person who lived at the home had been quoted as 'being very satisfied with the service provided'.

People were able to make choices about how they spent their time. We saw some people chose to socialise in communal areas whilst others preferred to stay in their rooms. One person told us: "I spend my days in my flat. I think my flat is very good. I've got everything I need here. The staff respect my wishes".

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Records showed people were seen by professionals including GP's, community nurses, chiropodists and opticians. A visiting professional said to us: "We are starting to review with the manager all the patients on our list on a weekly basis. Staff do report things to us. We're here on a daily basis giving insulin injections. There is a low bed sore rate which is quickly resolved. Staff are currently working with us on making easier access to patients' files. There's always drinks in the lounge when I come. There are input and output charts used. I've seen care plans and we do have access to them".

During our inspection we looked at the staff induction which focussed on the common induction standards for care (CISC). The common induction standards enable staff gain a thorough understanding of working in care. This covered the role of a support worker, personal development, communicating effectively, equality and inclusion, principles of care, health and safety safeguarding and person centred support. We spoke with four member of staff during the inspection. Each member of staff we spoke with confirmed they undertook the company induction when they first started working at the home. One member of staff commented; "It gave me a good introduction to working in care".

We looked at the training available to staff to support them in their job role. This was recorded on a training matrix and provided an overall picture of training completed by all staff. Training undertaken by staff included moving and handling, safeguarding, Mental Capacity Act, DoLS, health and safety and dementia practice. Each member of staff we spoke to was satisfied with the training and support on offer from management. One member of staff commented; "There is enough training on offer. We can suggest other courses we would like to go on".

We observed lunch periods in Lowry and Buile Hill. We saw evidence staff understood people's care requirements, with sufficient numbers of staff available to assist people with their nutrition and hydration. People appeared to eat well and we noted people were able leave the dining room when they chose or stay as long as they wanted in order to finish their meal at their own pace which was respected by staff.

We observed one person who was registered blind eating their lunch. At each stage of the meal this person was informed by carers where they had positioned her food, drink and utensils. They were discreet in doing this and

Good

Is the service effective?

maintained her dignity at all times during the meal. We observed another member of staff say to a person who had poor eye sight; "Your fork is on the left and your knife is on the right".

The lunchtime meal was scheduled for approximately 12pm with people assisted to the dining room by care staff at this time. It was not until 12.20pm that food was served and we observed one person falling asleep at the dining table whilst another person became restless and wandered around the room, tapping surfaces and playing with the switched off radio. This person eventually wandered out of the room and re-joined the other people at the table shortly after. We also noted people were asked for their choice of food as it was being served as opposed to in advance of the meal. The registered manager told us this was because people often forgot what they had chosen if they were asked for their choice too early on in the day. This meant people would then be able to recall their choice of meal on the day if they were asked closer to the serving time.

During our observation of the lunch period, it became apparent staff had a good understanding of people's care needs and supported them effectively. In the Lowry dining room there were four members of care staff to assist 14 people. In addition, members of kitchen staff served food through a hatch which was then distributed to people by staff. Whilst observing lunch, we saw one person required their food cutting up by staff. We saw this task was carried out promptly by a member of staff.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found evidence that the home was meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005. The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. There were six people living at Beechfield Lodge who were subject to DoL'S. We saw robust documentation to show the necessary referrals and correspondence had been submitted to the local authority. Staff had received training in the Mental Capacity Act 2005 and most staff had an understanding of people's legal rights.

Requires Improvement

Is the service caring?

Our findings

The majority of people we spoke with told us staff were caring and kind when they assisted them. One person said: "It is good care here and they are very pleasant. Staff are pleasant and kind and offer to do things for you. I'm treated with dignity and respect". Another person added; "Staff do listen to me. If you ask they will tell you anything you need to know. They are gentle and know what they are doing. The staff are nice people. There's nobody I don't like. The staff are lovely".

People's privacy and dignity was generally respected however we saw two instances where it was not. This occurred when one person was seated outside the toilet whilst it was used by somebody else. The staff member walked away and did not return for some time, leaving another member of staff to assist this person who then appeared to be falling asleep. On another occasion a toilet door was left open whilst one person was assisted to the toilet. This meant peoples privacy and dignity was not respected.

Whilst speaking with another person they told us; "The girls are nice although they don't talk to me and ignore me when they are doing things for me. One or two aren't nice. Sometimes they don't listen when I try to tell them something. My speech is not good. They need to take time and listen to me. They don't always knock on my door. Some staff do and some don't. I like it when they knock. It shows respect". We raised this concern with the manager who told us she would address the issue with staff.

We spoke with one person in their bedroom who was enjoying watching television. We observed there was a strong, overpowering smell of urine with a wet patch on the floor next to a urine bottle which appeared to have been spilt. The manager told us this was often done intentionally by this person however there was no mention of this in the care plan or risk assessment as to how it was managed. Observation checks had also been undertaken by staff but with no mention of this incident in the notes. The manager acknowledged this as an oversight and would address the issue immediately with staff.

On the day of our inspection we observed people were dressed appropriately and they told us they had been able to choose their own clothes. People's hair was neat and the sample of people we spoke with had clean finger nails. People's care plans contained personal bathing records which indicated when they had a bath or shower and what their choice had been.

Throughout the day we observed staff moving and interacting with people in a caring, polite and friendly way. We saw staff transferring residents from wheelchairs and onto chairs in a correct and professional manner. Staff appeared to know people well and there was a friendly atmosphere between staff and people living at the home. For example, we saw staff sitting with people and speaking about things of interest to them in a kind and caring way.

In the morning of the inspection we observed a movement and singing activity which lasted approximately a half hour. There were seventeen people who lived at the home, one staff carer and one paid, professional, armchair movement leader all involved in this activity. Two other staff carers were also present in the lounge, one was writing notes and one was giving out drinks. Almost every person was actively engaged and enjoying the activity. One person was sleeping and two people were watching but not taking an active part. This was followed immediately by a half hour musical quiz which also engaged the majority of people present. Both these sessions were well led by an engaging leader who kept people focussed and interested. The hour was lively, loud and well received by residents. Although not all people took part, staff still interacted with them and asked if they were alright or if there was anything they would like. Another person told us; "The staff are great. They make an effort to get to know you and speak with you about things you are interested in. I think that is important".

People we spoke to felt valued and cared for. We saw staff spoke to people in an adult manner and demonstrated respect for people. Staff we spoke with were positive about their role and had a good knowledge and understanding of people's needs and preferences. We saw there was good humoured banter and laughter between people who lived at the home and staff. We observed one person informing a member of staff how they had an important birthday approaching. We heard the member of staff tell this person how they would make them a cake and have a celebration to mark the day which was well received by this person. Another person who lived at the home said to us; "I get along great with all the staff".

Good

Is the service responsive?

Our findings

The home was responsive to people's individual and changing needs. The registered manager told us additional staffing had been provided since April 2014, with an additional member of staff added to both the day and night shift. The register manager told us; "This has made a huge difference".

People received the information they needed to help them to make decisions and choices about their care. This included a service user guide and a statement of purpose about the home. Each person who wished to move to the home had their needs assessed by the registered manager or the deputy. This enabled people and those important to them to meet with a member of the management team and ask questions to make sure the home was the right place for them to live.

People's views and wishes were incorporated into their care plans. Each person had a care plan that was personal to them. Care plans we saw gave evidence they had been discussed with the person or their representatives with individual comments captured during the care plan review stage as to how their care had progressed. For example, one person who lived at the home had been quoted as 'being very satisfied with the service provided'. Another said; "Everything is fine and I have everything I need".

We saw people's likes, dislikes and interests had been recorded and activities were arranged in line with people's interests in most parts of the home. People we spoke with were very complimentary about the activities. One person said: "Whatever is going on is on the board so you can arrange your days around the activities." Another person told us: "There's something for everyone. I love the going out with staff and there are several trips to see things."

People told us they would be comfortable to make a complaint. The service user guide gave people information about the services and facilities offered by the home. It also gave information about how to make a complaint. People we asked all said they would be comfortable to make a complaint if they were unhappy with any aspect of their care. One person said: "I'd tell someone if there was anything wrong. They would want to put it right." A visiting relative told us they had raised concerns with the registered manager and had been very satisfied with the response they received. All complaints made were fully investigated and responded to. We saw records of complaints made that illustrated this.

The relatives we spoke with told us they could visit at any time. Relatives said they were always made welcome. The manager told us the majority of people who lived in the home had friends or relatives who kept in touch. We saw information was available to people about the home and other services they may wish to access. For example, there was a copy of the last inspection report, the home's statement of purpose and leaflets and newsletters. This meant people were kept informed and could access information without having to request it.

Throughout the course of our inspection we saw people were offered choices about how to spend their time and what they would like to eat and drink. People told us they could get up and go to bed whenever they wanted. One person said to us; "I have my own routine. I can come and go as I please".

We saw records to show relatives had been involved in developing people's care plans by providing information about preferences and the person's work and life history. This gave staff a good understanding of the person their background and what is important to them.

Good

Is the service well-led?

Our findings

There was a registered manager in place who was open and receptive during our inspection. For example, where we offered any comments and suggestions during the inspection, the manager acknowledged these as being potential areas for improvement. One person told us: “The manager is excellent. Things get sorted out”.

We observed that the home’s immediate management was very visible and demonstrated a good knowledge of the people who lived at the home. Throughout the day we saw the registered manager and deputy talking with people who lived at the home and staff. Everyone looked very comfortable and relaxed with the managers and were aware of who they were.

Staff told us there were opportunities to discuss issues and raise concerns with the registered manager. All staff were aware of the provider’s whistle blowing policy and the ability to take serious concerns to appropriate agencies outside the home. One member of staff said; “I’m aware we can report concerns above the manager if needed”.

Staff received the support they required to provide a good standard of care to people. All staff received individual supervision with a more senior member of staff. This was confirmed through looking at records from these sessions. This was an opportunity for staff to discuss their working practices and highlight any training needs. It was also an opportunity for poor practice to be addressed in a confidential manner.

There was a quality monitoring system in place to audit practice and make adjustments to the service in accordance with the findings. We looked at a sample of audits carried out and shortfalls were noted in one part of the home. An action plan had been put in place to make sure improvements were made. For example, we saw staff had been booked onto the necessary training courses where gaps had been identified as part of the audit. This meant people who lived at the home would benefit from staff who were well trained.

The staffing structure in place made sure there were clear lines of accountability and responsibility. In addition to both the registered and deputy manager, there were two team leaders on each shift. They supervised the six care staff and provided guidance and support to less experienced staff if required.

We found there was always a handover meeting at the beginning of the shift. Staff told us the handover meeting gave them clear direction and kept them informed of any changes to people’s needs or wishes. This meant staff had a clear understanding of people’s needs and if anything had changed during the shift.

We saw that there was a system in place to ensure there was always a member of the management team on call who was able to respond to any emergencies which occurred. This included an ‘on call’ system when managers may not be at the home to deal with any issues or concerns.

Accidents and incidents were monitored closely. The home learnt from mistakes and made changes to ensure continual improvement. For instance, we saw examples of where action had been taken in relation to people who had fallen or where there had been a safeguarding incident at the home.