Akari Care Limited

Beech House - Salford

Inspection report

Radcliffe Park Crescent
Salford
Greater Manchester
M6 7WQ

Date of inspection visit: 23 March 2015
Date of publication: 08/05/2015

Ratings

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

Overall summary

This unannounced inspection was carried out on 23 March 2015.

Beech House is a care home in the Salford Area of Greater Manchester and is owned by Akari Care Limited. The home is registered with the Care Quality Commission (CQC) to provide care for up to 36 people. The home provides care to those with residential care needs only. We last visited the home on 22 July 2013 and found the home was meeting the requirements of the regulations, in all the areas we looked at.

There was a registered manager in post. 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.

Staff spoke positively about the management and leadership of the home. One member of staff said; "The leadership here is second to none here".

During the inspection we spoke with eight people who lived at the home as well as three relatives. People living in the home told us they felt safe. One person said; "The

Summary of findings

atmosphere makes me feel safe. Staff are always looking out for me they are always on the ball". Another person said; "I have no reason to ever think I wasn't safe. I simply never think about it."

We looked at how the service managed risk. We found individual risks had been identified and recorded in each person's care plan. These covered areas such as pressure sores, continence, falls and nutrition. Where people were at risk, clear guidelines were recorded in people's care plans for staff to follow.

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file contained job application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. This evidenced to us that that staff had been recruited safely.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. We looked at staff rotas. We found the home had sufficient skilled staff to meet people's needs. Staff working on the day of our inspection included the manager, deputy manager, one senior carer and three care assistants. Other staff included kitchen, domestic maintenance staff and the activities coordinator. We were told staffing levels would be altered in line with occupancy levels.

All staff were given the training and support they needed to help them look after people properly. There was a staff induction in place and any training undertaken was clearly recorded on the homes training matrix. The atmosphere in the home was relaxed and the staff spoken with had a good knowledge of the people they supported.

During the inspection, we observed that a safety gate on the stairs leading to the second floor of the home was left open on several occasions by staff. This was in close proximity to the lounge area where a large number of people spent their day and could be easily accessed. On closer inspection, the lock on the gate was broken, which prevented it from closing properly. We raised this with the manager who contacted the homes maintenance team to arrange for them to visit the home to fix it. This had the potential to place people at risk.

Although medicines were handled safely, we observed that the morning medication round did not commence until approximately 9.30am and did not conclude until approximately 11.40am. This meant that morning medication was given late and therefore effected what time other medicines could be given later in the day, as four hours is usually required to be left in between doses. We raised this issue with the manager who told us they would ensure the morning medication round was started earlier on in the day.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers and staff and from looking at records we found staff had received training in relation to MCA and DoLS. The manager and staff spoken with expressed a good understanding of the processes relating to DoLS. At the time of our inspection, three people living at the home were subject to a DoLS.

A large number of people at the home were living with dementia and we found the environment had not been suitably adapted to meet their needs. For example, signage around the building was poor with nothing displayed to help people correctly locate the lounges or dining room. The corridors were at times, difficult to negotiate and walls were very similar in colour to doors. Although people's bedroom doors were numbered, there were no fixtures and fittings for them to specifically remember their bedrooms by. We raised this with the manager and area manager who acknowledged that this could be improved.

We have made a recommendation in relation to this within the detailed findings of the report.

As part of our inspection we asked the people who lived at the home for their views on what the care was like at

Summary of findings

the home. One person said to us; “The staff are lovely they are all very kind but rushed off their feet even so are always gentle and kind. They are fantastic nothing is too much trouble”.

We spent time speaking with the activities coordinator during the inspection and also observed some of the activities which took place which included bingo and a quiz for people who wished to participate. There was also music playing in the background which we observed some people singing along to.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. There had been no formal complaints made since our last inspection.

The home regularly sought the views and opinions of both people who lived at the home, their relatives and staff. This asked for their views of cleanliness, responsiveness, staff training and dignity.

There were effective systems in place to regularly assess and monitor the quality of the service. They included audits of the medication, catering, infection control, complaints and compliments and hygiene. Team meetings were held at regular intervals as well as monitoring visits from the area manager of the home.

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?

Not all aspects of the service were safe. The safety gate located near the main lounge area was left open on several occasions by staff, meaning the stairs could be accessed by people who lived at the home, as it was in close proximity.

People's medicines were managed safely by staff who had received appropriate training. However, we observed that the morning medication round took a long time to complete, meaning it was not completed until approximately 11.40am when lunch time medication would nearly be due.

The staff we spoke with all displayed a good knowledge of safeguarding vulnerable adults and what they would do if they had concerns.

Requires Improvement

Is the service effective?

Not all aspects of the service were effective. We found the environment for those people who lived with dementia, had not been suitably adapted to meet their needs.

We found staff supervision and appraisal was consistent, with records kept within staff files of the discussions which had taken place.

All staff were given training and support they needed to help them look after people properly. There was a staff induction in place and any training undertaken was clearly recorded on the homes training matrix.

Requires Improvement

Is the service caring?

The service was caring. People living in the home, and their relatives, were happy with the care provided. Staff were kind, pleasant and friendly. Staff displayed good knowledge of the people they cared for.

People looked clean, well presented and it was clear that attention had been given to people's personal hygiene and appearance.

People told us they were treated with respect and staff listened to them.

Good

Is the service responsive?

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. There had been no formal complaints made since our last inspection.

The home regularly sought the views and opinions of both people who lived at the home, their relatives and staff. This asked for their views of cleanliness, responsiveness, staff training and dignity.

Good

Summary of findings

Is the service well-led?

Good

There was a registered manager in post. 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 staff we spoke with spoke positively about the management and leadership of the home.

There were effective systems in place to regularly assess and monitor the quality of the service.

Beech House - Salford

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 was 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.

We carried out this unannounced inspection on 23 March 2015. The inspection team consisted of an adult social care 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.

At the time of the inspection there were 28 people who lived at the home. During the day we spoke with the registered manager, deputy manager, area manager, the activities coordinator, eight people who lived at the home, three relatives, three visiting professionals and four members of care staff. We looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included care plans, staff personnel files and policies and procedures.

We spoke with people in communal areas and their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed breakfast and lunch being served in the main dining room of the home.

We reviewed the provider information return (PIR) sent to us by the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we liaised with external providers including the safeguarding, infection control and the commissioning teams at Salford local authority. We also looked at notifications sent by the provider as well as any relevant safeguarding/whistleblowing incidents which had occurred.

Requires Improvement

Is the service safe?

Our findings

The people we spoke and their relatives told us they felt safe. One resident said. “The atmosphere makes me feel safe. The staff are always looking out for me they are always on the ball”. Another person said. “I have no reason to ever think I wasn’t safe I simply never think about it”.

During the inspection, we observed that a safety gate on the stairs leading to the second floor of the home was left open on several occasions by staff. This was in close proximity to the lounge area where a large number of people spent their day and could be easily accessed. On closer inspection, the lock on the gate was broken, which prevented it from closing properly. We raised this with the manager who contacted the homes maintenance team to arrange for them to visit the home to fix it. Additionally, the manager also told us a key pad would be added to the gate to make it more secure and ensure peoples safety by reducing access through the gate.

As part of the inspection, we spoke with four members of care staff and asked them how they would respond if they had concerns relating to safeguarding vulnerable adults. One member of staff said; “I would speak with my manager or the area manager. There is also a booklet we can refer to”. Another member of staff said; “The training was good. We learnt about the different abuse that can occur and how we would respond”. A further member of staff added; “If I was not happy with how it was dealt with internally I would contact CQC”.

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at six staff personnel files. Each file contained job application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. This evidenced to us that that staff had been recruited safely.

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe. We looked at staff rotas. We found the home had sufficient skilled staff to meet people's needs. Staff working on the day of our inspection included the manager, deputy manager three care assistant and a senior carer. Other staff included kitchen, domestic maintenance staff and the activities coordinator. We spoke with the manager and the area manager about the current staffing levels. As the occupancy of the home was down to 28 on the day of our inspection this meant that four staff were required to provide care to people. The manager told us that if occupancy was to increase further, an additional care assistant would be added to the rota to support the number of people living at the home.

Some of the people who lived at the home thought that at busy times or when some people were confined to bed another member of staff would be helpful. One person said; “When they are very busy I use my discretion and just wait”. A member of staff added; “Because of the amount of paperwork and recording we have to do we don’t get the time we would like to spend with people. Some people need one to one and I think they deserve time spent with them not just the less able”.

People’s medicines were looked after properly by staff that had been given training to help them with this. All medication at the home was administered by senior care staff that we saw had all received relevant training. Medication was kept in a secure trolley which was kept in a locked treatment room when not in use. The home used a blister pack system, where medicines are stored in individual ‘pods’, making them easy to dispense for staff that state what time of day they needed to be given. We looked at a sample of people’s medication records (MAR) and saw that signatures provided by staff, corresponded with what had either been administered, or was still left in the blister pack. Where medication had been refused or not given, there was a clear reason why, such as if a person had been in hospital or was unwell. Certain people who lived at the home required the use of PRN (when required) medication and we saw there were individual protocols in place for staff to follow, as to when this should be given and under what circumstances.

There were controlled drugs stored at home, which were signed for in a separate book by two members of staff each time and kept in a separate cupboard from other medicines. Some medication required to be stored at a certain temperature and was therefore kept in a medicines fridge. Temperature checks were undertaken of both the room and fridge itself to ensure that medicines were safe to use.

Requires Improvement

Is the service safe?

Although medicines were handled safely, we observed that the morning medication round did not commence until approximately 9.30am and did not conclude until approximately 11.40am. This meant that morning medication was given late and therefore effected what time other medicines could be given later in the day, as four hours needed to be left in between doses. We raised this issue with the manager who acknowledged this should have started earlier and would raise the issue with staff who administer medication.

We looked at how the service managed risk. We found individual risks had been identified and recorded in each person's care plan. These covered areas such as pressure sores, continence, falls and nutrition. Where people were at risk, the risk assessment then referred to the care plan where clear guidelines were recorded for staff to follow. For example, where one person was losing weight, they had been appropriately referred to a dietician and had their food intake monitored by staff at the home. This prevented this person losing further weight and being placed at risk.

Requires Improvement

Is the service effective?

Our findings

A large number of people who lived at the home suffered from dementia and we found the environment had not been suitably adapted to meet their needs. For example, signage around the building was poor with nothing displayed to help people correctly locate the lounges or dining room. The corridors were long, difficult to negotiate and in parts, walls were very similar in colour to doors. Although people's bedroom doors were numbered and included pictures of the person there were no specific fixtures and fittings for them to specifically remember their bedrooms by such as memory boxes. We raised this with the manager and area manager who acknowledged that this could be improved.

We recommend the service refer to relevant guidance in relation to making the environment suitable for people living with dementia.

We looked at how staff sought consent from people who lived at the home. We saw that people provided written signatures in their care plans, stating they were happy for their care to be carried out by staff at the home. Through our observations we saw staff sought consent before carrying out a particular task or providing care. For example, we saw one person did not want to take their medication and this was respected by the member of staff. Another person was encouraged to take part in an activity but preferred to sit in their chair and watch. Again this was respected by the member of staff.

We looked at how people's nutrition and hydration requirements were met. This formed part of the initial assessment process and allowed staff to establish what kind of support people needed. This then enabled specific 'eating and drinking' care plans to be created so that staff had guidance to follow when assisting people. Additionally, we saw people were weighed either weekly when required or monthly. These records were clearly recorded to confirm this had taken place.

We observed the lunch time period at the home. We noted people were seated in the dining room at approximately 12.10pm with lunch not being served until approximately 12.50pm. Some people appeared to become restless during this period and left the table to walk about. There was a menu displayed on the wall informing people what food was on offer at the home and we saw staff asking people for their preferred choice of food in advance of the meal being served. There were two people who required assistance to eat their meal and we saw they were supported individually by separate members of staff. We saw others were able to eat independently and generally appeared to eat well. The food was prepared by the chef and was then served by care staff who we saw wore appropriate aprons and gloves when handling food.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers and staff and from looking at records we found staff had received training in relation to MCA and DoLS. The manager and staff spoken with also expressed a good understanding of the processes relating to DoLS. At the time of our inspection, there were three people living at Beech House who were subject to a DoLS.

There was an induction programme in place, which staff were expected to complete when they first began working at the home. The induction was based on the common standards and covered the role of the worker, personal development, communicating, equality, safeguarding, person centred support and health and safety. Each member of staff we spoke with told us they undertook the induction when they first commenced their role. One member of staff said; "I had not worked in care before I began this job. It was a bit like going in to the unknown. I feel it gave me a really good head start in the job".

The staff we spoke with told us they were happy with the support and training they had available to them. We looked at the training matrix which showed staff had undertaken a variety of courses which included moving and handling, infection control, dementia awareness, safeguarding, MCA/DoLS and fire awareness. One member of staff told us; "I'm really happy with the training and support available. The support is always there if I need it". Another member of staff said; "We usually get updates every six to twelve months in some subjects. The training is good".

We saw evidence that the home worked well with other agencies with each person having a record of the external services they were involved with. These included dementia

Requires Improvement

Is the service effective?

nurses, district nurses and GP's. Additionally, where the home required further input and guidance around a particular area, such as the falls or dietician team, appropriate referrals were made.

During the inspection we spoke with three visiting health care professionals. They told us the staff at Beech house were very effective at calling them in when they had concerns about people who lived at the home. One of the professionals who was assigned to the home said they ring in each morning and the senior carer or the management give them a list of people to see. They told us that a carer always accompanied them and assisted when attending to the resident. They told me us that the care plans were always up to date, well written and that any advice given was followed.

Good

Is the service caring?

Our findings

The people we spoke with and their relatives were happy with the care being provided at the home. One person said to us; “The staff are lovely they are all very kind but rushed off their feet even so are always gentle and kind. They are fantastic nothing is too much trouble”.

During the inspection we saw that people looked clean, well presented and it was clear staff had given great consideration to people’s personal hygiene and appearance. One visitor told us that their relative always appeared well cared for and that their cloths were always washed and returned to their wardrobes in good condition. We noted that two of the gentlemen were dressed very smartly and were encouraged and supported to wear a collar and tie every day as was their choice.

Throughout the day we observed many positive interactions between people who used the service and care workers. For example, when escorting people around the building, we saw staff explaining and guiding people who were unsteady on their feet. This appeared to give them the confidence that they would not fall or trip on anything along the way.

The people we spoke with during the inspection told us they were treated with dignity and respect at all times. The staff we spoke with were clear about how to do this when providing care. One member of staff said; “I would always knock on doors before going into people bedrooms or a toilet”. Another member of staff said; “I think taking people to their bedrooms is important when delivering personal care. Sometimes they want you to leave or look away and that is fine”. A further member of staff added; “I give people the choice of either staying with them or waiting outside when I take them to the toilet”.

We saw people’s independence was promoted by staff where possible. For example, although some people needed support to eat, staff cut their food up and allowed them to attempt to eat themselves before providing assistance. One member of staff said; “A lot of people need assistance with personal care but I let people wash their upper body if they can”. Another member of staff said; “We need to assist some people at meal times. Even if it is just putting the food on their fork and letting them try promotes that person independence”.

We were shown an accreditation award the home had just received for Salford Royal Hospital. The award had been given for knowledge and understanding of End of Life and Palliative care. It had taken the home twelve months study and dedication to archive the award. Additionally, we were shown an e mail from the End of Life trainer at the hospital giving feedback that a resident of Beech house had been admitted to the hospital. The email stated that the admission was entirely appropriate and that the staff of Beech House had acted in a very helpful and professional manner with regard to the baseline assessment abilities of this person. They had also made comment to the fact that staff were very knowledgeable with regards to this person’s needs.

Good

Is the service responsive?

Our findings

Each care plan we looked at contained a pre-admission assessment. This enabled staff to gain an understanding of people's care needs and how they could best meet peoples' requirements. These covered areas such as medical histories, safe environment, communication, mobility, breathings, eating/drinking and personal hygiene. Each person living at the home had a care plan that was personal to them. This provided staff with guidance around how to meet people's care needs and the kinds of task they needed to perform when providing care.

The initial assessment process also took into account people's social and leisure requirements and things they had enjoyed doing before they first arrived at the home. Some of the information captured included where they were born, education, memories, marriage, children, employment and any hobbies and interests. This provided staff at the home with a good insight into people's background and how they could provide care that was personal to each person.

We saw examples of where the home had been responsive to people's changing needs. For example, one person had been losing weight and as a result had been referred to the dietician service for the home to seek further advice. In response, this person was required to consume a high calorie diet than normal in order to prevent them losing weight in a way that was potentially unsafe for them.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. There had been no formal complaints made since our last inspection. The people we spoke with and their relatives told us they knew how to complain if they needed to.

The home regularly sought the views and opinions of both people who lived at the home, their relatives and staff. This asked for their views of cleanliness, responsiveness, staff training and dignity. In response to this, the home had created a 'You said, we did' document which identified any changes that had been made around the home. For example, we saw people had asked for staff to work closer together when delivering care and as a result, team building sessions had been set up as well as additional team meetings. Some relatives had asked for improved car park lighting and this work was currently in progress.

The home had recently introduced a system called 'Make it happen'. This was to enable people who lived at the home to participate in activities which they may not have been able to undertake prior to living at Beech House. At the time of our inspection, responses in relation to this were currently being collated. For example, one person had expressed a desire to ride a horse and was visiting the local stables later in the week to see if this was something they still wanted to pursue.

We spent time speaking with the activities coordinator during the inspection and also observed some of the activities which took place which included bingo and a quiz for people who wished to participate. There was also music playing in the background which we observed some people singing along to. The activities co-ordinator said that the activities consisted of healthy hearts and hips exercises, board games, quizzes, shopping outings and 1-1 memory sessions. We were also shown an activities sheet that lunch could be taken at the pub or the quiet room once a week. The co-ordinator also told us that they did film afternoons where the chairs were set out like a cinema and a film was shown on a big screen with popcorn distributed to people.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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 staff we spoke with spoke positively about the management and leadership of the home. Comments from staff included; "The leadership her is second to none" and "The leadership is good. The manager is easy to approach. Things always get sorted out" and "We are always informed about things. Any problems get sorted out there and then" and "The home is really well managed. We all work well as a team".

During the inspection, we noted the manager interacted politely with people who lived at and visited the home and people responded to her well. The manager knew the names of people who lived at the home, and their relatives, and was able to speak about them in great detail about things of importance to them.

There was a management structure in the home which provided clear lines of responsibility and accountability. The manager was supported and monitored by an area manager who visited the home on a regular basis to complete quality checks on behalf of the company. The registered manager kept up to date with current good practice by attending training courses and offering support and guidance to staff where necessary.

There were effective systems in place to regularly assess and monitor the quality of the service. They included audits of the medication, catering, infection control, complaints and compliments and hygiene. The area manager also visited the home on a regular basis to conduct quality monitoring visits. These looked into areas such as weights, infection control, complaints/ safeguarding, accidents/incidents and pressure sores. We saw that where any shortfalls had been identified, appropriate action had been taken to address the issues.

There were regular head of department meetings which took place at the home. These were attended by the manager, kitchen staff, maintenance staff, housekeeping/ laundry, admin and senior care staff. We each department had been able to provide updates in relation to their individual areas as to how things could potentially be improved.

At the end of the inspection, we held a feedback session with the home manager, deputy manager and area manager to share our findings. We shared areas of good practice which we had observed during the inspection and also spoke about some things which we felt could be improved. The management team acknowledge that some areas could be improved and this demonstrated to us they welcomed suggestions and feedback in order to improve the quality of service to people living at the home.