

## The Partnership In Care Limited

# Beech House - Halesworth

### Inspection report

Beech Close  
Halesworth  
Suffolk  
IP19 8BY

Tel: 01986872197

Website: [www.thepartnershipincare.co.uk](http://www.thepartnershipincare.co.uk)

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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

Beech House is a residential care home registered to provide support to 49 people, some of whom were living with dementia. At the time of inspection there were 46 people using the service.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe living in the service and that staff made them feel safe. Risks to people were appropriately planned for and managed. Medicines were stored, managed and administered safely. However, some prescription creams were not being stored securely.

People told us there were enough suitably knowledgeable staff to provide them with the care they required promptly.

Staff had received appropriate training and support to carry out their role effectively. However, the service still needed to finish yearly appraisals for staff. Plans were in place to develop upon the skills and knowledge of the staff team.

People received appropriate support to maintain healthy nutrition and hydration.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were kind to them and respected their right to privacy. People told us staff supported them to remain independent. Our observations supported this.

People told us they were encouraged to feed back on the service and participate in meetings to shape the future of the service.

People received personalised care that met their individual needs and preferences. People were actively involved in the planning of their care. People were supported to access meaningful activities and follow their individual interests.

People told us they knew how to complain and felt they would be listened to.

The manager instilled a culture of openness and transparency within the service. Staff told us that the managers were visible and led by example. Our observations supported this. Staff and people using the service were invited to take part in discussions around shaping the future of the service.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Beech House - Halesworth

## **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 checked 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 comprehensive inspection was carried out by one inspector on 21 June 2017 and was unannounced. We reviewed further information supplied to us by the provider on 31 August 2017 as part of the inspection process.

Prior to the inspection we reviewed the contents of notifications received by the service.

During this inspection we spoke with seven people using the service, three relatives, four care staff, two visiting health professionals, the deputy manager and the registered manager.

We reviewed eight care records, three staff personnel files and records relating to the management of the service.

# Is the service safe?

## Our findings

At the last inspection the service was rated good in this key question. At this inspection the service remains good.

The service took steps to ensure people were protected from avoidable harm and abuse. People told us they felt safe living in the service and that staff made them feel safe. One person said, "It is safe. I can just ring my bell and there they are." Another person told us, "You don't have to worry about anything. It's nice to know there are people in the home all the time." One other person commented, "You've no reason to feel unsafe, everyone here looks after you." A relative told us, "I'm really happy with [my relative] being here. I know they will be safe and looked after." People received support from staff who demonstrated to us that they understood how to enable people to remain safe. This included how to recognise and report abuse.

Risks to the service and individuals were managed well. Records demonstrated that there were comprehensive risk assessments in place for people. These set out control measures to reduce the risk. The registered manager demonstrated to us that they understood 'positive risk' and their role in protecting people from harm whilst ensuring they could still remain as independent as possible. Our observations confirmed that care staff also had this understanding. An example of a positive risk could be enabling someone to retain their mobility skills by encouraging them to mobilise even where there is a risk of them falling.

People told us and we observed that there continued to be enough staff to meet their needs. One person said, "They have time to spend with me and they make the effort to do so. I don't get the impression they are running around like headless chickens." Another person told us, "I think [registered manager] does well to make sure we get what we need when we want it, I don't have to wait." One other person commented, "If you want something they will go and get it straight away." A relative commented, "[Care staff] are very quick off the mark." A visiting health professional told us that there were enough staff to spend one to one time with people and that the service had good staff retention which provided people with continuity of care.

Staff told us that the staffing level continued to be appropriate to the needs of the people using the service. The manager told us that the staffing level was set by the head office but said that they could request more staff if needed for trips out or if people's needs changed. This was demonstrated by our observations that one person was currently receiving one to one care following their admission. We were told that this was so that they could support the person to better settle in their environment and gather the information they needed to better understand them.

Medicines continued to be stored, managed and administered safely. However, some prescription creams were not being stored securely. Other substances that could be harmful if ingested, such as denture cleansing tablets, also required secure storage. The manager told us they were looking into having lockable cabinets installed in each person's bedroom.

# Is the service effective?

## Our findings

At the last inspection the service was rated good in this key question. At this inspection the service remains good.

People told us and we observed that they continued to be supported by appropriately skilled and competent staff. One person said, "They're faultless. I couldn't say anything more." Another person told us, "I couldn't want for better, I cannot sing their praises enough." A visiting health professional said, "The staff are very skilled and you can see they take pride in what they do. They pride themselves on their palliative care and in having their own specialisms."

Staff told us that they had the training and support they needed to carry out their role effectively and were encouraged to build upon their skills. There were opportunities to carry out further training to develop 'specialisms' and become 'champions'. For example, one member of care staff told us they were an 'End of Life champion'. They told us this involved supporting other staff to reflect best practice when caring for someone coming to the end of their life.

Staff excellence was actively encouraged and the company held an awards ceremony annually where staff received awards to recognise their particularly good practice.

Records demonstrated that staff received appropriate supervision and appraisal. However, appraisals had not yet been finished and signed off for the previous year. The manager was aware of this and told us these had been delayed due to them covering the shift of a member of staff who left the service. We reviewed the records of appraisals and supervision sessions that had been carried out and found these were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff continued to demonstrate they understood MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their ability to verbally communicate their views.

People told us they were happy with the food they were served and told us there was enough choice. One person said, "The food is always nice, there's a good range of choice and there is always something else on offer." Another person told us, "It's good quality, nicely presented. Couldn't complain." We saw that menu

choices for the day were displayed clearly in the dining area, and alternative options were also on view. We observed during meal times that people were supported to make choices about their meals in the way that suited them best. For example, some people were shown both meal options so they could make a visual choice. This was particularly helpful for people living with dementia to help them to select a meal of their choice. We observed that the meal time was a positive one and people were given the support they required to eat. People who required full support to eat were helped in a way which upheld their dignity. Where possible, staff ate their meals alongside people which we observed added to the positive meal time atmosphere.

The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. Concerns about people's nutrition such as changes in weight were identified promptly and action taken to minimise the risks of malnutrition.

People were supported to maintain good health. The manager and care staff continued to have a good working relationship with external health professionals such as GP's and staff from the local authority. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.



## Is the service caring?

### Our findings

At the last inspection the service was rated good in this key question. At this inspection the service remains good.

People told us and we observed that staff were kind and caring towards them. One person said, "[Staff] are such nice people." Another commented, "[Staff] are so caring. Each and every one." A visiting health professional told us, "The staff are very approachable and friendly. They're so caring and genuinely want to help."

We observed that staff continued to engage with people in a friendly and thoughtful manner. Staff made an effort to spend one to one time with people, speaking about their interests or engaging them in activity.

People told us that they continued to be involved in making decisions about their care. One person said, "I have seen all my plans. We have copies in our rooms and sign them off. I'm happy with it." Another person told us, "The [care plans] are kept in our bedrooms so we always know what's said about us. They keep me informed." Where people were unable to participate in the planning of their care, relatives and other professionals were appropriately involved in care planning.

People told us and we observed that their privacy was respected by staff. One person said, "They knock before coming in, ask if it's okay to come and see me. They're respectful of my space." Another person commented "I've the privacy I need but I know where they are if I need them." A relative told us, "The carers are polite and give us privacy when I visit but let us know to ring if we need anything."

People were encouraged by staff to remain as independent as possible and use the skills they still had. Care records made clear what tasks people needed support with and what they could do for themselves. Staff we spoke with demonstrated to us that they understood how to support people to remain independent and the importance of this.

## Is the service responsive?

### Our findings

At the last inspection the service was rated good in this key question. At this inspection the service remains good.

People told us that staff knew them well. One person said, "They know me very well. They've got to know what I like and don't like." Another person told us, "It's nice because they take a genuine interest. They know a lot about me because they've taken the time to find out." This was supported by our observations and speaking with staff about people's needs.

The service continued to ensure that people's care records were person centred to include information about them, such as their hobbies, interests and preferences. There were detailed life history folders in place for each person using the service. These included detailed information about their past life, family history and activities they have previously enjoyed. However, there was also a focus in these folders on their present life, and what they enjoyed doing in the present and how staff could support them with this. We saw that these folders included lots of photographs of what activities people had engaged in. This information enabled staff to better support people to engage in meaningful activity they enjoyed.

The service continued to support people to engage in meaningful activity and maintain a healthy social life. A visiting health professional told us, "The staff went over and above in getting [person] settled and keeping [them] busy because they were previously a very busy person."

The support people required to access activity within the service was assessed so that there were always enough staff available to support people with their individual interests. We observed that the service had two members of activity staff available to support people daily. We observed that care staff also engaged people in activity and demonstrated to us that they were committed to ensuring people remained stimulated. We observed people being offered opportunities to go outside into the sensory garden and we were shown an orchard that had recently been planted because people had expressed a wish to grow and pick fresh fruit. People told us they were involved in maintaining the sensory garden and helped with tasks such as potting and tending to plants.

The service encouraged people to have aspirations, and supported them to achieve these individually. For example, one person wanted to attend the races and the service had arranged this for them. Another person had wished to ice skate once again, and the service had supported them to do this as part of a 'Winter Wonderland' event organised by the company.

The service continued to encourage people to feedback on the service. One person told us, "We get a survey and they hold meetings." Another person commented, "I go to the meetings the manager has." This was demonstrated by the minutes of several meetings where people's views and opinions were documented. We saw that people had been asked to have input in the development of menu's and in making plans for future activities.

People and their relatives told us they knew how to make a complaint. One said, "I'd tell [Registered Manager]. I'd not have to worry about it again." There was an appropriate complaints policy and procedure in place, and this was accessible to people in communal areas. At the time of our visit the service had not received any complaints.

## Is the service well-led?

### Our findings

At the last inspection the service was rated good in this key question. At this inspection the service remains good.

There was a registered manager working 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. Statutory notifications received by the Care Quality Commission showed us that the manager understood their registration requirements.

The registered manager continued to promote a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service and staff. Staff and people using the service told us, they felt able to talk to the deputy or registered manager about anything they wished. One person said, "I could go to [deputy manager] or [registered manager] about anything. They are always about." We saw evidence to support that people's views were used to influence what happened in the service. For example, we saw that things people suggested in meetings such as activities or new meals for the menu's were actioned.

Both the registered manager and deputy manager were visible within the service and actively participated in providing care and support to people. Staff told us the managers led by example, and were always 'pitching in' to make sure people received the support they needed.

The service continued to maintain good links with the community and other care services in the local area. The service is part of a group of similar services owned by the same provider. The managers of these services share best practice and experience to improve the service they provide. The manager also attended other externally organised meetings, such as on infection control, to ensure they kept up to date with best practice.

The registered manager and provider continued to assess the quality of the service through a regular programme of audits. Records demonstrated that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls had been identified, records demonstrated that these were acted upon promptly.

The registered manager and deputy manager were committed to the future of the service and had plans in place to improve the daily lives of people using the service. For example, the registered manager told us they were looking into funding for staff to have training in subjects such as aromatherapy and massage. The registered manager told us they felt these holistic therapies would help to enhance the lives of people using the service.