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Beech Haven Residential Care Home

Inspection report

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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

The inspection took place on 18 October 2016 and was unannounced.

The last inspection took place on 10 and 16 November 2015 when we found breaches of three Regulations relating to safe care and treatment, notifications of significant events and injuries, record keeping and quality monitoring. At the inspection of 18 October 2016 we found these breaches had been met.

Beech Haven Residential Care Home is a care home for up to 30 older people. There were 21 people living at the home at the time of our inspection. The majority of people funded their own care. The service is a family-run business with the owners also overseeing the day-to-day management of the home. One of the owners is the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People told us they liked living at the service. One person said, "The place is clean and tidy. People are pleasant. The staff are pretty decent and obliging." Another person told us, "If I wasn't happy here I would have gone before." One relative commented, "I am happy with my [relative's] care. It took him a while to settle in. He's not forced to join in anything. He's made a couple of friends here." Another relative told us, "There's no perfect place but I cannot fault it here. There is nothing I would change.

People found the staff kind and caring. They felt their needs were being met. They looked well cared for and records showed that people had regular showers or baths and were able to see the doctor or other healthcare professionals when needed. People liked the food. Their weight was monitored. There was a variety of activities provided, although people did not always have opportunities to pursue their individual interests or hobbies.

There had been improvements to the cleanliness and safety of the environment. The provider was planning further improvements to the building. Some repairs and refurbishment were needed, and the provider had not completed the requirements of the fire safety officer at the time of our inspection, although they were in the process of completing these. In addition some areas of the building had an unpleasant odour which

could not be removed by cleaning and the provider felt that replacement of carpets in these areas was needed.

The staff told us they felt supported. They worked well together and were polite and caring towards the people who they cared for. They told us they were happy working at the home. The family who owned the service worked alongside the staff, supporting people each day and they were available on call at any time. People who lived at the service, their visitors and the staff told us they liked this and felt they could ask for help whenever they needed.

The provider had improved the records used at the service and we found these were accurate and up to date. People received their medicines in a safe way. People told us they felt safe and accidents at the service were rare. The provider had some systems for monitoring the quality of the service, but only minimal recorded audits because they were at the service each day. The provider had worked hard to improve different aspects of the service over the last two years.

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.

The environment was safe and clean, although there were some repairs and replacements which were taking place and needed to be completed.

Most people felt there were enough staff. People did not have to wait for care and felt confident that senior staff were always available if needed.

People received their medicines in a safe way.

There were procedures designed to keep people safe, which included the safe recruitment of staff and assessment of risks.

Is the service effective?

Good

The service was effective.

The environment met people's needs however improvements to the design and additional features, such as information boards, would help people to orientate themselves.

People had consented to their care and treatment.

The staff were appropriately trained and supported.

People's healthcare needs were met.

People were given a variety and choice of freshly cooked food.

Is the service caring?

Good

The service was caring.

People were cared for by kind, respectful and polite staff.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

There were some social and leisure activities but these did not always reflect people's individual needs and interests.

People's care needs were recorded and met. They were involved in planning their own care and the staff knew their needs.

People were able to raise concerns and make a complaint.

Is the service well-led?

Good

The service was well-led.

The provider had shown a commitment to making improvements.

Records were appropriately maintained and organised.

The provider was a family run business and members of the family were available at the service every day, making improvements and acting on concerns.

Beech Haven Residential Care Home

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 was 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 18 October 2016 and was unannounced.

The inspection visit was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had personal experience of caring for someone who used registered services.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events and the last inspection report.

During the visit we spoke with nine people who lived at the service and two visiting relatives. We also spoke with the staff on duty, who included one of the providers, the provider's two sons who work as senior staff at the service and care assistants.

We looked at the care records for five people, medicine's records and storage, records of staff training, supervision and recruitment and other records the provider used for managing the service. We looked at the environment. We observed how people were being cared for and supported.

Good

Our findings

Everyone we spoke with told us they felt safe at the service. One person said, "I feel safe and comfortable here: it is a place I seem to know." Another person told us, "I am quite safe here. I don't go out on my own. My room is locked and I feel secure." A third person commented, "The atmosphere makes me feel safe here." The relative of one person told us, ''I can go away and know [my relative] is cared for. I am not worried about her. She's happy, she's clean and she's safe. She's a lot better here [than she would be at home].''

At the inspection of 10 and 16 November 2015 we found the provider had not always assessed and mitigated the risks of unsafe premises and equipment. Areas of the environment were not clean and the provider had not taken steps to control the spread of infections.

At the inspection of 18 October 2016 we found improvements had been made. However, some areas of the building had an unpleasant odour at times during the day. The provider told us that carpets in these areas were due to be replaced as they were the cause of the problem. Some of these carpets also looked worn and stained. The provider had made other improvements and we saw that there was a plan to replace further equipment and furnishings where these were becoming worn.

In general the service was clean and fresh throughout. We saw staff attending to cleaning. Areas which we had identified as needing repair at our last inspection, such as damaged doors, walls, carpets, bathroom locks and unsecured electrical wires, had ben attended to. The provider had an ongoing plan of refurbishment.

The London Fire Brigade fire safety officer had carried out an inspection of the service in August 2016. They had made requirements about the fire safety arrangements. The provider had met the majority of these but had been unable to make adjustments to the kitchen door so that it closed automatically. The provider told us they were purchasing a new door and this was due to be installed shortly after the inspection. In the meantime, the provider told us they had reviewed the safety arrangements around the current door. They said that at night it was shut and locked and during the day the staff were always present in the kitchen or dining area.

Bedroom doors locked automatically and could only be opened from the inside or with a special device. People were offered this device when they moved to the home so they could open their own bedroom doors. The staff also carried these.

All bedrooms had been equipped with call bells and people told us they knew how to use these. They also said that the staff responded quickly when they needed assistance. One person told us, "I spend most of my time in this room and they check up on me. They come if I need them.'' Another person said, "Someone always knocks on the door. They have time to talk to you. One night I had a bit of a turn. I pressed the button and someone was here in a couple of minutes." A third person said, "They come in three to four minutes. I have never had to wait." However, one person told us that they had to ''shout if I want somebody.'' They told us that they felt there was not always enough staff available.

The providers and their family, who were all senior staff at the service, were there every day and most evenings. They were available for contact in emergencies and the staff told us they felt well supported at all times of the day, evening and night.

The upper windows were equipped with restrictors so they could not be fully opened. The water temperature was controlled at taps so that it was not too hot. The provider regularly checked water temperatures and fire safety equipment. These checks were recorded. External companies carried out checks on equipment, water safety and gas supplies. The provider had equipment to test portable electrical appliances and did so regularly.

The provider had a procedure for safeguarding vulnerable adults and the staff were aware of this. The staff told us they had received training about this and that they knew what to do if they were concerned about someone's safety. There was evidence the staff discussed safeguarding procedures during team meetings. There had been no safeguarding alerts since the last inspection. However, the provider had worked appropriately with the local safeguarding authority to help protect people when previous concerns had been raised.

The risks to each person had been assessed. These included risks associated with falls, using equipment and individual health needs. The assessments included information about how the staff needed to support the person. The assessments were regularly reviewed and updated.

People received their medicines in a safe way. Medicines were stored securely and appropriately. There was clear information about each person's prescribed medicines. Medicine administration charts were used to record when people received their medicines and these were up to date. The staff carried out checks on medicine storage and supplies.

The provider carried out checks on staff suitability before they started work at the service. These included checks on their criminal record, their identity, eligibility to work in the United Kingdom and references from previous employers.

Good

Our findings

Beech Haven Residential Home was converted from three houses into one home. The provider had added additional features such as a conservatory. There was one large communal room with different seating areas and a dining room. Bathroom and toilet doors had been painted yellow to identify them. However, there were limited other distinguishing features to help people orientate themselves. The walls were painted a similar cream colour throughout. The lighting, colour schemes and textures of the environment did not reflect good practice guidance for environments for older people and those who were living with dementia. Bedrooms doors were distinguished by small numbers. Information on notice boards was not always positioned in a clear or accessible way. For example, the menu for the day was displayed on a small poster by the door to the dining room. There was no information on display about planned activities or staff on duty.

The National Institute of Care Excellence (NICE) guidance about environments for people with dementia states, '' Good practice regarding the design of environments for people with dementia includes incorporating features that support spatial orientation and minimise confusion, frustration and anxiety.'' The guidance also refers to the use of ''tactile way finding cues.'' The government guidance on creating ''Dementia friendly health and social care environments'' recommends providers ''enhance positive stimulation to enable people living with dementia to see, touch, hear and smell things (such as sensory and tactile surfaces and walls, attractive artwork, soothing music, and planting) that give them cues about where they are and what they can do.'' These guidelines are also relevant for other older people who would benefit from these environments.

We recommend that the provider considers how they can implement good practice guidance to enhance the environment.

People had been involved in making decisions about their own care and their involvement was recorded. Where people had the capacity to understand and sign consent they had been asked to do this. They had been asked to consent to care plan reviews. Their capacity at making decisions in relation to medicines had been recorded alongside information about medicine administration.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The

providers understood their responsibility for making sure the least restrictive options were considered when supporting people and ensured people's liberty was not unduly or unlawfully restricted. They had submitted DoLS applications for authorisation where people's liberty had been restricted in the service.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the person, if possible, people who know the person well and other professionals. The staff had received training about the MCA and this had been discussed in team meetings. Care records outlined where people could make decisions for themselves. We observed when the staff spoke with people they gave them time to respond to help people understand what was being said. We saw the staff gained consent from people to deliver care and support to them.

The staff received a range of training which the provider considered important for working at the service. Some of the training was provided by senior staff who had been qualified to train others. The provider also used external companies to provide training. There was a record of training for each member of staff.

The staff said they felt well-supported. They said they had received training in different areas including medicines handling, health and safety, infection control and food safety. One said: "There's a good staff atmosphere. We try to work as a team and help each other out. I was quite nervous when I started but as time has gone on I have learned a lot." Another member of staff said that there had been various improvements such as a lock on the controlled drugs cupboard. They said staff meetings took place about every three months but were called more often if there is a problem.

We saw records of staff meetings. The staff told us they could speak with one of the providers at any time if they had any concerns or wanted to discuss work.

People had personalised their own bedrooms with furniture and personal belongings. They told us they liked their rooms.

People's nutritionals needs had been assessed and recorded. Where people had low weight or their weight had dropped, the staff had made referrals to appropriate professionals, such as a dietitian. There was evidence of this and guidance from these professionals. However, we saw that two people who had previously seen professionals about their nutritional risks and had since been discharged, had lost weight for more than two consecutive months. We spoke with the provider about this. They told us they had made the appropriate referrals back to the professionals, however this had not been evidenced in people's care plans.

The staff monitored the food and fluid intake for people who were at nutritional risk. Most of the records of these were detailed. However, in one case the staff had referred to the food someone ate as ''pureed meal'' each day. This did not describe the type of food the person had eaten or how much. In another example we noted that one person was offered (and ate) biscuits and slices of bread and butter between their breakfast and lunch on the day of the visit. The staff did not record this additional food and only recorded the main meals. In order for the charts to provide the information needed by health professionals and for the staff to monitor how much and what type of foods people ate, the records should accurately record everything for each person.

Guidelines from dietitians were being followed. However, one person had guidance from a speech and language therapist relating to their risk of choking. The guidance stated the person should be given fork mashable food. The records of the food the person had eaten indicated they had been given pureed food.

There is a distinguishable difference between fork mashable consistency and pureed food in guidelines relating to food textures and consistency. Therefore the staff need to make sure they are offering the correct consistency of food to meet the person's needs.

Most people told us they liked the food at the service. Some of their comments included, ''The food is very nice. Nothing too heavy. There is no choice", "The food is excellent. I'm a bit of a fussy eater and there are things I don't like. If that's on the menu I get something else without asking. They must have it written down somewhere. I am diabetic and they always bring me my meals on time, which is important'' and ''The food is good quality.'' Comments from relatives of people included, "I have had the food. It is tasty. My [relative] eats well and they will feed her if she is not eating" and ''[My relative] likes the food here.''

We saw that people were offered food and drinks throughout the day. The staff checked people's enjoyment of food. There were records of feedback about the food each day and the provider had held one meeting with people to discuss menus and food choices.

People told us that their healthcare needs were met. They said that they were able to see the doctor when they needed. People told us the providers escorted them to medical appointments if needed.

Healthcare needs had been recorded in care plans. There was evidence of regular healthcare appointments and the feedback from healthcare professionals. We saw that information about health needs had been updated following feedback from professionals or changes in health.

Good

Our findings

People told us they liked the staff at the service and found them kind and caring. They said they were polite. They had a good relationship with the providers. Some of the comments from people who lived at the service and their relatives included, "The atmosphere is pleasant and relaxed – in an appropriate way. They are accommodating if I decide I want to take her out – even over lunchtime'', ''They have had people who have been very challenging and they manage them kindly'' , "Most of the staff are good. Some are not as helpful as they might be but you always get on with some people better than others", "They are all good. I don't know how they have got the patience. The staff are marvellous. They never raise their voices. They work hard and seem to enjoy it. Nothing makes them cross. They bring me sweets and make sure I am all right" and "The staff are very kind to me. If they can help you at all they will. It's like a home from home."

The atmosphere at the service was calm and interactions between the staff and people who lived there were kind, gentle and respectful. The staff made sure people were comfortable and had access to drinks before they left them. They spoke with people in a polite and caring way.

There was a low turnover of staff and the staff working at the service knew people well. The staff understood about privacy and dignity. They told us they would provide care in private and behind closed doors. We saw them knocking on doors before entering and calling people by their preferred names.

Good

Our findings

During the day of the inspection there were no organised activities. Some people spent time in their bedrooms. Others had visitors, but a large number of people spent time seated in the communal rooms either watching television or looking at magazines. The staff were kind and polite when they approached people, they checked on their wellbeing and offered them food, drinks or magazines. However, they did not spend time sitting and talking with people or offer them, any other form of entertainment or social activities. The provider had a schedule of planned activities, but these did not always reflect individual interests and needs. They told us they had introduced some new organised activities since the last inspection. These included regular bingo sessions and a weekly keep fit session. They told us people also enjoyed completing word searches. The planned activities were not advertised and there was no information about these on display.

One person told us, "I play patience, knit and read. I have my faculties and my day is full but I would like to see more activities here." Another person said, "They do have singing here, but not very often, only on special occasions. One of the carers cuts my hair. She is very gentle and I like the way she does it."

We recommend that the provider consider national guidance for providing person centred social and leisure activities.

People living at the service and their relatives told us their needs were being met. They said they had been shown a care plan and asked for their opinions about their care. On person told us, ''They discuss things like a care plan with me. They inform me of stuff that's going on. If I have a question or query, they look into it." One relative told us, "Whenever I have needed to knock on the door and ask a question, it has been sorted out. Sometimes communication could be better. One of [my relative's] carers left and for a few days his bed wasn't made. They probably thought it was a staff matter, but it does affect the residents. It's the only sticking point, really. They just needed to explain."

Care plans were appropriately detailed and information was clearly recorded. The care plans were reviewed each month and the staff signed to show they had read and understood the updates. The staff recorded the care they had given people each day.

People were nicely presented and had clean clothes, hair and nails. Records showed that people were offered showers and baths regularly.

People told us they knew how to make a complaint and felt confident these would be acted upon. The provider had a record of complaints and we saw that these had been investigated and the provider had told the complainant the outcome and actions taken.

Good

Our findings

People living at the service and their relatives felt that it was well run. Some of their comments included, ''I am happy with the management here. They are fine. It is pleasant and relaxed, but not too relaxed", ''The managers are very friendly. If there's a real problem, I find them and ask them if they can help me. [The provider] usually has paperwork to do and tells me to see his wife. She says 'Don't you worry'" and "I think it is well run. The whole family muck in and do what's got to be done. They are excellent.''

At the inspection of 10 and 16 November 2015 we found the provider had not always identified the risks to people's safety and wellbeing. At the inspection of 18 October 2016 we found that the provider had identified and rectified risks. The health and safety of the environment had improved. Individual risk assessments were clear and up to date.

At the inspection of 10 and 16 November 2015 we found records of people's care were not always accurate or complete. At the inspection of 18 October 2016 we found improvements had been made. The records of people's care were up to date. They accurately reflected individual needs and they had been reviewed and up dated when changes took place.

At the inspection of 10 and 16 November 2015 we found the provider had not notified the Care Quality Commission of significant events which had occurred at the service. Since this inspection the provider had made notifications when needed in relation to significant events at the service.

The service was a family run business where the providers were a registered partnership. They were a husband and wife and one of the partners was also the registered manager. They ran the service with their grown up children. Each member of the family had a management role at the service. Between them they worked at the service every day and most evenings. They were also on call at all times. The staff told us they were available whenever they needed them. The family had run the service for many years. The providers knew the service very well, including the individual needs of each of the people who lived there. People greeted them in a friendly way and told us they felt confident in their management of the service. One of the providers or their family escorted people on medical appointments and had a very good knowledge of their health needs. They had also helped support one person to move into a new home when they moved away from the service, escorting them there and helping them to move their belongings and settle in.

The provider had systems to monitor the quality of the service. These included ensuring regular checks were

made on medicines management, health and safety and the environment. The provider asked people living at the service and relatives to complete satisfaction surveys about their experiences, but the last survey had been before our previous inspection. The provider and their family were at the service each day and people living there, staff and relatives confirmed that any issues were identified and acted upon at the time.