

Mrs Manny Wragg

# Beeches 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

Beeches Care Home is located in Rushden, Northamptonshire. The service provides personal care and accommodation for up to 24 older people, over two floors. Communal areas include a quiet room, lounge, dining room and conservatory. On the day of our inspection there were 16 people living in the service.

At the last inspection, the service was rated Good.

The inspection was undertaken as part of our routine re-inspection programme, to review the rating from the first comprehensive inspection completed on 15 October 2014.

At this inspection we found the service remained Good.

People felt safe in the service. Safeguarding procedures had been followed and worked to minimise any risks to people's health and safety. Staff were recruited using a robust process and numbers of staff were appropriate to meet people's needs. Medicines were managed safely.

People were cared for by staff that had received appropriate induction and refresher training to enable them to perform their roles in the right way. People were enabled to have choice and control and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Where appropriate people living at the service had their freedom lawfully restricted under a Deprivation of Liberty Safeguard (DoLS) authorisation. People received an appropriate dietary intake and were able to access healthcare professionals to maintain their health and well-being.

People were provided with person centred care and recognised by staff as being individuals. People told us that staff were always kind and caring and treated them with dignity and respect.

People were encouraged to take part in activities and interests of their choice. The registered manager attended to complaints and concerns in accordance with the formal complaints policy.

There were robust systems in place to monitor the quality of the service and make improvements when these were identified. The service had good leadership and that staff were positive in their desire to provide good quality care for people.

Further information is in the detailed findings below.

## 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> ●

# Beeches 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 18 January 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. We checked the information we held about the service and the provider. We saw that no recent concerns had been raised and that we had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection, we observed how the staff interacted with the people who used the service. We also observed how people were supported during their breakfast and lunch and during individual tasks and activities.

We spoke with five people who used the service and one relative. We also spoke with the registered manager, the provider, two team leaders, the training coordinator, member of kitchen staff and three members of care staff.

We looked at five people's care records to see if they were accurate and up to date. We also looked at four staff recruitment files and further records relating to the management of the service, including quality audits, to ensure that effective monitoring of the service was being maintained.

## Is the service safe?

### Our findings

People felt safe and secure. One person said, "It's really very safe here." All of the people we spoke with made similar positive comments about their safety within the service.

Staff had a good understanding of the signs of abuse and how to report it and records confirmed they had received training in this area. One staff member said, "I would always keep people safe, I would report what I have been told to the manager or team leader." There was a current safeguarding policy in place to guide staff, and the service had notified the Care Quality Commission (CQC) of any incidents as required.

People had risk assessments in place. Staff felt able to understand and follow these to ensure people's safety. One staff member said, "They provide us with a good idea of how to support people safely." Assessments had been carried out to identify risks across different areas of a person's life including personal care, mobility and behaviour. Where risks to a person were high, clear guidelines and prompts for action were present for staff to follow. These had been reviewed monthly and amended when required.

Staff were recruited safely into the service. The registered manager told us that all staff went through pre-employment checks before starting work. Checks included a full Disclosure and Barring Service check (DBS) and two references. Records confirmed these checks had taken place.

People told us there were enough staff working at the service. One person said, "It is busy but there are enough staff around to help me." Staff said that staffing levels were good, and that the registered manager would help out with care when the staff team were particularly busy. Staff rotas confirmed the staffing levels were consistent with the amount of staff on shift during our visit.

Medication was administered safely and stored. Controlled medication was present, and stored in a separate locked and secured cabinet. Medication Administration Records (MAR) were present and accurate in all the records we reviewed. The individual medicines we checked were all in date, stored correctly, and an accurate amount of stock was present. Checks such as storage temperature and medicine audits had taken place regularly.

## Is the service effective?

### Our findings

Staff were well trained. One person said, "They know what they are doing." A relative told us, "Staff understand what they need to do."

New staff went through induction training before commencing work. A staff member said, "We had workbooks to complete and they are then assessed." All the staff we spoke with confirmed that they went regularly attended new and refresher training. Staff felt that they received the right amount of training and supervision to carry out their jobs appropriately. A staff member said, "We all get a lot of training but I do think it really helps us, gives us the knowledge we need. We get the support we need from supervisions as well." Records showed us induction had taken place, as well as any training certificates obtained.

People told us that staff gained consent from them before providing care. One person said, "Staff always ask me first." All the staff we spoke with told us that they would always ask people before providing any care. During our inspection, we saw staff gain consent from people on a number of occasions. For example, we saw staff speak with people and ask them if they were okay and ready to receive medication or meals.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made under DoLS for appropriate people which showed that staff understood their responsibilities under DoLS.

People were supported to maintain a healthy diet. One person said, "The food is lovely, we always get more than one choice." A staff member said, "If someone didn't like what was on offer, we would make sure they had something else they did like." Menus were provided to people within the dining area to display the choices that were on offer for the day. We observed staff over the lunch period interacting with people and providing support with eating.

People had support to access health services. One person told us, "They always call the doctor for me when I need them." Staff told us that they provided support to attend appointments, and that healthcare professionals also came in to the service. We saw evidence within people's files that district nurses and doctors' had visited.

## Is the service caring?

### Our findings

People felt that staff had a compassionate and caring approach towards them. One person said, "They always look after me so well, no matter what or how busy they are, they have a smile on their face." Staff told us that they cared for the people they supported and wanted to provide a warm and positive atmosphere. During our inspection we saw staff interacting with people in a caring manner. For example, one person was upset, and staff immediately approached them, and checked if they were alright, calmly talking to the person and making them feel less anxious.

Staff were aware of the personal preferences of the people within the service. One relative told us, "The staff know everyone really well. They know what [Name of Person] likes." Staff knew people as individuals, and were able to communicate with them and talk about the things that mattered to them.

People felt involved in their own care and support. One person told us, "I always feel involved in my care, they talk to me and discuss what is going on." A relative told us they were involved with their loved ones care and that the staff did a good job of keeping them informed of the person's wellbeing. Staff told us that people's care plans were able to be added to or changed if necessary. We saw that information within people's files was regularly updated.

Staff respected people's privacy and dignity. Everyone told us that they were happy with the way the staff treated them and that their privacy was always respected. One staff member told us, "We work hard to protect and promote people's dignity." During our inspection, we saw that staff knocked on people's doors before entering and providing personal care behind closed doors.

People were able to have visitors without any restrictions in place. During our inspection we saw several relatives come in and visit people within the service. Relatives were able to spend time in the communal areas of the service, freely talk with staff and the manager, and also sit and have lunch with people.

Advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

## Is the service responsive?

### Our findings

The registered manager showed us that prior to moving into the service, people were assessed to make sure that their needs could be met.

People received care that was personalised to their needs. One person told us, "The staff all know what I like to do, what my interests are and that really helps me to be part of things." One staff member told us, "We want people to be cared for as they should be, so we need to understand what they like." Care plans contained personalised information about people's history, likes and dislikes.

Staff members recorded daily notes so that information was able to be shared with staff coming on to shift. This meant there was an up to date record of a person's care for staff to access.

People's needs were regularly reviewed and updated as required. Staff felt they were able to input to people's care and changes they suggested were listened to.

People and relatives were able to discuss matters in meetings within the service. We saw minutes from meetings that had taken place that covered various topics and recorded people's opinions. Actions were collated and acted upon as a result of things that people had said within the meetings.

People were able to take part in a range of activities and spoke highly of the activities coordinator and the available options. The activities coordinator was able to show us a rota of activity including singing, visiting musicians, and craft and reminiscence activities. These activities were on offer for people to take part in daily. We also saw that themed events were regularly held around times of the year such as Easter and Christmas.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure in the home. A person told us, "I don't need to complain but they would listen to me if I did have a complaint". All complaints and concerns were recorded and actions and responses were created and carried out for each of the complaints made in accordance with the provider policy.

## Is the service well-led?

### Our findings

The service was led by a registered manager who was supported by two team leaders. Further support was given by the provider. 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.

People and relatives told us the registered manager was easy to talk to, open and approachable. One person told us, "She knows us very well. I think she is great." One staff member told us, "I think we are all very supported. We get on well with the manager, and she understands the job from our point of view and helps us." During our inspection the registered manager was always available to give people, relatives and staff the time they needed.

Staff were aware of the visions and values of the service and felt positive about continuing to improve. We observed staff working well as a team, providing care in an organised and calm manner. None of the staff we spoke with had any issues with the running of the service or the support they received. The staff all knew the provider well and reported to us that they would often come in and visit.

The registered manager was aware of the needs of the people and staff and had a good knowledge of the service, including the people's needs and staff skill sets. She was able to express which areas of the service she wanted to improve upon, and plans were in place to address these improvements.

Accidents and incidents were recorded and appropriate actions had been taken. An analysis was undertaken to identify patterns in order to reduce the risk of any further incidents. The registered provider had sent appropriate notifications to CQC as required by registration regulations.

Quality questionnaires had been sent out to people and their relatives where areas of concern could be commented on and an action plan created to respond to them. The service carried out quality audits in several areas including medication, care planning and staff files. This information had been collated and actions had been created where necessary.