

Beachcroft Homes Limited

Beechcroft House Residential Home

Inspection report

St Johns Road
Rowley Park
Stafford
Staffordshire
ST17 9BA

Tel: 01785251973

Date of inspection visit:
10 November 2016

Date of publication:
14 December 2016

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

This inspection took place on the 10 November 2016 and was unannounced. At our previous inspection we found that the provider was in breach of four breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found that the service was not safe, effective, caring, responsive and well led. At this inspection we found that improvements had made and they were no longer in breach of any regulations.

Beechcroft Residential Home provides accommodation and personal care for up to 25 people. There were 16 people using the service at the time of this inspection.

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.

People were safeguarded from abuse as the registered manager and staff knew what to do if they suspected a person had been abused. Staff told us they knew the provider's whistle blowing procedure and who to contact if they thought the registered manager and provider had not acted upon allegations of abuse.

Risks of harm to people had been assessed and plans had been put in place to minimise the risk. Staff knew people's individual risks and followed people's risk assessments to keep them safe.

There were sufficient suitably trained staff to keep people safe. Senior staff were trained to administer people's medicines and people's medicines were stored and administered safely. The registered manager regularly checked that people were receiving their medicines as required. Staff were employed using safe recruitment procedures.

The principles of the MCA 2005 were being followed as people were consenting to or being support to consent to their care at the service. DoLS referrals had been made for people who lacked mental capacity to agree to their care.

People were cared for by staff who felt supported and had been trained to fulfil their role effectively. People told us that staff were kind and treated them with dignity and respect.

When people became unwell or their health care needs changed, health care support and advice was gained. People were encouraged to eat and drink sufficient amounts to remain healthy.

People's choices were being respected and they received care that reflected their individual preferences. People had their own private space where they were able to spend time alone or with their friends and families.

The provider had a complaints procedure and people told us they would speak to the registered manager if they had any concerns and they would act upon them. People who used the service and staff told us that the registered manager was supportive and approachable.

Systems to monitor and improve the quality of service were effective in ensuring a quality service was delivered. People were regularly asked their views on the service to ensure they were happy with their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and the risk of abuse as staff knew what to do if they suspected potential abuse had occurred.

Risks of harm to people were assessed and precautions were put in place to minimise the risk.

People's medicines were managed safely.

There were sufficient, suitably trained staff to safely meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

The provider was following the principles of the MCA by ensuring people consented to or were supported to consent to their care.

People were cared for by staff who were trained and supported to fulfil their roles.

People's were supported to maintain a healthy diet and to eat and drink sufficient quantities.

When people became unwell or their health care needs changed, professional health care advice was gained.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were able to be independent and make choices about their care.

People's right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People were receiving care that met their individual needs and preferences.

The provider had a complaints procedure and people knew how to complain,

Is the service well-led?

Good ●

The service was well led.

The systems the provider had in place to monitor and improve the quality of service were effective.

People who used the service and the staff told us that the registered manager was supportive and approachable.

The registered manager had made improvements to the service since our last inspection.

Beechcroft House Residential 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 10 November 2016 and was unannounced. It was undertaken by one inspector.

We looked at notifications sent to us by the registered manager and used the action plan they had sent us following our previous inspection to inform the inspection. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We had received information of concern which we had discussed with the registered manager. We checked to see if action had been taken following the receipt of the information.

We spoke with five people who used the service and a relative. We spoke with a visiting health professional, three care staff, the registered and deputy manager.

We looked at the care records for three people who used the service, three staff recruitment files, staff rosters and the systems the registered manager had in place to monitor the quality of service. We did this to check the management systems were effective in ensuring a continuous improvement of the service.

Is the service safe?

Our findings

At our previous inspection we had concerns that not all staff knew what to do if they suspected someone who used the service had been abused. We found that since the last inspection the registered manager had spoken to all staff at a staff meeting and revisited the whistleblowing procedure with them. They had also arranged a safeguarding training session with the local authority. The three care staff we spoke with were able to tell us what they needed to do if they thought someone had been abused. One staff member told us: "If I thought the managers were abusing people I would go to the local safeguarding team, or you (CQC) or even the police if necessary". Another member of staff said: "I've seen the whistleblowing policy, I would raise my concerns with you (CQC) or safeguarding if I thought the manager hadn't dealt with it". Although there had been no recent safeguarding issues raised by the registered manager, they knew their responsibilities in relation to reporting incidents for further investigation. This meant that people who used the service were being protected from harm and potential abuse.

At our previous inspection we had concerns that risks of harm to people were not always being assessed and reduced. We had found that action was not always taken to minimise the risks to people. At this inspection we found that precautions were put in place when a risk of harm had been identified. For example one person had been falling in their room on a regular basis. The registered manager had assessed and identified that the falls were occurring at the same time whilst the person was getting out of bed. The registered manager had spoken to the person and their relative and they had agreed that a sensor alarm was put in place by the bed so staff would be alerted if the person was getting up. We saw that this had resulted in a reduction in the number of falls the person had experienced. We saw other people who had been assessed as requiring equipment such as walking frames to help them mobilise had their frames close at hand. Other people who required the use of a stand aid to stand up and sit down were supported to use this with two staff in a safe manner.

At our previous inspection we found that people's medicines were not always managed safely. The registered manager could not be sure that people had their medicines as the balances of medicines did not match the recorded amounts being stored. At this inspection we found that the registered manager had implemented a weekly audit of all medication and a daily check of controlled drugs. We checked the balances of two medicines and found they were as recorded on people's medication administration records. We saw that since our previous inspection photographic ID had been gained to help staff be confident that the medicines they were administering were to the correct person. We observed medicines being administered and saw that this was completed safely by a trained member of staff.

People told us there were sufficient staff to meet their needs. One person said: "I never have to wait long for staff to help me". The registered manager told us they increased the staffing levels to reflect the occupancy and dependency needs of people who used the service. At this inspection there were fewer people using the service with a lower level of need and we saw that when people required two staff to support them they were available to provide this support in a timely manner. We looked at the way in which staff had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. We saw that pre-employment checks had taken place and they had received a meaningful induction prior to

starting work at the service.

Is the service effective?

Our findings

At our previous inspection we found that the provider was in breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they were not following the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found that improvements had been made and they were no longer in breach of this Regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Most people who used the service had the capacity to agree to their care and support at the service, however a few did not. At this inspection we found that the registered manager had identified the people who lacked mental capacity to make some decisions for themselves and could not agree to being at the service. We saw that mental capacity assessments had been completed and Deprivation of Liberty referrals had been made to the local authority. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. This legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

We saw where people's relatives had legal powers to make decisions for their relative the registered manager had gained evidence of this to ensure that it was correct and in order. We observed that people were offered choices and consented to their care on a daily basis.

People we spoke with told us staff were effective in their roles. One person told us: "Oh yes, the care staff are very good". Staff we spoke with told us that they had received regular training and this was on going with regular updates. Staff had regular one to one meetings with the registered manager to discuss their performance and identify any further training they may require. The registered manager had arranged for further training following our previous inspection as it had been identified that staff lacked knowledge in safeguarding procedures.

People we spoke with told us they liked the food. One person said: "We have three choices you know? The cook is really good". A relative told us: "My mum has been eating so well since she's been in here". No one was on a special diet, however we saw some people had specialised cutlery and lidded cups to aid them to eat and drink independently. At mid-morning everyone was offered fresh fruit of their liking and there were drinks available on tables beside each person. A member of staff told us: "It's hard trying to encourage people to drink enough but we try".

When people became unwell or their needs changed, appropriate health care support was gained. A member of staff told us: "I've had to call the paramedics when someone had fallen and I've rang the GP today for someone who is not so well". We spoke with a visiting health care professional who told us that the staff and registered manager contacted them when they needed advice and support.

Is the service caring?

Our findings

At our previous inspection we had concerns that people were not always treated with dignity and their care choices were not always being respected. The provider was in breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and they were no longer in breach of this Regulation.

Previously we had been told that some people had asked if they could eat their tea in the lounges whilst they watched some of their favourite television programmes. However they had been told they couldn't. At this inspection we were told that this was changed immediately after the inspection and people were asked where they would like to have their tea. One person told us: "It's lovely to sit here in the lounge and have a natter while having tea and watching countdown". Another person told us: "Everybody has chosen to stay in the lounges for tea; it's usually something easy to eat so it saves us having to move just for a sandwich. We still enjoy breakfast and lunch in the dining room though".

Previously people had told us that they were asked to get up early in the morning when they didn't always want to. At this inspection people we spoke with told us they got up when they wanted. One person said: "The staff know I am awake early so they just pop in and say 'do you want to get up'. It's up to me whether I do or not". A member of staff told us: "We've brought [Person's name] a head rest for their bed and it is helping them sleep better and longer as they used to wake really early".

People who used the service told us that staff treated them with dignity and respect. One person told us: "I am pampered here it's lovely". We observed that staff spoke to people in a kind and caring manner and enjoyed a laugh and a chat with people. A member of staff told us: "We are like a family here".

Everyone had their own private room. Some people chose to spend time in their bedroom during the day and this was respected. We saw that staff knocked on doors before entering and people were free to access their private space when they wanted to.

There were regular resident meetings where people were able to have a say in how the service was run. We saw people discussed the menus and ideas for activities. We discussed with the registered manager a 'You said, we did' board so that people could see that they had been listened to and their ideas acted upon following the meeting.

Relatives and friends were free to visit and we saw that the staff were welcoming to visitors as they knew people well and there was a friendly atmosphere within the home.

Is the service responsive?

Our findings

At our last inspection we found that people's complaints were not always acted upon and the provider was in breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the complaints raised previously had been addressed and people had been reminded about the complaints procedure at a resident meeting and as part of a quality survey. One person told us: "If I've got any problems I will talk to the manager, she's lovely and she will sort it out for me".

Prior to agreeing a service for people, the registered manager carried out an assessment of their needs to ensure that they were able to meet these needs. We found that when people's needs changed and the service was no longer able to meet their needs, the registered manager informed the relevant people to ensure a more suitable placement was found. People's care was kept under review and care plans and risk assessments were up dated as necessary. Staff knew people's individual needs, for example one person took a medication that put them at risk if they received an injury. All the staff we spoke with knew what to do if an injury occurred and the consequences if action was not taken. This meant that the service was being responsive to people's needs.

People's individual preferences were being respected. People we spoke with told us they were able to have a bath or a shower at a time that met their individual preference. One person told us: "I like a shower once a week, I always get one and if I wanted another I would just ask". A member of staff said: "People have actually got into their own routines but if someone wanted another shower or a bath we would do our best to help them with it".

People had their own personal belongings around them in the lounge areas such as photos' tissues, sweets and drinks. People had newspapers delivered and tended to spend time in the lounges chatting between themselves. Friendships had been formed and people knew each other well. There was a programme of planned activities such as gentle exercise and singers. We observed that staff spent time with people chatting about the world news and families and people appeared to enjoy this. One person told us: "We have themed events and a lovely Christmas party and our families can come to".

Is the service well-led?

Our findings

At our previous inspection we found that the providers systems to monitor and improve the quality of the service were ineffective and they were in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of any Regulations.

On the same day of our previous inspection the registered manager acted upon people's complaints in relation to their choices not being respected. People were immediately given the choice as to whether they wished to use the dining room for tea or stay in the lounge areas. People and staff we spoke with confirmed that this had changed and they were happy with the changes. This meant the provider and registered manager were following their complaints procedure and the quality of care had improved for people.

The registered manager was now following policies and procedures in relation to the MCA. People who lacked capacity to agree to being at the service had been referred for a DoLS authorisation. This meant that people would be consenting to or being supported to consent to their care.

The registered manager had implemented a new medication audit following our previous inspection. People's medicines were audited by the registered manager on a weekly basis. This meant that the registered manager could be sure that people were having their prescribed medicines when they needed them.

Staff we spoke with told us that the registered manager had spoken to all staff following the previous inspection to discuss our findings. They had discussed all aspects of the report and the plans to improve. We saw these plans had been implemented effectively to make the required improvements. For example, staff had received refresher training in how to safeguard people from abuse. All staff we spoke with demonstrated an understanding of what and who they needed to report if they suspected someone had been abused. Staff had also revisited the provider's whistle blowing policy and were able to tell us who to contact if they felt their concerns were not being acted upon.

The registered manager completed monthly audits throughout the home, including infection control. We saw that the kitchen had received a five star environmental health rating since our previous inspection. Regular maintenance of the building and equipment were maintained to ensure that the environment was safe for people.

People and their families were asked about the quality of service they received through annual questionnaire and residents meetings. Comments we saw were positive and required no action. This meant that systems were in place to identify any areas for improvement and continually improve.