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# 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	

### Overall summary

This inspection took place on 3 and 4 December 2015 and was unannounced. We last inspected Beeches Care Home on 22 May 2014 and the service was judged to be fully compliant with the previous regulatory standards.

The Beeches is a detached property set in its own grounds in the village of Coppull, Chorley. Accommodation is offered in single rooms, most of which are en-suite across two floors. The home caters for up to 34 older people who require nursing or residential care, many of whom have a diagnosis of dementia. The home

has three lounges, an activities room, hairdressing salon and three bathrooms, of which two have a hoist and Jacuzzi. All rooms have an on-call system. At the time of our inspection building work was well underway to increase the size of the home to 60 beds; this work was expected to be completed by the end of 2016.

There were 26 people at the home on the two days the inspection took place, 15 people were receiving residential care and 11 people were receiving nursing care.

# Summary of findings

The home had recently appointed a new manager who had been promoted from the deputy manager role approximately two months prior to the inspection. This was due to the previous registered manager being promoted as Group Manager for the group of homes owned by the provider. The previous registered manager had been in post for nine years. Our records showed that the new manager had begun the registration process to become the registered manager and this was confirmed when speaking to them during our inspection process. 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 service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices.

We spoke with the manager of the home regarding staffing levels. They were confident that staffing levels were in place at all times to meet the needs of the people in the home. This was observed to be the case during the inspection and the feedback we received from people, their relatives and staff also confirmed staffing levels to be sufficient to meet people's assessed needs.

Infection control policies were in place at the home and followed by staff, who when questioned were knowledgeable about infection control procedures. We saw good practice followed and staff told us that there was sufficient protective equipment available.

Staff confirmed they had access to a structured training and development programme. This ensured people in their care were supported by a skilled and competent staff team.

We saw there were detailed policies and procedures in place in relation to the Mental Capacity Act, which provided staff with clear, up to date guidance about current legislation and good practice guidelines.

The plans of care we saw incorporated the importance of dignity and independence, particularly when providing personal care. We observed staff during our inspection treating people in a kind and caring way. They spoke with those who lived at the home in a respectful manner.

Staff we spoke with were knowledgeable and passionate about end of life care. Some staff had attended specialist training via the 'Six Steps' course in end of life care.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

We examined the care files of five people, who lived at Beeches Care Home. We saw that people had been involved in their development when they could be, and very thorough needs assessments had been conducted before a placement was arranged at the home.

A keyworker system was in place so people and their families had a named member of staff who knew their care needs in detail. Care plans were reviewed monthly and fully re-written annually.

We spoke with people who lived at Beeches Care Home about the culture of the home. The responses we received were positive.

We saw minutes of a range of staff meetings, which had been held at regular intervals. This enabled different grades of staff to meet in order to discuss various topics of interest and enable any relevant information to be disseminated amongst the entire workforce.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines.

# 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?

The service was safe.

Employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people.

Staff were aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow.

Staff spoke knowledgeably regarding medicines management and confirmed that they were trained appropriately.

Good



### Is the service effective?

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

The menu offered people a choice of meals and their nutritional requirements were met.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and depriving people's liberty where this was in their best interests. We spoke with staff to check their understanding of MCA and whilst staff had a basic understanding of MCA it was agreed with the registered manager training for all staff would be sought.

Good



### Is the service caring?

This service was caring.

Staff interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age or disability. Their privacy and dignity was consistently promoted.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

People were treated in a kind, caring and respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated clearly with those they supported and were mindful of their needs.

Good



### Is the service responsive?

The service was responsive.

People we spoke with told us they knew how to raise issues or make complaints.

We saw that care plans were regularly reviewed and contained information pertinent to each individual.

Good



### Is the service well-led?

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines.

Good



# Summary of findings

A good range of audits were in place that feedback into service provision.

People who lived at the home were fully aware of the lines of accountability within Beeches Care Home. Staff spoken with felt well supported by the management team and were very complimentary about the way in which the home was being run by the manager.

# 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 3 and 4 December 2015 and was unannounced.

The inspection was carried out by two adult social care inspectors including the lead inspector for the service.

Before the inspection visit we reviewed the information we held about the service. This included information such as

notifications informing us about significant events and safeguarding concerns, any contact from other professionals and contact from people using the service and/or family or carers.

We spoke with a range of people about the service; this included all six of the people living at the home and six members of staff including the newly appointed manager and group manager. We contacted the Local Authority commissioning team to gain their views on the service and other professionals who visited the home such as district nurses, GP's and social workers.

We spent time looking at records, which included five people's care records, four staff files, training records and records relating to the management of the home which included audits for the service.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. We asked one person what made them feel safe in the home and they told us, "The girls (care staff) are always there and talk to me". One relative we spoke with told us, "My wife could not be anywhere better. I can go home and be at peace. I really rate the home, my wife has been in other homes but this is by far the best one, all the staff are brilliant."

We spoke with the manager of the home regarding staffing levels. They were confident that staffing levels were in place at all times to meet the needs of the people in the home. This was observed to be the case during the inspection and the feedback we received from people, their relatives and staff also confirmed staffing levels to be sufficient to meet people's assessed needs. We looked at staffing rotas for the seven day period of our inspection and saw that staffing was in place across that period.

We saw that staff on duty were displayed on the notice board located in the dining room and that this was up to date on both days of our visit. Activities were also detailed on the board as well as the day and date.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. One member of staff told us, "We have all had safeguarding training and we discuss any concerns during handover. If I had any concerns I would report it to a senior member of staff."

There had been 15 safeguarding referrals made by the home during the twelve month period prior to our inspection. We discussed this with the group manager who told us that they had recently met with the local authority who had informed them that many of the safeguarding referrals were classed as 'low level' but that reporting them was the correct procedure. All safeguarding referrals had been resolved and closed down at an early stage by the local authority. When we spoke to the local authority they had no concerns regarding the safety of people living at Beeches Care Home or how the home dealt with safeguarding issues.

The home had an accident and incident file in place and we saw that all incidents were recorded, investigated appropriately and signed by the people involved.

We looked at how medicines were ordered, stored, administered and recorded. We spoke with the manager who had responsibility for administering medication on the first day of the inspection and observed medication being given to people on the morning of the second day of our inspection. All the medicines given were done so in a discreet manner and it was evident that the deputy manager knew people well and how best to approach people when administering their medicine. We checked medication administration records (MAR) to see what medicines had been given. The MAR was clearly presented to show the treatment people had received. Medicines were stored in a locked cabinet within a locked room. Controlled drugs were stored appropriately as were medicines that needed to be refrigerated. We saw that fridge minimum and maximum temperatures were recorded daily to ensure that people's medicines were kept in the correct manner. All the people we spoke with told us they received their medicines on time and knew why they were taking their medicine.

There were processes in place for when medication was refused which included involving the person's GP. A covert medication policy was in place and used for two people at the time of our inspection. Separate folders were kept for the application of creams and body maps were in place detailing where the cream was to be applied and MAR charts were also completed.

During our inspection we looked at the personnel records of four people who worked at the home. We found that prospective employees had completed application forms and had attended structured interviews. This helped the management team to determine if applicants met the required criteria, in accordance with company policy. All necessary checks had been conducted, which demonstrated robust recruitment practices had been adopted by the home. This meant those who were appointed were deemed fit to work with this vulnerable client group and therefore people's health, safety and welfare was sufficiently safeguarded.

Infection control policies were in place at the home and followed by staff, who when questioned were knowledgeable about infection control procedures. We saw good practice followed and staff told us that there was

## Is the service safe?

sufficient protective equipment available. We saw that 'no touch' gel dispensers were situated throughout the home including the homes entrance. Formal infection control audits were also being completed to ensure staff were following safe practice.

Some of the staff we spoke with told us they had not had recent infection control training. We discussed this with the home manager who told us that this had been identified and suitable training was being sourced. We saw further evidence that this had been identified as an issue within the homes 'Training strategy and Identified Training Needs 2015/16' plan which stated, 'All staff to have infection control training in-house' and 'as many staff as possible for external infection control training'. The plan also identified the need to appoint a lead infection control nurse; this task had been completed with a lead nurse identified and in place.

We found the home to be clean and odour free throughout the inspection. During our initial tour of the home we found the small lounge area to the rear of the home to be full of boxes from a recent delivery, they were however removed by the homes maintenance worker after we brought this to the attention of the home manager and we were assured that this would have happened anyway. Due to the building work that was ongoing some storage issues were being experienced. People living at the home, nor their relatives, did not raise any concerns' regarding the cleanliness or tidiness of the home and it was accepted that some storage issues whilst the home was being developed would be experienced, and as long as people's safety was not compromised that this was not seen as a major issue.

# Is the service effective?

## Our findings

People we spoke with were very complimentary about the staff team. One person told us, "All the staff are brilliant, I don't know how they do it" Another person said, "There is always someone to talk to, they are good listeners." All the people we spoke with said they found staff to be polite, competent and easy to speak to.

Staff confirmed they had access to a structured training and development programme. This ensured people in their care were supported by a skilled and competent staff team. One staff member told us, "We get training in a lot of areas and if I felt as though I needed any additional training I would ask my manager".

Records and certificates of training showed that a wide range of training was provided for all staff. These included areas such as fire safety, medication, safeguarding, food hygiene and moving and handling. There was a detailed training plan in place which we were given a copy of, this detailed planned training for 2015-16 and identified any areas for improvement of development.

Staff files we looked at showed that people received monthly supervision sessions and an annual appraisal of their performance. When speaking with staff they also told us that staff meetings and handover sessions at the beginning and end of each shift took place to ensure they were aware of how people had been and had the information they needed to provide care and support. Supervision notes confirmed that people had the opportunity to discuss their work performance, achievements, strengths, weaknesses and training needs. Staff we spoke with were happy with how supervision and appraisals were undertaken and we saw that these took place frequently.

We saw evidence that staff received a thorough induction when they started work at the home. We spoke with staff who confirmed this to be the case even though a number of the staff we spoke with had been at the home for a significant period of time.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of MCA. Staff we spoke with were aware of MCA and some had received training in this area although their knowledge when questioned about MCA and DoLS was limited. At the time of our inspection there were some restrictions in place such as bed rails, sensor mats and people were unable to leave the home unaccompanied. The correct procedures had been followed in all circumstances and people's care plans reflected this. We discussed the need for specialist MCA training for all staff with the registered manager who agreed to source this.

We discussed consent issues with staff. All were very knowledgeable about how to ensure consent was gained from people before assisting with personal care, assisting with medication and helping with day to day tasks. People who used the service cited no issues when we discussed consent issues with them.

We talked with people who used the service about the quality and variety of food provided. The responses we received were positive and people were seen to enjoy the food on offer. We observed lunch being served in a relaxed manner. Tables were set appropriately and people were offered a choice of hot and cold drinks. There were two hot meal options served at lunch time and alternative snacks were offered if neither option suited people. Most people had their lunch in the dining room but some people, mainly those who needed assistance, ate in the lounge or their own room. Staff members were attentive to the needs of people who required assistance or who wanted to ask questions regarding the food that was being served. The lunch-time period was seen to be very busy and a number of staff we spoke with told us that they felt they could do

## Is the service effective?

with additional help at meal times. One member of staff told us, "There are a lot of people who need help with eating; this is when we could do with some extra assistance. Families are a good help though and otherwise staffing levels are good. As people's needs have increased over the past few years more people need help eating." We discussed this with the manager and group manager. They recognised that this was a busy time and that people in the home had increased needs compared to only a few years ago. They did feel that staffing was appropriate and all staff were made available to assist at meal times including the manager.

We spoke with the cook who told us that the home catered for any specialist diets, whether that be for health, religious or cultural needs. One person at the home had a diabetic controlled diet and 14 people had soft diets as they were at risk of choking. The cook was knowledgeable about

people's needs and they told us that they had met with people and/or their relatives to find out about people's preferences. There were systems in place to ensure that people who were on soft diets or specialist diets received the meals prepared for them. They told us that there was enough equipment in the kitchen and it was of good quality. They had recently asked for some new equipment and this had been provided by the owners of the home.

The home operated a four weekly menu on a rolling rota. Kitchen audits, which included cleaning schedules, health and safety issues and stock control, were carried out by the cook in conjunction with the homes business manager. The home had received a recent four out of five food hygiene rating from the environmental health department. There were only a few issues to resolve in order to regain the five out of five rating that was previously in place and a follow up visit was due imminently from environmental health.

# Is the service caring?

## Our findings

People who lived at the home were very complimentary about the approach of the staff team and the care they received. One person told us, “I couldn’t wish to be in a better place.”

People we spoke with told us that care and support was provided by regular staff, which promoted continuity of care. One person said, “Staff knock before entering the room and are respectful.” Relatives we spoke with told us that they felt communication between the family and the home was good and that they were always kept well informed.

Good information was provided for people who were interested in moving in to the home. The service users’ guide and statement of purpose outlined the services and facilities available, as well as the aims and objectives of the home. This enabled people to make an informed decision about accepting a place at the home. People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

The plans of care we saw incorporated the importance of dignity and independence, particularly when providing personal care. We observed staff during our inspection treating people in a kind and caring way. They spoke with those who lived at the home in a respectful manner. Staff evidently knew people well and responded appropriately to meet individual preferences. This was in no small part due to the consistency and retention of staff at the home. Many members of staff who we spoke with had worked at the home for a number of years including one person who had worked at the home for ten years and another for over 20 years.

We saw within people’s care plans that referrals were made to other professionals appropriately in order to promote people’s health and wellbeing. Examples included referrals to social workers, district nurses and GP’s. Care plans were kept securely, however staff could access them easily if required. We saw that people who were able to were involved in developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. People we spoke with and relative’s we spoke with confirmed they had been involved with the care planning process.

Staff we spoke with were knowledgeable and passionate about end of life care. Some staff had attended specialist training via the ‘Six Steps’ course in end of life care. This involved demonstrating that the service met a number of specific standards including enhanced training for care staff. We saw from the many compliments and thank you cards from relatives that people at the end of their life were treated with dignity and respect. The group manager told us that provisions were made for family to stay with people who were at the end of life if this was their wish and if people had no family that additional staff were provided to be with people.

We received a number of positive comments from professionals who visited the home when we asked for feedback during our inspection. These included comments such as; “All staff are extremely professional and are great with residents”, “I have no concerns at all about this home, it is one of the better ones we visit” and “The staff and manager are a credit to the home.”

# Is the service responsive?

## Our findings

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. One person told us, “I would raise any issue I had with any member of staff.” One relative we spoke with told us, “I would just go into the office if I had any problems but it isn’t something I have had to do.”

We saw that the home had an up to date complaints policy which was on display in the home. We saw that a complaints file was kept in the office. We saw that there were three complaints recorded since January 2015 and that all of them had been responded to in an appropriate timescale and resolved.

We examined the care files of five people, who lived at Beeches Care Home. We saw that people had been involved in their development when they could be, and very thorough needs assessments had been conducted before a placement was arranged at the home. These included people’s likes and dislikes and this helped to ensure the staff team were confident they could provide the care and support people required. Care staff confirmed that they had read the care plans for those they supported, to ensure they knew what each individual required. Records we saw reflected people’s needs accurately and we observed written instructions from community professionals being followed in day to day practice.

A keyworker system was in place so people and their families had a named member of staff who knew their care needs in detail. Care plans were reviewed monthly and fully re-written annually. All care staff had access to the care records and they completed progress notes of daily events. We saw that the home had received positive feedback from families

We saw that activities did take place at the home. The home employed two activities coordinators who between them worked seven days per week so activities were available every day of the week. We spoke with one of the activities coordinator who told us about the various activities that took place within the home. All the staff we spoke with told us that lots of activities took place at the home. One member of staff told us, “There is lots’ going on for people here.” People we spoke with and their families confirmed that there were lots on offer for people in terms of activities at the home and that choices were offered.

We saw that an activities file was in place and that planned activities were detailed on the main notice board in the dining room. The quarterly ‘Beeches Care’ newsletter detailed forthcoming activities and dates within the ‘Dates for your diary’ section. Examples within the latest newsletter included; visiting musicians, pet therapy, chair exercises run by Age UK and bonfire night and Christmas parties.

# Is the service well-led?

## Our findings

We spoke with people who lived at Beeches Care Home about the culture of the home. The responses we received were positive. One person told us, “This is a friendly place and we get treated very well”. Relatives we spoke with were also complimentary about how the home was run and how they communicated with the home. One relative told us, “I get asked questions about (relative) and if I have had any questions of my own I have always had a satisfactory answer, things I do not understand are explained to me.”

At the time of our inspection the newly appointed manager was on duty and the former registered manager, who was the newly appointed group manager, came shortly after we arrived to support the new manager. Both were extremely organised and very positive about providing a high standard of service for those who lived at the home. The new manager had worked at the home for three years as the deputy manager so knew the people, relatives, staff and systems within the home well. On arrival at the home we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records we looked at to be well maintained and organised in a structured way. This made information easy to find. All staff were very knowledgeable about the people living at the home and were able to answer questions about them without having to refer to documentation.

We saw minutes of a range of staff meetings, which had been held at regular intervals. This enabled different grades of staff to meet in order to discuss various topics of interest and enable any relevant information to be disseminated amongst the entire workforce. We saw copies of meetings for nursing staff, care supervisors, night staff, health care assistants, kitchen staff, managers and activities coordinators.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We found the service had clear lines of responsibility and accountability. All of the staff members we spoke with confirmed they were supported by their manager and their colleagues.

We saw evidence of a wide range of audits being undertaken by the home manager as part of the quality assurance process in place. These included; medication, care plan, health and safety and kitchen audits.

Feedback about the quality of service provided was actively sought from those who lived at the home and their relatives, in the form of surveys. We saw copies of the most recent surveys from staff, relatives and visitors and visiting professionals. All the comments received were very positive.

We saw the homes most recent quarterly monitoring return to the local Clinical Commissioning Group (CCG) which covered a wide range of areas including; medicines management, infection prevention control, care planning, safeguarding, staffing and training and development of staff. There had been no concerns highlighted via this return or previous returns to the CCG.

The home was a member of the Lancashire Care Association and Registered Nursing Home Association which helped them keep up to date with any changes in practice and legislation.