Mr & Mrs H Pavaday

Beechwood House

Inspection report

40 Beechwood Road
South Croydon
Surrey
CR2 0AA

Tel: 02086512937

Date of inspection visit:
27 June 2017

Date of publication:
22 August 2017

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 was an unannounced inspection that took place on 27 June 2017.

Beechwood House provides accommodation and personal care for up to 23 people who may have dementia. Nursing care Is not provided. The home is privately owned by the registered manager and her husband. There were 22 people using the service during this inspection.

The home had a registered manager. 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 and associated Regulations about how the service is run.

In May 2015, our inspection found that the service was overall good with good for all five questions.

People and their relatives said the management team and staff provided very good support and care, in a respectful way. They told us the home was a very nice place to live and they enjoyed living there. People also had the opportunity to do what they wanted and join in the activities if they wished.

The home provided a warm and welcoming atmosphere that was enabling and inclusive. Visiting relatives told us that they were always made welcome and the atmosphere was so inclusive that they weren't just visiting their own relatives, but everyone living and working at the home. The home provided a safe environment for people to live and work in and was well maintained, well decorated and clean.

The home's records were up to date, thorough, easy to understand and regularly reviewed. This enabled staff to perform their duties well and meet people's assessed needs.

The staff were very familiar with people using the service and their likes, dislikes, routines and preferences. They also treated people equally with the same level of attentive service. Staff had appropriate skills, qualifications and were focussed on providing individualised care and support in a professional, friendly and compassionate way. Whilst professional they also made themselves accessible to people using the service and their relatives. Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. People and their relatives told us the choice of meals and quality of the food provided was very good. People were encouraged to discuss health needs with staff and had access to community based health care professionals, if they required them.

The management team at the home were approachable, responsive, nothing was too much trouble, and they encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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 told us that they felt safe and were well treated. There were effective safeguarding procedures that staff understood, used and assessment of risks to people were in place.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine was safely administered; records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

Staff were well trained.

People's needs were assessed and agreed with them.

Specialist input from community based health services was provided.

Care plans monitored food and fluid intake and balanced diets were provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged if required.

Is the service caring?

Good

The service was caring.

People said they felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they wished to be supported

were clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?

Good

The service was responsive.

People chose and joined in with a range of recreational activities. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

People told us that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The service had a positive and enabling staff culture. The manager encouraged people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the registered manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Beechwood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 27 June 2017.

The inspection 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 service.

There were 22 people living at the home. We spoke with eight people using the service, three relatives, three staff and the registered manager.

Before the inspection, the provider completed 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 also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for three people using the service and two staff files.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

All people using the service and their relatives we spoke with said that the home was a safe place to be and they felt safe living there. One person told us, "Oh yes, I've felt safe. Nothing dangerous here." Another person said, "Staff help me when I need to move." A relative commented, "Oh yes, she is safe here."

The organisation had provided staff with safeguarding training and they were aware of when a safeguarding alert would be required to be raised and how to do so. Staff also received written information and there was a policy and procedure made available to them. There was no current safeguarding activity and previous safeguarding issues were suitably reported, investigated, recorded and learnt from. The home also had policies and procedures regarding protecting people from harm and abuse and staff had received training in them. Staff understood what was meant by abuse and the action to take should they encounter it. They said protecting people from harm and abuse was one of the most fundamental things that they did and part of their induction and refresher training.

People's care plans contained assessments that identified any risks to them and this enabled people to enjoy their lives in a safe way. The risks were regularly reviewed, updated as people's needs and interests changed and included areas such as their health, daily living and social activities. Any risks to people were shared by staff during shift handovers, staff meetings and as they occurred. There were also up to date general risk assessments for the home and equipment used. The home and its garden were clean, well maintained and decorated with the equipment used, such as the lift, regularly checked and serviced. A new sun lounge had been added since our last visit that was a light airy place for people to sit and enjoy.

There were accident and incident records kept and a whistle-blowing procedure that staff were aware of and knew how to use.

There was a thorough staff recruitment procedure with all stages of the process recorded. This included advertising the post, although the manager said most posts were filled by word of mouth, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's communication skills and knowledge of the service the home provided. References were taken up and Disclosure and Barring Services (DBS) security checks carried out prior to staff starting in post and there was a six month probationary period. The home had disciplinary policies and procedures that staff confirmed they understood.

During our visit we saw that there was enough staff to meet people's needs and support them to do as they wished. This was reflected in the way people did the activities they wished safely. The staff were attentive, reassuring and took their time to make sure that the people were kept safe. The staff rota showed that support was flexible to meet people's needs at all times and there were suitable arrangements for cover in the absence of staff due to annual leave or sickness.

Medicine was safely administered to people using the service. One person said, "Oh yes, I get my medication regularly" and "I'm in a lot of pain. They do give me painkillers when needed." The staff who administered

medicines were appropriately trained and this was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked and found to be fully completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members who were authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs. Medicine kept by the home was monitored twice per day and audited monthly. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required. There were medicine profiles for each person that included any allergies. There were also regular audit visits by the pharmacist.

Good

Is the service effective?

Our findings

Throughout the inspection people were supported and enabled to make decisions about what they wanted to do. They confirmed to us that this was always the case and relatives also said they were also able to be involved in decisions. Staff were aware of people's needs and met them by providing a comfortable, relaxed atmosphere that people said they enjoyed. They said the type of care and support provided by staff was what they needed and delivered in a friendly, enabling and appropriate way. One person said, "They do involve me in decisions about my care" and "I do feel I have choice. Another person told us, "I think they [Staff] are well trained and get training on the job." A relative told us, "The home is top rate, I have no hesitation recommending it, and it gives me piece of mind."

The home provided staff with induction and annual mandatory training that they said was what they needed to do their jobs. The induction training included the core aspects required for them to deliver care, information about staff roles, responsibilities, the home's expectations of staff and the support they could expect to receive. They were given comprehensive information about the organisation, home and people who lived there with new staff shadowing more experienced ones as part of their induction. This gave them increased knowledge of the home and people who lived there. The induction training encompassed the 'Care Certificate Common Standards' and staff were expected to complete the Care Certificate during their probation period. The annual training matrix and people's individual development plans identified when mandatory training was due. This training included infection control and prevention, moving and handling, medicines management, food safety, equality and diversity and health and safety. There was also access to more specialist training to meet people's individual needs, such as dementia and catheterisation. Staff meetings included opportunities to identify further training needs. Two monthly supervision sessions and annual appraisals were partly used to identify any gaps in training.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The MCA and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider, all applications under the DoLS had been authorised, and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by the manager whom had received appropriate training and recorded in the care plans. Staff received mandatory training in the MCA and DoLS. Staff we

spoke with understood their responsibilities regarding the MCA and DoLS safeguarding. Staff checked that people were happy with what they were doing and activities they had chosen throughout our visit.

We checked a sample of care plans that included sections for health, nutrition and diet. Full nutritional assessments were carried out and regularly updated. If required, weight and nutrition charts were kept and staff monitored how much people had to eat and drink. One person said, "We are offered water or juice during the day." People's care plans contained information regarding any support required by them at meal times, although staff were fully aware of the support required without reference to the guidance. They had also received nutrition awareness training. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits by a community based dieticians and other health care professionals as required. For example an audiologist was visiting during the inspection. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

During our visit people chose their meals and there was a variety of choice available. The meals were of good quality and special diets on health, religious, cultural or other grounds were provided.
The lunchtime meal consisted of a choice of two main courses (one vegetarian) and alternatives were available, desserts and water or juice. Picture menus were on tables, descriptions of the dishes were given and good interaction between people using the service, staff and each other took place during the meal. Meals were reasonably well presented, the service was smooth and the lunch experience was a pleasant one. After lunch many people said they enjoyed the meal

Good

Is the service caring?

Our findings

Staff knew people well, were aware of their needs, preferences and met them. They provided a comfortable, relaxed and enabling atmosphere that people enjoyed. One person told us, "The girls [Staff] are very nice, kind and attentive" Another person said, "The girls [Staff] are very good, some are excellent, kind and caring" and "The staff help me to shower" and "When I call for help, the response is very good." A relative said, "She [Person using the service] and all the others are very well looked after." Another relative told us, "They are all good here, very kind staff."

People we spoke with and their relatives were very satisfied with the home, and singled out the staff for particular praise regarding their caring, compassionate and friendly approach to providing care. They told us that the staff treated everyone with dignity, respect and enabled them to maintain their independence. The staff met people's needs; they enjoyed living at the home and were supported to do the things they wanted to. Staff were helpful, listened to and acted upon people's views and people's opinions were valued. This was demonstrated by the large variety and number of positive and supportive care practices we saw with approaches that were modified to the needs of each individual. This could not have been achieved without staff having an in depth knowledge of each person and their life experiences. Staff called people by their name or preferred title and interacted with them in a friendly and appropriately familiar way. Staff were able to tell us general things about people, their level of dementia, their engagement and their likes and dislikes without reference to people's care plans. Staff were skilled, patient and also made an extra effort to encourage people to enjoy their lives. Staff had received training about respecting people's rights, dignity and treating them with respect that underpinned their care practices. The patient approach by staff to providing people with care and support during the inspection meant that people were consulted about what they wanted to do and when they wanted to do them. One person said, "The staff do make sure I'm in private when dealing with me" and "I do think they encourage me to be as independent as I can be." Everyone was encouraged to join in activities if they wished but not pressurised to do so. Staff also made sure people were included if they wished to be and no one was left out.

Staff continually made sure people were involved, listened to and encouraged to do things for themselves, where possible. They facilitated good, positive interaction between people using the service and promoted their respect for each other during our visit. An example of this was during the quiz when people were encouraged to join in and praised for joining in and their efforts whether the answers were right or wrong. People were free to move around the home and elsewhere as they pleased.

Staff verbally engaged people in a way and at a speed that people could comfortably understand and follow. They were aware of people's individual preferences for using single words, short sentences and gestures to get their meaning across. Staff took time talking in a supportive and reassuring way whilst projecting positive body language that people returned.

The home had a confidentiality policy and procedure that staff were aware of, understood and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. This was also the case when we visited. There were a number of visitors on the day of the inspection, who told us they visited frequently and always made to feel welcome.

Good

Is the service responsive?

Our findings

Staff gave people time to decide the support they wanted, when and it was delivered in a friendly, enabling and appropriate way that people liked. They were supported and enabled to enjoy the activities they had chosen. The registered manager and staff asked for the views and opinions of people and their relatives. People told us that if they had a problem, it was quickly solved. One person said, "Plenty for me to do if I want to." Another person told us, "I am given the choice to take part in activities or not, I choose not to." A relative said, "It's my husband's 90th birthday tea party today, the food is home cooked, lovely and they don't stint." Another relative told us, "Very happy, she's [Person using the service] really settled and happy which is the main thing."

The registered manager said people using the service were privately funded self-referrals, but if a service was commissioned by a local authority, that assessment information would be requested from them or from a care home if they were being transferred. The home also carried out assessments and if it was identified that needs could be met, people and their relatives were invited to visit. They could visit as many times as they wished before deciding if they wanted to move in. The visits also gave the home further opportunity to better identify if their needs could be met. Staff told us the importance of considering people's views so that the care could be focussed on the individual. It was also important to get the views of those already living at Beechwood House and give them the opportunity to say if they thought the person would fit in. People were provided with written information about the home and organisation that outlined what they could expect from the home and what the home's expectations of them and their conduct was.

People's care plans were based on an initial needs assessment that was carried out by the registered manager, other information from previous placements if available and information gathered as staff and the person became more familiar with each other. The home provided care focussed on the individual and staff put into practice training to promote person centred care. People were enabled and encouraged to discuss their choices, and contribute to their care and care plans if they wished. If people wished, their care plans were developed with them and their relatives and were signed by them where practicable. The care plans had goals that were identified and agreed with people. The goals were underpinned by risks assessments and reviewed monthly by care workers and people using the service. If goals were met they were replaced with new ones. The care plans recorded people's interests and the support required for them to follow them. Daily notes identified if chosen activities had taken place. The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify further things they may wish to do. There was also individual communication plans and guidance.

The home provided a number of activities that were individual and group orientated and mainly home based which people preferred. There were outings to the local church, parks and people had attended a world war 2 exhibition that they enjoyed. One person regularly attended a dance class with their daughter. During the inspection there were a number of activities that were planned and led by the activities co-ordinator including a quiz that people joined in with and said they enjoyed. Other advertised activities included hand massage, bowling, ball games, dancing and singing, classic film afternoon and bingo.

People told us they were aware of the complaints procedure and how to use it. One person said, "No complaints from me" and "When my family visit, they are offered a cup of tea." The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to sensitively during our visit.

Good

Is the service well-led?

Our findings

People and their relatives told us the registered manager was approachable and made them feel comfortable. The registered manager and owner were visible throughout the visit. They were both familiar with all people using the service and their needs. One person said, "You can see the managers about." Another person told us, "My daughters are contented I am here and being well looked after" and "For me the best thing is I'm well looked after." One relative said, "I'm very happy mum is here"." Another relative told us, "The best thing for me is knowing I can get help at any time." During our visit there was an open, listening culture with staff and the registered manager paying attention to and acting upon people's views and needs. It was clear by people's conversation and body language that they were quite comfortable talking to the registered manager; equally as they were with the staff team.

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way.

Staff told us the registered manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. They said they really enjoyed working at the home. A staff member said, "Really good people to work for." Another member of staff told us, "We work well as a team and it comes from the heart." The records we saw demonstrated that regular bi-monthly staff supervision, staff meetings and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that identified how the home was performing, any areas that required improvement and also those where the home was performing well. This enabled any required improvements to be made.

The home used a range of methods to identify service quality. There were home meetings where any issues could be discussed regarding the home, living there and views and suggestions put forward. Quality audits took place that included equipment, medicine, health and safety checks, and daily checklists of the building, housekeeping, infection control, health and people's care plans. Policies and procedures were audited annually.