

# Shaw Healthcare (de Montfort) Limited

## Beech Close Care Home

### Inspection report

Beech Close  
Lower Street, Desborough  
Kettering  
Northamptonshire  
NN14 2XQ

Tel: 01536762762  
Website: [www.shaw.co.uk](http://www.shaw.co.uk)

Date of inspection visit:  
05 May 2016

Date of publication:  
15 June 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 5 May 2016 and was unannounced.

Beech Close provides care and support for up to 42 people who are physically and mentally frail; some of whom may be living with dementia. There were 40 people living at the service when we visited.

The service has a registered manager. On the day of the inspection the registered manager was on annual leave. 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 felt safe living at the service. Staff were aware of the processes in place to report incidents of abuse; and had been provided with training on how to keep people safe from abuse and harm. Processes were in place to manage identifiable risks and to promote people's independence.

The service's recruitment procedure was robust to ensure that staff were suitable and fit to be employed. Systems were in place to ensure people's medicines were managed safely and given at the prescribed times.

Staff were provided with induction and essential training to keep their skills up to date. They had regular one to one meetings to support them in their roles.

People's consent to care and support was sought before any care was provided. This was in line with the requirements of the Mental Capacity Act (MCA) 2005. They were supported with food and drink and to maintain a balanced diet. When needed, staff supported people to access health care facilities.

People had developed good relationships with the staff team who treated them with kindness and compassion. Systems were in place to ensure that their views were listened to; and their privacy and dignity was upheld.

Before coming to live at the service people's needs were assessed. This was to ensure that the care provided would be personalised and responsive to their needs. The service had a complaints procedure which was accessible to people and their relatives.

There was a positive, open, inclusive and transparent culture at the service. Arrangements were in place for the service to maintain links with the local community. There was a quality assurance system in place to monitor the care provided and to drive continuous improvements.

## 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

Systems were in place to keep people safe from avoidable harm and abuse.

There were risk managements plans in place to protect and promote people's safety.

Suitable staff were employed to meet people's needs.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective

Staff were trained to carry out their roles and responsibilities appropriately.

People consented to be supported with their care and support needs in line with current legislation.

Staff supported people to eat and drink and to maintain a balanced diet.

When needed, people had access to healthcare facilities.

### Is the service caring?

Good ●

The service was caring

People had developed positive and caring relationships with staff.

Staff ensured people's views were acted on.

People's privacy and dignity was promoted.

### Is the service responsive?

Good ●

The service was responsive

Prior to coming to live at the service people's needs were assessed.

People were able to join in with activities of their choice.

Information on how to raise a complaint was available to people.

### **Is the service well-led?**

**Good** ●

The service was well-led

The culture at the service was open and inclusive.

Links with the local community were fostered.

The service had quality assurance systems in place which were used to drive continuous improvements.

# Beech Close 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.

The inspection was unannounced and was carried out on 5 May 2016 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with 12 people who used the service and a relative. We also spoke with five support workers, one senior support worker, two team leaders, one domestic assistant, the chef and the activity co-ordinator. In addition we spoke with the operations manager, the director of operations and two health care professionals.

We looked at six people's care records to see if they were up to date. We also examined three staff recruitment files and other records relating to the management of the service including quality audit records.

# Is the service safe?

## Our findings

People told us they felt safe and secure within the service. One person said, "Yes, I am safe here. I can move around with my walker." All the people we spoke with made similar positive comments.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had a good understanding of the signs of abuse and how to report it. Staff told us they were confident if they reported any concerns about abuse or the conduct of their colleagues, the registered manager would take the appropriate action.

We saw training records to confirm that staff had been provided with safeguarding training. There was also information on safeguarding and whistleblowing displayed on a notice board. This was to remind people and staff about the process. We saw evidence that the service maintained a record of safeguarding incidents. We found where recommendations had been made from the outcome of safeguarding investigations they had been acted on.

People had risk assessment plans in place to promote their safety. Staff told us that the plans provided clear guidance for them to follow; and to promote people's safety. We saw assessments had been undertaken to identify risks in relation to personal care, mobility, moving and handling, skin integrity, falls and environmental. Where risks had been identified, guidance was in place for staff to follow. We saw that risk assessments were reviewed monthly or as and when people's needs changed.

Staff told us that there were plans in place for responding to emergencies or untoward events such as fire, gas or electrical failure. The service's emergency procedures formed part of staff induction. We saw each person had a Personal Emergency Evacuation Plan (PEEP) in place and fire drills were carried out regularly. A list with the names of senior managers who staff were able to contact in the event of an emergency or for advice and support was available.

The team leader told us that accident and incidents were monitored for any identified trends. She said, "One of the service users was at risk of falling and we were able to refer them to the falls team and they provided us with advice and support. We also re-arranged the furniture in their bedroom." We saw evidence of this and the person's risk assessment had been updated.

People told us that overall the staffing numbers were sufficient. One person said, "I think there is enough staff." Another person said, "If I ring my call bell I don't have to wait long." The team leader told us that the staffing numbers throughout the day consisted of six support workers, a senior support worker and a team leader. In addition there were a minimum of two domestic staff along with the chef and kitchen domestic. The number was reduced to three support workers at night and a team leader. On the day of the inspection one support worker had phoned in sick. Therefore, one of the domestic staff was redeployed to work as a support worker. This did not have an impact on the cleaning, as senior staff were able to provide cover for the domestic who was covering as a support worker.

The team leader told us that the service did not employ agency workers but used staff from the organisation pool of bank workers. We looked at the staff rota for the current week and the following five weeks and found that it was consistent with the number of staff on duty on the day of our inspection. The team leader told us there was always a senior support worker and team leader on shift throughout the day and we saw evidence of this.

Safe recruitment practices were in place. The operations manager told us that staff were subject to a face to face interview and were given a literacy test and scenario questions were asked. If found suitable to be appointed staff would be required to provide the appropriate documentation such as, references, proof of identity and a Disclosure and Barring Service (DBS) clearance before taking up employment. In the staff's files we examined we found that the appropriate documentation was in place.

There were systems in place to manage medicines safely. One staff member said, "We use an electronic system to support us with the administration of medicines. This has minimised the risk of errors occurring." We observed medicines were stored in a locked trolley that was attached to a wall for safety. Controlled medicines were stored in a separate locked and secured cabinet in a locked room. We checked a sample of controlled medicines and the balance in stock corresponded with the record. We saw there was an audit trail of medicines entering and leaving the service. Monthly audits of medicines were taking place. Staff were observed administering medicines in line with best practice guidance.

# Is the service effective?

## Our findings

Staff told us they had received the appropriate training to carry out their roles. They explained when they started working at the service they completed an induction and were provided with essential training. This included safeguarding, fire awareness, health and safety, moving and handling, food hygiene, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The operations manager told us if staff did not have a national recognised qualification they would be expected to complete the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers.) We saw evidence within the staff files we examined that demonstrated staff had been provided with induction and ongoing training.

There was a supervision and appraisal framework in place. Staff told us they were supported and provided with regular supervision and an annual appraisal of their work performance. One staff member said, "We get regular supervision which is always useful to talk about your work and your training needs." We saw evidence which confirmed that staff were provided with supervision and appraisal.

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. We saw evidence that applications had been made to the supervisory body to deprive some people of their liberty in their best interests but they had not yet been approved.

People's consent was gained by staff. One person said, "The staff always explain when and how they are going to assist me." The staff we spoke with told us that they would always ask people for their permission before providing care. During our inspection, we observed staff gained consent from people before providing assistance. For example, when administering medicines. Within the care files we examined we saw that people had given written consent to be supported. Staff told us they had received training in the Mental Capacity Act (MCA) 2005 and had a good understanding of the DoLS procedure.

People were supported to maintain a healthy diet. One person said, "The food is good, it's the one thing you can't complain about." Another person said, "The food is nice. If you don't like it, they don't make you have it." All the people we spoke with made similar positive comments.

The chef told us people were provided with choices and if people did not wish to eat what was on the menu an alternative would be provided. We saw that menus were displayed within the dining area. We observed



lunch in one of the units and found it to be a relaxed activity. People were provided with choices. Staff interacted with people and where needed, provided prompting and assistance. Throughout the inspection we saw staff offering people hot and cold drinks as well as snacks. We saw evidence that people's weights were monitored regularly.

There were systems in place to ensure that people had access to healthcare services if required.

Staff told us that people were supported to see their GP, optician, dentist or other health care professionals. We saw evidence that the district nurses visited people on a daily basis to administer treatment. They told us that there was good liaison between them and the staff team. Any advice provided in relation to promoting people's health and well-being was acted on. Staff confirmed if there was a change in a person's condition this would be reported to their GP who would ensure that specialist treatment was sought. We saw evidence that some people had been referred to specialists such as, a dietician and the speech and language therapist.

# Is the service caring?

## Our findings

People made positive comments about the care they were receiving and said that staff treated them with kindness and compassion. One person said, "The staff are wonderful. I can have a chat and a laugh with them." Another person said, "I like the staff, I get on with them well." We observed when people were in the company of staff they looked at ease.

Staff told us they worked to ensure that positive relationships were developed between them and the people they supported. They explained that it was important for them to get to know people's histories and background. This enabled them to provide care and support in the way that people wanted. One staff member said, "[name of person] told us that they wanted to be confirmed. We were able to arrange this for them." This demonstrated that people were supported to feel that they mattered and were listened to.

We saw there were arrangements in place for people to express their views and be involved in making decisions about their care and support. Staff told us that regular meetings were held with the people who used the service. We saw minutes from a recent meeting held. People were given the opportunity to discuss the food menus and confirmed that they were happy with the new choices on offer. They were updated on the service's refurbishment programme and made aware that some bathrooms and toilets had been decorated. We saw evidence that one person had agreed to take responsibility for preparing hanging baskets for the garden with support from staff.

The team leader told us that there was no one using the services of an advocate. People were made aware of this on admission. We saw information on how to access the services of an advocate was displayed in the service. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives.)

Staff told us that people were treated with dignity and respect. One staff member said, "As one of the dignity champions I ensure that the residents are spoken to in a respectful and polite manner and they are called by their preferred name." The staff member commented further and said, "I am confident that staff ensure people's dignity is promoted. I observe their practice." Another staff member said, "The residents have keys for their rooms and choose if they wish to have their doors locked." We observed staff assisting people with personal care in a discrete manner. People chose to spend time in their bedrooms and staff respected their wishes.

People were assured that information about them was treated confidentially. Staff told us that information about people was shared on a need to know basis and with their permission. We found that the computers were password protected and files containing information about people were locked away in filing cabinets. This ensured that confidentiality was upheld.

People told us that relatives and friends were able to visit without any restrictions. One person said, "Yes, my relative can visit me anytime." Staff confirmed that relatives could visit at any time. One staff member said, "We always offer them refreshments." This showed that people were made to feel welcome.

# Is the service responsive?

## Our findings

People's needs were assessed before they were admitted to the service. A relative told us, "Someone from the home visited us and interviewed my [name of person]." The relative commented further and said, "They asked lots of questions."

Staff told us before a person was admitted to the service a pre-admission assessment was completed with the person, their family and relevant professionals. This ensured that the placement would be appropriate and their needs met. We found that the information gathered was used to inform the care plan. People had a four-week period to settle in, after which the placement was reviewed to ensure it was suitable. If the person agreed to remain at the service yearly statutory reviews would take place thereafter with family members, staff from the service and a social worker.

The team leader told us that information about people's background and history was recorded in their care plans. This enabled staff to get to know the people they were supporting really well. For example, one person enjoyed having a glass of wine with their meal and this was recorded in their care plan. We saw that the care plans contained information on people's likes, dislikes and how they wished to be supported. This ensured that staff would be aware of people's individuals' needs. We saw evidence that monthly reviews of the care plans had taken place.

People were supported to follow their interests and take part in activities of their choice. One person said, "The activity person is great. She does a lot of things that we enjoy doing." Another person said, "We go out sometimes." The activity person told us that she had regular chats with people to find out what they would like to do. We saw a variety of activities were on offer daily, which included singing, boat trips, arts and crafts and reminiscence. On the day of our inspection people were painting wooden shapes for the garden to attract the birds' attention. In the afternoon two people went out for a walk. We saw that themed events were regularly held around times of the year such as Easter and Christmas. There was a shop at the service which was opened twice a week and was run by volunteers. This enabled people to purchase sweets and toiletries.

Staff supported people to promote their religious beliefs. They told us that a church service was held monthly and holy communion was offered.

There was a complaints policy and procedure in place which was displayed in the service. We saw documentation which showed complaints had been dealt with in line with the provider's procedure and to the complainants' satisfaction.

The operations manager told us that an annual survey was sent to people and their relatives. This enabled them to comment on the quality of the care provided. The 2015 survey results were available and these were displayed on the notice board in the service. Comments were positive and there were no areas requiring attention.

## Is the service well-led?

### Our findings

There was a positive, open, inclusive and empowering culture promoted at the service. People told us they were happy with the care they received and felt that the registered manager involved them in discussions in relation to the care provided. One person said, "The care is very good here." Another person said, "I think it is outstanding."

There was a culture of support and transparency at the service. Staff told us they felt supported by the registered manager and enjoyed working at the service. One staff member said, "[Name of manager] is very approachable and supports us a lot." The staff member commented further and said, "She always tells us if we need any help we should ask." This demonstrated that staff felt able to approach the registered manager for support if required.

Strong links were maintained with the local community. Staff told us that the service had connections with the local churches in the area and the local school. At Easter the children held an Easter parade which people had enjoyed. We were also told if people did not wish to go shopping, arrangements would be made for local vendors to visit the home to sell items such as clothes and shoes. This showed that community involvement was promoted.

Staff were confident that concerns raised with the manager were listened to. One staff member said, "[Name of manager] encourages us to raise issues or make suggestions at staff meetings." The staff we spoke with said that they felt able to question practice issues and were aware of the safeguarding and whistleblowing procedures. They confirmed that they understood their responsibility to share any concerns about the quality of the care at the service. We saw evidence that feedback was sought from staff through staff meetings, supervision and personal review meetings.

The registered provider was committed to providing quality care and invested in the staff team. An annual 'star awards' programme was in operation. Staff were able to nominate their colleagues for their performance and motivational approach in providing a quality service. The organisation was also accredited with investors in people. (Investors in people provide a best practice people management standard offering accreditation to organisations that adhere to the investors in people framework.)

Information held by the Care Quality Commission (CQC) showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The service had a variety of quality monitoring processes in place and regular audits were undertaken by the registered manager and senior managers. We saw records relating to health and safety, medication, care plans, infection control and accidents and incidents. Where areas had been identified as requiring attention action plans had been put in place to support how improvements would be made.