

# City of Bradford Metropolitan District Council

## Beckfield

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Beckfield is a residential care home that was providing personal and nursing care to 32 people aged 65 and over at the time of the inspection.

### People's experience of using this service:

Improvements to care records and medicines management had been made since our last inspection in November 2017.

Medicines were administered safely and people's dietary and healthcare needs were met.

Care records were clear, up-to-date and reflected the care each person required. Risk assessments were in place to show what actions had been taken to minimise the risk to people. Appropriate safeguarding referrals were made and people told us they felt safe living at the service.

Most staff had worked at the service for several years. Staff were caring, compassionate and knew people and their care and support needs very well. People were encouraged to do as much as possible for themselves to build up and maintain their independence.

Activities were organised by staff to occupy people on a group and individual basis. People could access activities provided by the on-site day centre.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff were receiving regular training and updates which were relevant to their role. Staff could discuss their on-going performance and development needs at regular formal supervision and appraisals.

People and staff praised the management team and said they were supportive and approachable. The management team completed checks to ensure the service was running smoothly and people received good quality care. People's feedback about the service was sought through quality questionnaires, meetings and reviews. A complaints procedure was available to enable people to raise complaints or concerns.

### Rating at last inspection:

Requires Improvement (published February 2018). This service has been rated 'Requires Improvement' at the last three inspections.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

Further inspections will be planned for future dates.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Beckfield

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team:

- The inspection team consisted of two adult social care inspectors, an adult social care assistant inspector and a mental health inspector.

Service and service type:

- Beckfield is a service providing nursing or personal care to older people. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- The inspection was unannounced.

What we did:

- We reviewed information we had received about the service since the last inspection in February 2018. This included details about incidents the provider must notify us about.
- We requested feedback about the service from the local authority safeguarding and commissioning teams.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with seven people who used the service and two relatives.

- We spoke with the registered manager, the assistant manager, nine care staff, the cook, the laundry person and two visiting healthcare professionals.
- We reviewed six people's care records, four staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- People received their medicines at the correct time and when they needed them. A person's relative commented, "Oh yes, (person) gets them on time. Every day (person) gets asked if (person) wants painkillers...All medicines are locked up."

Medicines checks were in place to ensure these were managed and stored safely.

- Staff administering medicines were trained and had their competencies checked.
- Most topical creams had the date of opening noted to ensure their safe 'use by' was not exceeded. However, we saw one person's creams did not contain this information. The registered manager agreed to ensure this was carried out in future, although staff explained most creams were discarded and replenished monthly.

### Systems and processes to safeguard people from the risk of abuse; assessing risk, safety monitoring and management

- Appropriate safeguarding referrals had been made and staff were trained to recognise and act on concerns of abuse. Staff could describe actions they would take if they had any concerns.
- People told us they felt safe. One person said, "Oh, yes, I feel safe. I can close my bedroom door when I want." Another person commented, "There are just plenty of people about. When you go to bed, there is somebody (staff around)."
- Risks to people were identified and systems put in place to mitigate these. The registered manager agreed to review some people's risk assessments to make sure they were fully person-centred.
- The environment and equipment were safe and well maintained.
- Staff held practice fire drills to check any risks to people from an emergency evacuation. Plans were in place to inform staff and emergency services about the support people required at this time.

### Staffing and recruitment

- There were enough staff to support people safely and to ensure people's needs could be met. A healthcare professional commented, "Staff are always on hand."
- The registered manager told us they adjusted staff numbers according to the occupancy. Agency staff were sometimes used to cover sickness and absence. The registered manager also said they had secured funding for extra staff to maintain good staffing numbers.
- Safe recruitment procedures and checks were in place to ensure staff were suitable for the role.
- Many staff had worked at the service for several years which meant people were supported by a consistent staff team.

### Preventing and controlling infection

- Staff used gloves, aprons and hygiene dispensers where appropriate. Staff had received training in

infection control.

- The service was clean and odour free.

Learning lessons when things go wrong

- Accidents and incidents were investigated and analysed to see what lessons could be learned to prevent a reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence  
People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Two people were currently subject to DoLS and correct processes had been followed. Other people were awaiting assessment by the local authority DoLS team.
- A DoLS tracker was in place to keep staff updated of people's applications and any associated conditions. The registered manager was aware of people's DoLS conditions and how the service was meeting these.
- People's capacity was assessed and where people lacked capacity to make a particular decision, best interest principles were followed. However, some of these assessments required further detail to determine people's capacity round specific decisions. We spoke with the registered manager who told us they would action this.
- Advocates were used where people did not have anyone to speak up for them. One person was having their medicines hidden in food or drink. Their relative, GP, pharmacist and the registered manager had been involved in the decision-making process to ensure this was in the person's best interest.
- Staff asked for people's consent before supporting with care tasks. Staff told us people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- People's needs were assessed prior to admission. Care records included information about people's needs, choices and preferred routines.

Staff support: induction, training, skills and experience

- Staff training was up to date or booked. People told us staff provided safe and effective care.
- Staff had their competencies assessed and were supported with regular supervision and appraisal to review their training and development needs.
- Most staff had several years' experience working in the service, which provided consistent care and support.
- People told us staff were well trained and knew what they were doing. One person commented, "Yes,

definitely."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed. Where people were assessed at nutritional risk, referrals were made to the GP or dietician. Food and fluid charts were put in place. In one person's records, details such as the amount eaten needed further detail. We spoke with staff who agreed to action this.
- People could choose what they wanted to eat from a menu which was adapted seasonally. Food was home-made and people told us the food was good. Plates were warmed up in the microwave before serving food to ensure food remained hot for people to eat.
- Staff sat with people to support them and we heard people enjoyed good natured chatter at mealtimes. People were offered plenty of hot and cold drinks throughout the day.
- The cook catered for people's special dietary needs; for example, diabetic or people with food intolerances. Information about people's dietary requirements were communicated to the cook daily. After mealtimes, kitchen staff sought people's feedback about the food served to inform future menu planning.
- The service had a separate Halal kitchen to ensure some people's religious and cultural dietary requirements were supported.

Adapting service, design, decoration to meet people's needs

- Signs were in place to allow people to find their way around the building easily.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People's health care needs were supported. Records showed people had been seen by a range of healthcare professionals including GP's, district nurses, chiropodists and opticians,
- The home had a dedicated therapy room and there were regular visits from physiotherapist and occupational therapists. These interventions supported people achieve enablement goals. A weekly multi-disciplinary meeting was held at the home involving clinicians and the registered manager.
- Healthcare professionals we spoke with told us staff asked for advice and followed their guidance.
- The registered manager was setting up weekly ward rounds with the local GP to facilitate regular healthcare visits and reduce hospital admissions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's comments included; "This place is the best place that you can think about - how they look after people is magnificent", "They're (staff are) a good bunch", "You can't beat this place. It's unbelievable" and "Different people want different things but they try their best to meet everyone's needs."
- Staff knew people well and had developed good relationships. People looked relaxed and comfortable around staff.
- The atmosphere throughout the service was calm and unhurried. For example, staff sat down and ate with people at breakfast time. People spent quality time chatting with staff and each other and were in no hurry to leave the table.
- People's diverse cultural backgrounds were supported. For example, the service employed staff able to communicate with people in their own language. We observed this happening during our inspection.

Supporting people to express their views and be involved in making decisions about their care

- People were listened to and their views used to make changes to their care and support.
- People's preferences were respected. Staff could tell us, and records confirmed, where people's views of how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- We saw a staff member supporting someone who was unwell in a discrete and compassionate manner.
- Staff knocked on people's bedroom doors before entering. Staff could give examples of how they ensured people's privacy, such as closing doors and curtains and covering people to preserve their dignity.
- One person commented, "I can have a bath and they leave me (to have a soak). They help me in and out of it. They pass me the flannel and I wash my face and where I can reach. I am very content."
- Staff spoke passionately about promoting independence and supporting people to return home through positive rehabilitation. A staff member commented, "Very rewarding to see when people are up and off." One person's relative commented how the service had "Changed my (relative's) life. Doctors had written (person) off but this place has helped (person) learn to walk and talk again and now (person) is able to consider going home."
- People's confidential information was stored in locked cupboards or offices.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs  
People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in developing their own care plans where possible. A staff member commented, "Care plans – we're doing person centred care plans now which is really good. I just enjoy doing it with them (people who use the service). They are writing their things." One person commented about staff involving them in their care planning and told us, "Yes, they do and they include families."
- Care plans were person centred and up to date. People's likes and dislikes and what was important to them was recorded. Care Plans were reviewed monthly or if something changed.
- Staff supported people in a very person-centred way. One person commented, "I can't sleep in bed, so (registered manager) organised a reclining chair within 5 minutes, because I can't put my legs straight. Now I sleep really well." A health care professional described the service as, "A lot more of a personal setting."
- People's communication ability was looked at as part of the assessment process and information provided in an accessible format. A staff member commented, "We can use braille or hearing aids. We can access anything. If they need a translator...we have so many staff here, I can translate four languages. We have Polish staff as well. We have big cards, we have pictures."
- We saw staff discussed people's care plans and any changes to the way people's support was to be delivered during handover meetings.
- People were provided with activities and social opportunities, according to their choice. Some people chose to attend events within the attached day service which included arts and crafts, quizzes and games. We saw one person was supported to act as 'bingo caller' during our inspection which they clearly enjoyed. The service had advertised for an activities co-ordinator to allow people greater access to social activities.

Improving care quality in response to complaints or concerns

- People told us they would be able to discuss any concerns with staff. One person told us they had to tell a staff member they were unhappy about something. They said the outcome was positive, with the issue resolved to their satisfaction.
- Complaints were taken seriously and investigated appropriately. However, information about outcomes was not always clear and action plans were not always included within the complaints file. From our discussions with the registered manager, we were confident appropriate actions had taken place and this was a documentation error. The registered manager told us they would ensure these were recorded in future.

End of life care and support

- Advanced care discussions took place and people's future wishes were recorded where they agreed to discuss these with staff.
- We saw people's final wishes, such as listening to classical music, were respected.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People praised the management team and said they were approachable and caring. One person commented, "I can't say anything wrong. The management are great." Everyone we spoke with said they would recommend the service as a place to receive care. Staff also told us they would recommend the service as a place to work.
- The registered manager understood their legal responsibility to notify the Care Quality Commission about significant events.
- The management team were passionate and committed to providing high quality, person-centred care.
- There was a clear emphasis within the service of providing person-centred care and improving people's independence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us morale was good and most staff worked well together as a team. Clear lines of responsibility and communication had been developed within the service. For example, there were identified staff champions in areas such as infection control, dignity and safeguarding.
- Staff handovers were clear and contained information to assist staff carry out their daily roles effectively. A staff member commented, "I love it here. We have a good team of care staff. A lot help us out if they're quiet on their unit...they'll answer buzzers for us."
- The management team carried out comprehensive checks to drive improvements to the service and ensure best practice guidelines were followed. Monthly checks were also made by independent quality visitors and the provider completed regular quality assurance checks. Results from these were fed into an ongoing service improvement plan, with clear target dates for completion of required improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had introduced a weekly carers café which gave relatives and friends the opportunity to visit, meet staff and share their views about the service.
- Questionnaires were sent out to people to find out what they thought about the service. We saw overwhelmingly positive responses had been received.
- Regular staff meetings were held. Staff told us these were a good opportunity to discuss any concerns, share best practice and updates about the service.

Continuous learning and improving care; working in partnership with others

- Staff worked with the district nursing team, occupational therapists and physiotherapists to share best practice and improve people's care. For example, a healthcare professional told us staff always sought and followed their advice when they were concerned about people.
- The registered manager worked closely with the local authority and other local authority services to look at ways to improve the service.
- The service had established effective working relationships with agencies involved in people's care, such as GPs, psychiatrists, social workers and community healthcare professionals. Multi-disciplinary meetings were held weekly.