Beechcroft Care Homes Ltd

Beechcroft - Torquay

Inspection report

Palermo Road, Torquay
Tel: 01803 327360
Website: no website

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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

Beechcroft was registered to provide care and accommodation for up to 34 people. People living at the service were older people, some of whom had memory problems. There were 33 people living at the service at the time of our inspection.

This inspection visit took place on 22nd April 2015 and was unannounced. Prior to this inspection we had received some concerns about the care being provided at night and early morning so our visit commenced at 06.00hrs. We could not substantiate the concerns that had been raised.

The service 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 2008 and associated Regulations about how the service is run.

People were cared for by a staff group that were skilled, trained and supported in their role. There were enough staff on duty throughout the day and night to meet people's needs. It was clear from our observations and discussions that staff knew people well.

Staff understood people's vulnerability and how to protect them from abuse, harm or injury. Staff were aware of the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005. Staff told us that most people were encouraged to make their own decisions about their

Summary of findings

care, but some may not be able to make more major decisions. There has been a recent change to the interpretation of the Deprivation of Liberty Safeguards and the manager had made the appropriate applications to the local authority in order to comply with the changes. People were protected from abuse because staff demonstrated a good knowledge of the types of abuse and knew how to report any suspicions.

Staff recruitment procedures were robust. This protected people from unsuitable individuals being employed by Beechcroft.

The registered manager set the standards the staff were expected to meet. She was available to hear the views of people and their families, and support the staff to carry out their work. We saw that people's care was planned to meet their individual needs, with the plans being formulated in conjunction with families and involved professionals.

Throughout the day we saw that people were treated as individuals with respect, care and kindness. People were supported to pursue activities of their choice and to maintain links with the local community.

People received a nutritious diet, with plenty of snacks and drinks available. Consideration was given to those requiring special diets. Staff had received training in supporting people with swallowing problems and /or choking risks. People were able to choose alternatives if they did not like or want what was on the menu.

Medication was managed safely and people received their medication on time.

The registered manager had developed quality assurance methods and there was a clear complaints procedure. There were audits and checks in place to monitor the safety and quality of care. All incidents and accidents were recorded and analysed, this helped the staff identify any triggers that may help to prevent further accidents or incidents.

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?

Good

The service was safe.

People were protected from abuse and discrimination. The staff had a clear understanding of their responsibilities.

The staff recruitment programme was robust to ensure that only suitable people were employed.

Sufficient staff were on duty to ensure that appropriate care was given in a planned and timely way.

Risk assessments had been undertaken and measures had been taken to reduce or eliminate potential risks

Medication was administered and stored in a safe way

Is the service effective?

Good

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 and their responsibilities under that legislation. They understood issues of consent to care and treatment, and were skilled in supporting people to be as independent as possible.

The staff team were knowledgeable and had benefitted from ongoing training and updates. They received regular supervision.

People received care and support to promote their health and well-being. Where required people were referred appropriately to GPs and District Nurses in a timely fashion.

People received a nutritious diet with plenty of fluids, with individual dietary preferences being considered.

Is the service caring?

Good

The service was caring.

People who used the service were supported by staff who had built caring and trusting relationships with them.

Staff fully understood the people's care needs and treated them with dignity and courtesy.

Care was delivered based on personalised care plans, with people and/or their representatives fully involved in decisions about their care.

People's dignity was respected and personal care was carried out in private.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed by staff and written plans were produced showing how best to meet those needs. The plans were regularly reviewed.

People could choose to undertake activities and were supported to do so if necessary.

Summary of findings

People felt confident that they could raise any concerns they had with the staff or manager.

Is the service well-led?

Good

The service was well led.

The manager was very open and approachable.

Records were well maintained.

The registered manager monitored the service provided through a series of audits and feedback from the people.

Beechcroft - Torquay

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 22 April 2015 and was unannounced.

The inspection team comprised two inspectors. Before the inspection we reviewed the information CQC holds about the home which included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

During the inspection we spoke with five people using the service, two visiting relatives, five staff (two from the night shift and three on the day shift) and the manager. We also spoke with three health and social care professionals and staff from the local authority who had commissioned care from the service.

We observed the interactions between the people and the staff throughout the day and reviewed a number of records. These included people's care records, quality assurance systems, accident and incident reports, staff records, records relating to medication administration and staffing rotas.

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 to us.

Good

Is the service safe?

Our findings

People told us they felt safe in Beechcroft. They told us they felt there were always enough staff on duty to meet their needs. We looked at staff rotas that showed two waking night staff were used and typically three carers in the day, supported by the cook and the cleaner.

We saw that call bells were answered promptly. Staff were available to meet care needs when required and care was delivered in an unhurried fashion with lots of conversation and laughter. One person told us 'they [the staff] are always around, it's good to know they are there'.

Before the inspection we had been advised that at night people were left for long periods of time without attention. This was contrary to what we found during our inspection. Records of care showed that people were attended to throughout the night.. One person told us 'Day or night, the staff always come and check you're ok'.

People's medications were managed so that they received them in a safe way. The home used a monitored dosage system. The senior care assistants were responsible for medication administration and we saw that during medication rounds records were checked and all doses given signed for. We saw that homely remedies, ointments and eye drops were all stored correctly, in date and labelled for the individual for whom they were meant. There was a signature list to identify who had signed for medications. The registered manager undertook audits of the system to ensure all medications had been given. Staff confirmed they received training in medication administration.

There was clear guidance within the medication folder on what to do in the event of a medical collapse for one resident who might be prone to this because of a medical condition. There were also guidelines and consent forms for residents who received their medication covertly, although there was no-one at the home that this applied to.

People were protected from the risks of abuse. Staff demonstrated good knowledge of different types of abuse. They told us how they would recognise abuse of any sort and were able to say what they would do about it. They said they would initially tell the senior carer or manager, but also knew to contact the police or local safeguarding team. The manager was fully aware of the need to involve the local authority. The home had a clear safeguarding policy and the staff were up to date on training in this area.

We saw that people were protected by robust recruitment procedures. All staff had been interviewed and references taken up. The necessary checks had been undertaken to ensure that those employed were suitable to work with vulnerable people.

There were clear risk assessments in individuals care plans, and we saw risk assessments had been undertaken for pressure area care, the use of bedrails, mobility, choking, nutritional needs, and self- administration of medication. These were reviewed monthly, or before if needs had changed.

Procedures were in place to protect people in the event of an emergency and we saw that personal evacuation plans were in place for each person detailing the help they would need in the event of fire. We saw that fire exits and extinguishers were clearly marked. There were easily accessible first aid boxes around the home. We saw that the staff were provided with protective equipment (gloves and aprons) at various locations throughout the house, and we noted that staff always used these. This meant that the people using the service were protected from cross infection risks.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff had received various training including health and safety, fire safety, moving and transferring, dementia care, and safeguarding adults. A training matrix was used to identify when training or refresher training was due. All staff were encouraged to undertake NVQ Level 2 or 3 in Health and Social Care.

We saw that the staff had a good understanding of the needs relating to specific conditions. For example we saw staff speaking slowly and clearly to people with dementia and those with a hearing impairment. This showed us that staff knew how to care for people with these conditions. Good practice was observed when staff were moving and transferring people, with staff patiently explaining what they were doing, and using the correct moving and transferring techniques. During this inspection we saw the staff always asked before carrying out any care, and if a person declined a care intervention, staff would allow them that choice and return to them later.

It was clear that the staff knew people well and understood how they liked their care to be given. The staff were patient and clearly able to recognise when people who weren't able to say so needed their help. For example, we saw one person become quite restless and agitated for no apparent reason, but the staff quietly asked them if they needed the toilet and helped them to get there. The person then became settled and happy again. Visitors told us 'the staff are always helpful' and 'I think this is a very good care home'.

The staff received regular supervision from the registered manager and each member of staff had a yearly appraisal to reflect on their practice, and identify any learning needs. One member of staff told us 'the supervision is good, you can always learn something or raise any issues'. Staff felt well supported by the registered manager with one saying "if I'm ever stuck I know I can go to the manager for help".

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA). This act exists to ensure that people who are unable to make decisions for themselves have their legal rights protected. It provides a legal framework to assess peoples' capacity to make certain decisions, at a certain time. If people are assessed as not being able to make a decision because they lack capacity, a 'Best Interest' decision is made. This process involves assessment from involved professionals (for example a GP or a social worker) in consultation with a person's family or representative. We saw that people had been assessed in relation to locked doors (preventing freedom of movement) and medication. This showed us that staff at Beechcroft understood their legal responsibilities and the principles of the MCA. We were shown an email from a local social worker who expressed that the homes' own capacity assessment was so good they wanted to use it as a training tool for other homes.

There has been a recent change to the interpretation of the MCA, which the manager was aware of, and people had been appropriately referred to the local authority for further assessment under the MCA as a result.

People were supported to maintain good health and had access to local health care services where necessary. The home kept records of GP and other visiting professionals visits. Staff told us that if they had any concerns about a persons' health they would always seek medical advice.

Good

Is the service caring?

Our findings

People and their visitors told us staff were very good and caring. All the interactions between people and the staff were positive. We saw lots of friendly banter between staff and people, with staff making time to sit and chat individually with people. People told us that staff always spoke to them politely and with respect. One person said "they are very nice. The manager is very nice. She stands out, she is so kind". Another said "I'm very, very happy. People are friendly and very kind". A member of the community mental health team said staff were "thoughtful and responsive" and "quick to act on any problem".

Peoples' families were also positive. One said "I think it's a very good care home, all the staff are very caring and good with the residents".

Not everyone was able to verbally express their views. Where this was the case it was clearly recorded how decisions about care had been reached and written records showed that families and professionals had been consulted about their opinions. One relative told us "they are very good at keeping you up to date and always let you know if there are any changes."

We used the Short Observational Framework(SOFI)tool to observe those people who were not able to tell us their experience of care at Beechcroft. We saw that staff always asked the people before carrying out care interventions and gave clear and patient explanations to them about what was happening.

Everyone had their own bedroom. People's privacy was respected and personal care was offered discreetly. People could choose where they spent their time, with some opting to use their rooms instead of the communal areas.

People told us they had been involved in planning their care and their preferences were respected.

Staff were aware of the need to maintain confidentiality and did not speak about people in front of others. We observed a handover and staff spoke about people in a respectful and compassionate way. One person had said they did not want to be cared for by male staff members and we saw this was discussed and the persons wish followed.

Good

Is the service responsive?

Our findings

People's care needs had been discussed with them and individual care plans had been devised to show staff how best to meet those needs.

People's care plans were maintained and reviewed using a computer system. The plans were comprehensive and detailed people's care needs and how the staff were to meet them, for example we saw that several people had communication difficulties and the plans detailed for each of them the best way of interacting. We saw that the care plan for one person who could not verbally communicate listed some body language that would indicate their needs. Another care plan indicated what action staff should take if the person became distressed "I need lots of reassurance and sometimes I may just need to be left alone".

The registered manager undertook an initial assessment of people before they come to the home to ensure that Beechcroft was able to meet their needs. Care plans were then drawn up in consultation with the person, their family and /or involved professionals.

We saw that the plans were regularly updated with new risk assessments to meet changing need. For example, there was information on what action staff should take to minimise risk after one person had been fitted with a urinary catheter. Peoples' families told us "they always ask us what we think if the care has to be changed".

We saw that people were supported to see a visiting chiropodist if they needed to. The home had a regular visiting hairdresser.

People told us they could join in with activities as they wanted. Organised activities included entertainers, arts and crafts, animal visits and an exercise group. The home had taken the time to understand peoples' past hobbies and interests, and tried where possible to reflect this in the choice of activities. The home organised occasional outings for people and some were also able to go out with their family. We saw general social interaction in the home with staff and residents chatting happily together. Staff said that people had one to one interactions if people did not like group activities. There are activities planned over the 5 weekdays but weekends are less structured, with one relative saying "the weekends are very quiet with nothing for the people to do".

Visitors told us they were always made welcome and could visit at any time.

Everyone that we spoke to felt the care was good and had not had to make any complaints. They were aware of the homes' complaints procedure. One family member said "I have every confidence that if there was an issue, I could discuss it with the manager and it would get sorted out". The registered manager undertakes an audit of complaints and concerns and what action has been taken.

Good

Is the service well-led?

Our findings

The people living at Beechcroft, and their visitors and the home's staff described the manager as open and approachable. One person said "Whatever little problem I've got I can always go and speak with the manager". Another said "[the manager] is marvellous, really on the ball" and "this is the best place I have ever worked".

Relatives and professionals told us they are able to contact the registered manager at any time.

In addition to the manager, there was a team of senior carers to offer on-going advice and support to other staff.

The manager had organised a meeting every six months for people so that concerns could be shared, and families were encouraged to attend these. A Quality Assurance survey was undertaken annually, the last one showing that 96% of the respondents would rate their care as good or excellent. The home also has a comments and suggestions box.

Staff meetings were also held regularly to enable staff to share information, learning and concerns. These meetings were also used by the manager to ensure staff were aware of their roles and responsibilities, and to promote the homes ethos of person centred care. Minutes were stored in the managers' office. Action plans were kept and reviewed at the next meeting.

Staff spoke highly of the management support they received, and felt they benefitted from regular supervision to give guidance and advice on any changes in care

The home had clear policies and procedures and information (for example how to contact the local social services Safeguarding team) was easily accessible.

The manager carried out regular audits of medication, equipment, residents' monies, rooms and personal laundry. These audits showed us that procedures in the home were being followed and people were kept safe.

All accidents and incidents are recorded and analysed. This helped the staff group to identify any triggers to events, and action is then taken to minimise the likelihood of that event happening again. We saw that the registered manager had informed The Care Quality Commission as required of notifiable incidents.

Records were well maintained. All staff had password access to the computerised system. They also receive anonymised text alerts for any changes to care plans.