

Benridge Care Homes Limited

Good Companions EMI Residential Care Home

Inspection report

113 Roe Lane
Southport
Merseyside
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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

This unannounced inspection was conducted on 5 September 2017.

Situated in Southport and located close to public transport links, leisure and shopping facilities, Good Companions EMI Residential Care Home is registered to provide accommodation for up to 26 people living with dementia. There is a lounge on the ground floor and an open-plan lounge and dining area in the basement. Bedrooms are located on the ground and upper floors. All floors can be accessed by a passenger lift if people have mobility needs. There is a large garden to the rear of the property and car parking to the front.

At the time of inspection 24 people were living at the home.

A registered manager was in post. 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.

At the last inspection, the service was rated Good.
At this inspection we found the service remained Good.

Why the service is rated Good.

Each of the relatives that we spoke with was very complimentary regarding safety at Good Companions. We also saw clear evidence of safe practice.

We saw that people were protected from the risk of abuse or harm because staff knew people well and were vigilant in monitoring risk. Risk assessments had been regularly reviewed and changes applied where necessary.

Medicines were safely managed within the home by trained staff and in accordance with best-practice guidance for care homes.

Staff were recruited safely and deployed in sufficient numbers to meet people's needs. The people that we spoke with were clear that staff had the right skills and experience to provide the specialist care required. Staff were trained in subjects relevant to the needs of people living at Good Companions. Subjects included; adult safeguarding, mental capacity and moving and handling. This basic training was supplemented with additional, specialist training. For example, in dementia and end of life care.

People's capacity was assessed and consent sought in accordance with the Mental Capacity Act 2005 (MCA). The processes and records relating to the assessment of capacity and consent to care were extremely

thorough and well-detailed. Consent was sought and recorded in care records.

People were supported to maintain a varied and healthy diet in accordance with their preferences and healthcare needs. The home operated a rolling menu which offered good choice.

We saw from care records that staff supported people to access a range of community based healthcare services on a regular basis. Some people were also supported to access specialist healthcare services where there was an identified need. We saw examples of the positive impact that the home had on people's health and wellbeing.

Good Companions was specifically adapted to meet the needs of people living with dementia. Adaptations and décor had been developed with the support of specialists in dementia care.

People living at Good Companions, their relatives and professionals were complimentary about the quality of care provided and the positive impact that the home had on people's lives. We saw staff support people with their personal care in a manner that was respectful and discrete. When staff delivered care and support they explained what they were doing when supporting each person.

Some people living in the home were involved in the planning and review of their care. For other people this was not practical because their health conditions limited their understanding of the process. Where this was the case information from relatives, professionals and staff was used to update care plans. Care records provided evidence of regular review and personalised approaches.

Relatives and staff spoke positively about the management of the home. The registered manager held responsibility for two other homes in the area and made effective use of a management team to provide day to day management of the home. It was clear that each of the managers had a good understanding of the home and the people living there.

We saw that the staff on duty during the inspection were motivated to provide a high-quality, responsive service to the people living in the home and clearly understood their roles and responsibilities. Our observations of their practice and their responses to our questions were positive throughout the inspection.

The registered manager oversaw the completion of a wide range of quality and safety audits on a regular basis. They provided evidence of a comprehensive system for quality assurance.

The ratings from the previous inspection were displayed as required.

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 remained Good.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Good Companions EMI Residential 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 took place on 5 September 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and their staff. We completed a SOFI (Short Observational Framework for Inspections) to gauge the frequency and quality of interactions with people living at the service. We observed the lunchtime experience and sampled some of the food. We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of our inspection we spoke with two people living at the home. We also spoke with three relatives. We spoke with the registered manager, the care manager, four care staff and a visiting district

nurse.

Is the service safe?

Our findings

We asked people if they felt safe living at the home. One person told us, "They [staff] keep a close eye on me because my memory isn't what it was." Each of the relatives that we spoke with were very complimentary regarding safety at Good Companions. Comments included; "[Safe] absolutely. Safety is a big part of [relative's] dementia. Staff are very aware of that," "[Relative's] safety has improved since the move [to Good Companions]" and "I feel I can go home and leave [relative] and they will be in safe hands."

The home deployed three care staff, two managers and an activities coordinator during the day and two carers and a floating manager [shared across two other homes] at night. The home also had dedicated maintenance and domestic staff. We asked people living in the home and their relatives about staffing levels. Everyone said they thought there were enough staff on duty to meet people's needs and keep them safe. We saw that staff were not rushed and were available to monitor and provide care as required. Staff were safely recruited in accordance with a robust procedure which ensured that they were suitable to work with vulnerable people.

We saw that people were protected from the risk of abuse or harm because staff knew people well and were vigilant in monitoring risk. Risk assessments had been regularly reviewed and changes applied where necessary.

Staff had been trained in adult safeguarding and knew what action to take if they suspected abuse or neglect. Each of the staff that we spoke with were clear about their responsibilities to report concerns inside and outside the home. Each person had a personal emergency evacuation plan (PEEP) which was available as part of a 'grab pack' in the event of an emergency. Staff had access to specialist equipment to help evacuate the building in case of an emergency.

Medicines were safely managed within the home by trained staff and in accordance with best-practice guidance for care homes. We checked the storage, administration and record-keeping for medicines and found that stock levels were correct and records were completed correctly.

Safety checks on the building and equipment had been completed as required. Safety certificates were up to date and equipment had been maintained and serviced as required.

Is the service effective?

Our findings

The people that we spoke with were clear that staff had the right skills and experience to provide the specialist care required. One relative said, "Staff are really good. They know how to meet [relative's] needs." While another family member told us, "I have no concerns with any of the staff. I'd like to say that I'm very happy with how [relative] has come along. [Relative] is more interested and stimulated [since moving to Good Companions]."

We saw examples of the positive impact that the home had on people's health and wellbeing. For example a person living at another home had been confined to bed because of a health condition and the risk of transferring them to a wheelchair. This had led to social isolation and low mood. Following a move to Good Companions and a review of moving and handling procedures, the person was able to access the shared areas and engage in stimulating activities. Relatives were also able to take the person into the local community during visits.

Some people living at Good Companions had complex healthcare needs. A visiting healthcare professional told us, "Communication is very good. They let us know things before we know. We've got a good rapport. Staff are really good at following treatment plans. They have all the information to hand."

Staff were trained in subjects relevant to the needs of people living at Good Companions. Subjects included; adult safeguarding, mental capacity and moving and handling. This basic training was supplemented with additional, in-depth training where required. Staff were supported through regular supervision.

People's capacity was assessed and consent sought in accordance with the Mental Capacity Act 2005 (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The processes and records relating to the assessment of capacity and consent to care were extremely thorough and well-detailed. Consent was sought and recorded in care records. Applications to deprive people of their liberty had been made appropriately and had been reviewed on a regular basis. The records relating to these applications were detailed and included a schedule for review and re-application.

People were supported to maintain a varied and healthy diet in accordance with their preferences and healthcare needs. The home operated a rolling menu which offered good choice. The menu was clearly displayed in the dining room and on a monitor.

Good Companions was specifically adapted to meet the needs of people living with dementia. Adaptations and décor had been developed with the support of specialists in dementia care. Bathrooms were equipped with high-contrast fittings and automatic lighting. Photographs and personal items were prominently displayed to help people identify their own rooms.

Is the service caring?

Our findings

Throughout the inspection we saw that staff were exceptionally caring in their approach to people. People living at Good Companions, their relatives and professionals were complimentary about the quality of care provided and the positive impact that the home had on people's lives. A relative told us, "The staff are all lovely. I've never witnessed anything that would make me think otherwise. Another relative commented, "The staff are very, very caring and respectful. I'm absolutely delighted with them."

It was clear from observations and conversations with staff that they knew people well and understood their care needs in detail. For example, we saw a number of interactions between a member of staff and a person living with dementia. The person regularly asked the staff to remind them of important information like family names and where they were born. The staff member responded in a positive and respectful manner and was able to provide the information requested. The same person had notes which staff had written for them that contained important information and reminders. The person referred to the notes throughout lunch and used them to engage in conversation.

We saw staff supported people with their personal care in a manner that was respectful and discrete. When staff delivered care and support they explained what they were doing when supporting each person. We saw an incident at lunchtime when one person became very unwell. Staff intervened quickly and discretely to ensure that the person received the care they needed and other people did not get distressed.

Throughout the inspection we saw that staff spoke to people in a gentle tone and supported their communication by smiling and using other facial expressions at appropriate moments. We observed that people responded with warmth towards staff and that staff spoke with great compassion and care for the people living in the home.

Shared spaces were bright, comfortable and welcoming. Visitors were welcome to visit at any time.

Is the service responsive?

Our findings

Some people living in the home were involved in the planning and review of their care. For other people this was not practical because their health conditions limited their understanding of the process. Where this was the case information from relatives, professionals and staff was used to update care plans. A relative confirmed that they had been involved in care planning. They told us, "I was involved in discussing things like, [their] likes and dislikes."

Care records provided evidence of regular reviews and personalised approaches. For example, one care record contained information about the person's favourite football team, academic history and a 'This Is Me' document which captured other important information to help staff and others get to know the person, their needs and preferences.

People received care and support as they needed it in a non-intrusive and respectful manner. Staff were vigilant and responsive to people's changing needs throughout the inspection. Care records showed clear evidence of family involvement in the pre-admission assessment. We saw evidence that relatives were invited to reviews of care with the local authority.

The décor, furniture and equipment in rooms were personalised to meet the needs of the individual. We saw evidence that activities were also personalised. People had their own activities box which contained items of interest. A copy of the activities programme was clearly displayed and people were also told about the alternatives for the day.

People living in the home were invited to attend regular meetings where they could discuss matters of concern or interest. Minutes of these meetings were made available to the inspection team.

The home had a complaints procedure in place which was clearly displayed. People were aware of the complaints procedure, but confirmed that they had not made any formal complaints because they could raise any concerns directly and received a positive response.

Is the service well-led?

Our findings

Relatives and staff spoke positively about the management of the home. Comments included; "They keep me well informed", "I know I can pick up the phone to [registered manager]", "They are so supportive" and "I love working here."

The registered manager held responsibility for two other homes in the area and made effective use of a management team to provide day to day management of the home. It was clear that each of the managers had a good understanding of the home and the people living there.

Throughout the inspection the registered manager demonstrated knowledge of the people living in the home and the staff team. They understood their responsibilities with regards to the home and their registration with the Commission. Notifications had been submitted to the Commission as required.

Systems were in place for staff to raise concerns. These included regular staff meetings where specific issues relating to care were discussed. Minutes of these meetings were made available to the inspection team. The home also made good use of social media to communicate with staff and families.

We saw that the staff on duty during the inspection were motivated to provide a high-quality, responsive service to the people living in the home and clearly understood their roles and responsibilities. Our observations of their practice and their responses to our questions were positive throughout the inspection.

The registered manager oversaw the completion of a wide range of quality and safety audits on a regular basis. They provided evidence of a comprehensive system for quality assurance. The systems required regular checks of; care plans, incidents, maintenance and equipment. We saw evidence of action undertaken as a result of these audits and checks. For example, one auditor identified that the activities board was not up to date. This was marked as corrected.

The ratings from the previous inspection were displayed as required.