

Beech Hill Grange Limited

Beech Hill Grange

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 

Overall summary

Beech Hill Grange provides accommodation, nursing and personal care for up to 60 adults.

The inspection was unannounced and was carried out over two days on 23 and 24 October 2014.

A manager was registered with us as required by law. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected Beech Hill Grange in December 2013. At that inspection we found the provider was meeting all the essential standards we assessed.

The manager had followed the requirements of the Deprivation of Liberty Safeguards (DoLS). This is a legal framework that may need to be applied to people in care settings who lack capacity and may need to be deprived of their liberty in their own best interest to protect them from harm or injury.

People told us that they felt safe living at the home. There were systems in place to minimise the risk of abuse. Staff we spoke with understood that they had responsibility to take action to protect people from harm.

Summary of findings

People told us that staff were caring and kind and they told us that they felt safe with staff.

During our inspection we saw many positive interactions between staff and people that lived at the home.

People told us that they received their medication on time and in a way that they wanted. Arrangements in place ensured that medication was stored safely.

Staff knew about people's needs. Staff received the appropriate training to enable them to deliver care safely and effectively.

People told us they liked the food. We saw that drinks and food was available throughout the day. If people needed staff support to help them eat, this was provided.

We saw that people were supported to take part in individual hobbies and interests at the service and in the local community.

People told us that staff listened to them and they knew how to raise concerns. The manager responded to people's complaints and took action to improve the service as a result of complaints.

There were systems in place for monitoring the service. These had been timely and effective to identify where the improvements were needed.

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?

The service was safe.

Arrangements were in place to minimise the risk of abuse. Staff understood their responsibility to recognise and report signs of abuse.

There were systems in place to make sure staffing levels were maintained at a safe level.

Arrangements were in place so that medicines were managed safely.

Good



Is the service effective?

The service was effective.

There were systems in place that ensured that the Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards was followed.

People were supported to have enough food and drink and staff understood people's nutritional needs.

People had access to health care professionals to meet their specific needs.

Good



Is the service caring?

The service was caring

People told us that staff were kind and caring and had considered their views.

People told us and we saw that staff respected their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People received care and support when they needed it and in line with their care plan.

People told us that they knew how to raise a concern or complaint and that they felt they would be listened to.

Opportunities were provided for people to take part in a range of hobbies and interest in the home and in the community, in line with their individual preferences.

Good



Is the service well-led?

The service was well- led.

A manager was registered with us as required by law.

Procedures were in place for monitoring the quality of the service and these had been effective.

Management support systems were in place so staff were supported in their role.

Good



Beech Hill Grange

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 23 and 24 October 2014. The first day of our inspection was unannounced. The inspection team included two inspectors 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. On the first day of our inspection we focused on speaking with people who lived in the home, staff and observing how people were cared for. One inspector returned to the home the next day to look in more detail at some areas and to look at records related to the running of the service.

During our inspection we spoke with 15 people who lived at the home, six relatives, ten care and nursing staff, a health care professional and the registered manager.

We observed how people were supported during their lunch and during individual tasks and activities. We looked

at six people's care records to see if their records were accurate and up to date. We looked at medicine management processes and records maintained by the home about staffing, training and monitoring the quality of the service.

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.

Before the inspection, we asked the provider to complete 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 received the PIR within the required timescale and used the information from this to help inform our inspection process.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from Birmingham Local Authority and no concerns were shared with us.

Is the service safe?

Our findings

All the people we spoke with said they felt safe at the home. One person told us, “I do feel safe living here. So far I am very impressed”. A relative said, “I feel that my mum is safe here, yes”.

We spoke with eight members of staff who were able to tell us how they would respond to allegations or incidents of abuse, and also knew the lines of reporting within the organisation. We saw that information about how to report concerns to the local authority was on display in the office for staff to refer to if needed. The staff told us that they had completed safeguarding training and we saw that arrangements were in place for staff to refresh this training. Senior staff we spoke with told us that they understood their responsibility to challenge poor practice and to share information of concern with external agencies.

Providers of health and social care services have to inform us of important events which take place in their service. The records we hold about this service showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

The staff we spoke with showed that they knew the people that lived in the home and the support individuals need with their care. We saw that equipment was used to reduce risks to people. This included specialist beds and mattresses so risks of sore skin were minimised. People’s care records included information about how risk should be managed by staff and included risk assessments for mobility, falls and pressure care.

We asked people about staffing levels. One person said, “The staff come quickly when I need help”. We saw that

people had a pendant around their neck, or close by and for those people in bed the call bell was attached to a bed sheet so people could call for assistance from staff when needed.

Our observations showed that the staffing levels in the home were sufficient to respond to people’s needs. There were enough staff to provide people with the support they needed. We saw that staff were available in communal areas, and there were enough staff to check that people who were eating in their rooms were safe. Most staff told us there were enough staff to support people safely. Some staff told us that meal times were busy and we spoke to the manager about how meal times were managed so that people received the support they needed. The manager told us how staffing levels were calculated and explained the flexibility of staffing levels so that they could respond to changes in people’s needs.

We spoke with three people about the support that they received from staff to take their medication. They told us that they received their medication on time, and that they knew the medication they were taking and what it was for.

Effective systems were in place so that people received their medication safely. We spoke with a senior staff member responsible for medicine management who told us the steps they had taken to ensure people were supported to take their medicines safely. We saw that medicines were stored safely and records were kept of medicines received. We looked at four people’s Medication Administration Records (MAR) and we saw that these had been completed to confirm that people had received their medicines as prescribed. We spoke with a nurse who was able to tell us about the medicines four people were taking, and the reasons that people had been prescribed the medicines.

Is the service effective?

Our findings

People told us that they were satisfied with the care they received in the home. One person told us, "I like living here. The staff are kind and treat me well". All but one relative was positive about the care provided. One relative said, "The home always care well for [person's name]. We are happy with the care".

All the staff we spoke with told us that they had completed training to make sure they had the skills and knowledge to provide the support people needed. Staff told us that they had completed a range of training relevant to their roles and responsibilities. This included moving and handling, safeguarding and dementia awareness.

The manager told us that there was a system in place for recording staff training, and that regular training sessions took place every month. This provided staff with repeated training so they remained up to date with safe practices. During the inspection the manager told us that they would be changing the arrangements in place for training updates so that this were more focussed on training priorities. She also told us that Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training would be delivered to staff as part of their six week induction training package and updates on this training was being delivered to all staff. This showed that arrangements were in place to ensure that staff received the training they needed to meet people's needs.

We spoke with three staff about the support they received when they were first employed. One staff member said, "We had six weeks induction training it was very good. It does take time to get to know people. We have a mentor (experienced staff member) who works alongside us and this works well we can ask them questions about things we are not sure about". This showed that arrangements were in place to ensure that new staff were properly supported in their role.

The manager was knowledgeable about the DoLS. They told us that they had made applications for people who lacked capacity, where they believed that a person's care needed a level of supervision and control. The applications had been made as needed to the local authority, and the manager was waiting on their decision. The manager told

us that they always looked at what the least restrictive practice was for people. For example based on people's individual needs, a person's bed may be lowered with a mat by the bed to avoid the use of bed rails.

We spoke with senior staff about how the rights of people who were not able to make or communicate their own decisions were protected. Staff confirmed that that the MCA code of practice principles had been used when decisions were made in people's best interest. For example, important decisions about people's health care involved family members and other health care professionals so decisions were made in people's best interest.

We observed the midday meal been served in the dining areas of the home. The meal time was well organised and provided people with an enjoyable experience. The atmosphere was relaxed. We saw that staff were available to support people to eat and worked as a team communicating with each other so they worked effectively. We saw people were supported at a relaxed pace and staff were uninterrupted when supporting people. Some people's relatives joined people for a meal or helped assist their relative to eat and to be part of a social occasion.

We saw that people were provided with enough to eat and drink. All the people we spoke with told us that they like the food. One person said, "The food and drink is first class". There was a menu provided and lunch consisted of three courses, with a choice of two main meals. We saw that throughout the day people were offered a range of snacks, including afternoon tea and cakes. There was a bistro area within the dining room and a range of drinks and snacks were available for people to choose from and this was open day and night.

People were supported to maintain good health and have access to health care services when needed. People who we could speak with told us that they received the support they needed to see their doctor. One person said, "I can see the GP if I need to". Many of the people who lived in the home had complex needs and needed support from specialist health services. Staff that we spoke with and records that we looked at showed people had received support from a range of specialist services such as tissue viability, physiotherapy and speech and language therapy. We spoke with a visiting GP during the inspections and they told us they had no concerns with the care and treatment of people that lived in the home.

Is the service caring?

Our findings

Throughout our inspection we saw that people were treated with respect. We saw that staff were friendly and patient. We saw that staff took time to sit and speak with people.

People told us that staff were caring. One person said, “I like living here. The staff are kind and treat me with respect”. Another person told us, I am well care for here. I didn’t think I would be but I am”. All the people we spoke with told us that staff listened to them and made them feel like their opinion mattered.

People told us that they were involved in making decisions about their care. One person told us that they had been fully involved in discussions about their health and care needs. Another person said, “I can make my own decisions and choices”. All staff that we spoke with understood the importance of supporting people to be involved in making decisions about their care.

Throughout our inspection we saw that people’s right to privacy and dignity was respected. People were able to spend time alone in their bedroom and there were several choices of communal areas where people could choose to sit. This included quite places and areas where people could sit with other people if they wanted to.

All staff we spoke with had a good understanding of people’s care needs. Records we looked at had information about people’s likes and interests. This provided staff with information so they had an understanding of people’s needs and preferences which helped provide personalised care.

All the staff we spoke with were able to give us a good account of how they promoted privacy and dignity in everyday practice and demonstrated an understanding of how important it was to do this, when carrying out their role. We observed that staff ensured they closed people’s bedroom door before they attended to people’s care. We also saw that staff knocked on people’s bedroom doors, and where possible waited for the person to respond, before attending to their care which respected people’s privacy.

People told us that friends and relatives were able to visit at any time without restrictions. All the relatives we spoke with told us they were free to visit at any time and was always made to feel welcome. We observed that staff were welcoming to visitors. A visitor told us, “This place has a lovely atmosphere and staff are friendly and kind”. Another relative explained to us they were supported by staff to spend time with their relative and that they regularly supported them at meal time.

Is the service responsive?

Our findings

People who could speak with us told us that they made choices about their lives and about the support they received. People told us that staff had consulted with them about their care. One person said, “The staff respect me, they involve me in my care.” Another person told us, “I can make my own decisions and choices about my care” and “I chose when I get up myself and I go to bed at about 9 O’clock”.

People told us that the staff in the home knew their needs. The staff we spoke with showed that they were knowledgeable about the people in the home and the things that were important in their lives. We looked at the care records for six people. People’s needs had been assessed before they were offered accommodation at the home. Care plans had been developed which had information for staff about how to support the individual to meet their needs. People who lived at the home and their families had been included in developing the care plan. The care plans included personal information about their likes and preferences so staff had information about the person and not just their care needs.

We observed the handover sessions between staff who were changing over shifts. It was very detailed and provided staff with information about any changes in people’s needs. Staff confirmed that the handover helped ensure that they were kept up to date with the current needs of the people they were caring for, and an opportunity for them to raise any concerns they may have about an individual.

We observed care in the communal areas and saw that people were treated with respect and given choices in a way that they could understand. We saw staff offer people choices about where they wanted to spend their time. For example a music session was taking place and some people told staff they wanted to join in this session. Another person indicated to staff that they wanted to return to their bedroom after lunch and staff supported them to do this.

People were supported to take part in meaningful activities that they enjoyed. We saw that a range of group and

individual activities were provided. An art class was taking place during our inspection and people told us they really enjoyed the session. One person said, “I join in with the activities. I like the quizzes, crosswords, flower arranging, making cards and jewellery.” A person from the local community was supported to attend the art class. We saw that a range of charity and social events took place and showed that staff involved members of the local community. People told us that organised trips out took place for example, a recent trip to a clothes store was organised so that people could do their own clothes shopping and visit a café afterwards.

We saw that staff considered and responded to the individual needs and interest of people. We saw that staff spent time with people cared for in bed and supported people with individual interest. For example staff read to one person and another person had a hand massage. People told us that representatives from local churches visited regularly so people were supported to continue their preferred religious observances if they wanted to.

A portable hairdressing service was been trialled during our inspection. The hairdressing service was provided in people’s individual bedrooms and there was a facility of an inflatable sink which meant that people being cared for in bed could be provided with this service.

We saw that arrangements were in place to listen and learn from concerns and complaints. All the people we spoke with told us that they would be confident speaking to a staff member or the manager if they were unhappy about something. One relative told us that they had raised a complaint with the provider and they were satisfied with how it was dealt with. The manager told us about how they responded to some concerns shared with them by a relative regarding staff response times to call bells and because staff work in teams it sometimes meant the nearest staff member was not always the most appropriate person to respond to the request for help. This was a concern for the relative. The manager responded to this by taking steps to ensure that the ‘call system’ had been developed so that people’s request for help went to specific staff assigned to deliver their care.

Is the service well-led?

Our findings

The provider had a clear leadership structure which staff told us they understood. A manager was in post and had worked at the home for a number of years. They were registered with us as this is a legal requirement.

People who lived in the home and their visitors said they knew the registered manager and would be confident speaking to them if they had any concerns about the service provided. A person said, "I know the manager and have spoken to her several times. A relative told us, "It is a lovely atmosphere here. It is like a hotel".

We found that the atmosphere in the home was open and inclusive. We observed that staff spoke to people in a kind and friendly way. A senior staff member told us that the manager was approachable and promoted high standards within the home.

Support systems were in place for staff. Staff told us that they could go to the head of care, the nurses or the manager. Staff that we spoke with told us that the manager was approachable. A staff member described that the manager promoted a positive culture and another staff member told us that you could speak to the manager about any concerns and she would always respect staff's confidentiality. All the staff we spoke with told us what they would do if they witnessed bad practice in the home. They told us that they would report any concerns to the manager and staff were confident that any concerns would be dealt with.

We saw that systems were in place for the internal auditing of the quality of the service and these had been effective. Action plans had been completed where improvements were needed. We discussed with the manager a few recording concerns in care records that we identified on the first day of our inspection. By the second day of our inspection the manager told us what action they had taken and we saw that the two issues had been dealt with effectively. The manager told us that some further staff training around recording of incidents would be provided. This showed that feedback during our inspection had been used effectively to drive improvement and promote quality in the service.

Arrangements were in place to ensure that people felt informed and involved in how the home was run. People and their relatives had been asked to complete surveys to give feedback about the home and meetings had also taken place. People told us and records confirmed that activities, trips and menu planning were discussed. People were also kept up to date with the developments in the home. In recent years major construction work had taken place to improve the environment. The next phase will include a hair salon and nail bar facility. Two relatives told us that they couldn't always attend meetings however they were sent a copy of a newsletter which kept them updated with what was going on.

Staff told us that a range of meetings took place in the home and these provided the opportunity to promote good standards of care and drive improvements. Records sampled showed that there were regular resident's council meetings, care and nursing staff meetings to discuss care practices and the running of the home. Meetings also took place with staff members identified as mentors to oversee good standards of care and ensure new staff were inducted well in to their role. We saw records of meetings that confirmed that in a recent nurse meeting discussions had taken place around Sepsis screening. This ensured that clinical staff have the opportunity to discuss up to date guidance and practice.

The provider information return completed by the registered manager told us about the improvements that had been planned. These included, to trial infra red safety monitors as an alternative to pressure mats. The pre assessment documentation was being improved so it was more robust and detailed in the information provided to staff before a person moves to the home. The presentation of the tray service for people being cared for in bed was to be improved. These on-going developments were examples of the registered managers and providers commitment to deliver high quality care.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC) of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant that the manager was aware of their responsibilities to notify us and we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.