Mr C L Saffrey and Mrs D E Saffrey

Beechfields

Inspection report

Conyer Road
Teynham
Sittingbourne
Kent
ME9 9ET

Tel: 01795520580
Website: www.cqc.org.uk

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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

The inspection was carried out on 3 June 2016 and was unannounced.

The service provided accommodation and personal care for up to nine older people. The accommodation was comfortable and home like, was on one level and had been purpose built to meet people's needs. All of the rooms had on-suite shower facilities. There were eight people living in the service when we inspected who had low to medium needs.

At our inspection on 28 January 2015 we made recommendations about the effectiveness of the provider's staff supervision systems and about how people were involved in developing the service. At this inspection we found that the provider had taken account of the recommendations. However, at this inspection we have made two recommendations to assist the provider to further improve the quality of their service. One is in relation to the providers policy about emergency planning and the other is about the management of risk around the monitoring of potential waterborne viruses. You can see more about this in the body of the report.

There was a registered manager employed at the service. A 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. The registered manager was not present during the inspection, this was conducted with Mrs Saffrey, who is joint provider of the service with the registered manager and in day-to-day charge of the care being delivered.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. No one living at the service was subject to any restrictions that required a DoLS application, but the provider understood when an application should be made. People made their own decisions about their care or day-to-day medical treatment. The provider ensured they followed the principals of the Mental Capacity Act 2005 when assessing people's needs.
People were kept safe by staff who understood their responsibilities to protect people from harm. Staff had received training about protecting people from abuse. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes. The provider's and a small but stable staff team delivered care to people safely.

The provider and care staff used their experience and knowledge of caring for older people effectively. Staff assessed people as individuals so that they understood how to plan people's care to maintain their safety, health and wellbeing.

We observed and people described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered. Staff were deployed to enable people to participate in community life, both within the service

and in the wider community.

Risks were assessed within the service, both to individual people and the wider risk from the environment. Staff understood the steps to be taken to minimise risk when they were identified.

There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.
People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. Good quality records were kept to assist people to monitor and maintain their health.

The provider involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff knew people well and people had been asked about who they were and about their life experiences.

Systems were in place to monitor incidents and accidents to see what steps could be taken to prevent these happening again. The providers had a policy for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained to promote safety.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The provider recruited staff with relevant experience and the right attitude to work well with older people. New staff and existing staff were given extensive induction and on-going training, which included information specific to older people's services.

Staff received supervisions and training to assist them to deliver a good quality service and to further develop their skills. The provider ensured that they employed enough staff to meet people's assessed needs.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink. People were supported to make healthy lifestyle choices around eating and drinking.

There were no barriers to people asking for what they wanted, or speaking to the provider and staff if they wanted to raise an issue. People were being asked frequently if they were unhappy about anything in the service.

The provider's and staff demonstrated a desire to deliver a good quality service to people by constantly listening and improving how the service was delivered. People and staff felt that the service was well led. They told us that the providers were approachable and listened to their views.

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 experienced a service that made them feel safe. Staff knew what they should do to identify and raise safeguarding concerns. General and individual risks were assessed and well managed within the service, but we have made a recommendation to further enhance the providers emergency planning policy.

There was sufficient staff with a background in caring for older people. The provider used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

A system to record and monitor incidents and accidents was in place. The premises and equipment were maintained to protected people from harm and minimise the risk of accidents.

Is the service effective?

Good

The service was effective.

People were cared for by staff who knew their needs well. Staff were flexible in their approach and understood their responsibility to help people maintain their health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with the provider formally and worked with them delivering care. Each member of staff had attained the skills they required to carry out their role. Training was on-going.

New staff received an induction and training which supported them to carry out their roles well. The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were understood by staff.

Is the service caring?

Good

The service was caring.

Staff used a range of communication methods to help people

engage with their care. People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

People were treated with dignity and respect. Staff were welcoming and patient with people. Staff understood how to maintain people's privacy and records about people were kept confidential.

Is the service responsive?

Good

The service was responsive.

Care assessments included information about people's life histories, hobbies and interests. Staff provided care to people as individuals based on their needs.

People were informed about the provider's policy about how to raise issues or concerns they may have. The provider was very open and engaging with people.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or routine referrals to health care specialists when needed.

Is the service well-led?

Good

The service was well led.

The providers were part of the staff team and delivered care or monitored the quality of the service and the risk involved in delivering care.

The provider worked with staff to deliver care and promoted person centred values within the service. They had a very close professional relationship with people and their relatives. This enabled them to ask for people's views and get feedback about people's experiences of the care provided.

Staff were informed and enthusiastic about delivering quality care. The providers made themselves available to assist with delivering care and carried out checks on staff to monitor the quality of their performance.

Beechfields

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 3 June 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us about by law.

We spoke with three people about their experience of the service and one visiting relative. We spoke with two staff including the provider and a member of the care team. We took account of comments made by a health and social care professional.

We spent time looking at general records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, two staff record files, the staff training programme, the staff rota and medicine records.

Good

Is the service safe?

Our findings

People told us they felt safe living at Beechfields. We observed that people were relaxed and comfortable with staff when care was delivered. People said, "It's all okay here" and "Staff do the right thing it's lovely care". A relative said, "Mum is very happy here, they have turned her life around."

People were protected from harm by staff who understood how to safeguard people. The provider had policies about protecting people from the risk of foreseeable emergencies, such as power failure so that safe care could continue. The provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. People who faced additional risks if they needed to evacuate had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. People told us that fire drills and tests were regularly practiced. They could describe what they needed to do in an emergency. Records showed that safety tests were completed.

We noted that the emergency business planning policy did not explain how and where people's care would continue if people had to be evacuated from Beechfields. This meant that staff who may need to follow the policy may not fully understand what to do after an emergency had occurred, for example a power failure. We discussed this with the provider who was able to describe what they would do, for example contact people's families or access the local church.

We have recommended that the provider researches published guidance or seeks advice in relation to business continuity planning to enhance their current policy.

Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. The provider understood how to protect people by knowing how to report concerns to the local authority and protecting people from harm.

Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse happening. Training for staff about safeguarding people was updated in line with good practice guidance.

People had been assessed to see if they were at any risk from falls, or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files.

As soon as people started to receive care, risk assessments were completed by staff. Incidents and accidents were investigated by the provider to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. There had been one incident recorded so far in 2016 and

this had been dealt with appropriately. This minimised the risks to people and protected them from harm.

People were cared for in a safe environment and staff were trained to move people safely. Equipment was serviced and staff were trained how to use it. The premises were designed for people's needs. The premises were maintained to protect people's safety. There were adaptations within the premises like ramps to reduce the risk of people falling or tripping.

Staffing levels were planned to meet people's needs. The providers worked as part of the care team and ensured staff were deployed flexibly and at times where they were most effective. For example, more staff were available at times when people needed more support with personal care in the morning and late evening. In addition to the providers there were two or three staff available to deliver care during the day. At night the providers were on hand to deliver care. Cleaning, maintenance and cooking were carried out by staff as part of their duties. Staff absences were covered within the existing staff team. This ensured that staffing levels were maintained in a consistent way.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The provider followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed application forms and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions, or if they were barred from working with people who needed safeguarding.

Medicines were available to administer to people as prescribed and required by their doctor. The provider's policies set out how medicines should be administered safely by staff. The provider checked staff competence, as they observed staff administering medicines ensuring staff followed the medicines policy. Staff knew how to respond when a person did not wish to take their medicine. Staff understood how to keep people safe when administering medicines.

The medication administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the service, stored and when required disposed of by staff in line with the service procedures and policy. Medicines were stored securely at the right temperatures to prevent them from becoming less effective. Temperatures were recorded and monitored. Medicines systems were regularly audited by the provider.

Good

Is the service effective?

Our findings

We observed that staff had the skills required to care and support the people who lived at the service. All of the people we spoke with told us they liked the staff and they got on with them well. One relative said, "The staff are very kind and keep us informed of what's happening with Mum." A health and social care professional commented, 'The staff are excellent, they manage people's care well.'

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 services 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. No one living in the service was subject to a DoLS restriction, but the provider and staff received training about the MCA and fully understood when an application should be made and how to submit them. This ensured that people would not be unlawfully restricted.

People were assisted to access other healthcare services to maintain their health and well-being, if needed. People were supported to go to the GP when needed and got help from other health and social care professionals like dieticians. Records confirmed that people had been seen by a variety of healthcare professionals, including a GP and community nurses.

People ate and drank enough to help them maintain their health and wellbeing. People had been asked for their likes and dislikes in respect of food and drink. Staff supported people to avoid foods that contained known allergens people needed to avoid. People got involved in cooking if they wanted to by making cakes. The home cooked food we observed being served was well presented, looked and smelt good and people ate well. People sat and ate together, and staff joined them for their meals. This promoted conversation and made the meal a social occasion. This enabled staff to monitor that people were eating and drink well and reduced the potential for social isolation if people spent time in their own rooms.

Staff told us there was a training programme in place and that they had the training they required for their roles. This was supported by a training plan, which ensured that staff received an induction and on-going training at the appropriate times. Records showed that when new staff started they would begin training using the Care Certificate Standards. One new member of staff had completed their care certificate in March 2016. These are nationally recognised training and competency standards for adult social care services. It was clear that new and existing staff had a good level of skill and training to work with older people. Staff learning was provided in a number of ways, including e-learning, distance learning courses and face to face training and this was supported by records we checked. Additional training was provided in relation to

dementia, Parkinson's disease, sensory impairment, stroke and end of life care awareness. This gave staff a good level of underpinning core knowledge to enable them to meet people's needs.

Staff also told us that they received supervision and felt supported in their roles. The provider's worked alongside staff delivering care. By doing this they had unique and frequent opportunities to provide informal supervisions and training and support to their staff. Since our last inspection, the provider had introduced a formal, recorded supervisions process that enhanced the more informal methods they had used. Records showed that one-to-one supervision meetings with staff were held with the provider. Staff told us that supervisions were useful and regular. Staff also had meetings to discuss their progress and any developmental needs required. This meant that staff were supported to enable them to provide care to a good standard.

Good

Is the service caring?

Our findings

Positive relationships had developed between people who used the service and the staff. The staff we spoke with were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests.

We observed good communication between staff and people living at Beechfields, and found staff to be friendly and caring. Relatives said, "The care here is like being at Buckingham Palace," "This is a lovely home, it's like a family", and "The staff are caring and patient, everything is so clean."

Staff chatted to people when they were supporting them. The staff knew their names, nicknames and preferred names. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. We observed that staff were respectful and caring towards people. This showed that staff had developed positive relationships with people.

We observed staff providing care in a compassionate and friendly way. Staff spent time talking with people. We observed a member of staff listening to a person telling them about what they did before they moved into the service. People were able to personalise their rooms as they wished. We observed that staff knocked on people's doors before entering to give care. Staff described the steps they took to preserve people's privacy and dignity in the service.

People had choices in relation to their care. People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent. People told us that staff were good at respecting their privacy and dignity. Staff we spoke with understood their responsibilities for preserving people's independence, privacy and dignity and could describe the steps they would take to do this.

The provider and staff took responsibility for ensuring that people had sufficient toiletries, clothes and other supplies and liaised with their families if necessary. This enabled people to build relationships and trust with familiar staff.

It was clear from our observations and from what people told us that there was an open and transparent culture between the provider, people and their relative's. The provider delivered care to people as part of the care team and lived on site. They had an in depth day-to-day knowledge of how people were, who their relatives were and how they liked care to be delivered. People and their relatives were consistently asked about their views and experiences of using the service. Since our last inspection the provider had taken further steps to formalise people's opportunities to feed back by holding residents and relatives meetings. This meant that people had a direct influence on their care and how the service was run.

Good

Is the service responsive?

Our findings

People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the provider they were listened to. One relative said, "I have no reasons to complain, but definitely think if I did the provider would listen to me". And, "My Mum is happy here, she would say if she wasn't, it's been like a home from home for her".

People's needs had been fully assessed and detailed care plans had been developed on an individual basis. Before people moved into the service, the provider met with people and carried out an assessment of their needs. This confirmed that the service was suited to the person's needs, before they moved in. Assessments and care plans were well written, detailed and reflected people's choices. Everything was recorded from people's medical histories, their likes and dislikes to their life stories. Care planning happened as a priority when someone moved in, so that staff understood people's care needs. Staff told us that the care plans were good and provided them with the information they needed to deliver care.

After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received. Relatives told us about the meetings and information they had received about the service. Care plans had been consistently reviewed with people or their relatives and any changes had been communicated to staff. We could see people's involvement in their care planning was fully recorded. Changes in people's care was recorded. For example, one person had requested a more comfortable hoist sling and this was provided. The provider had met their request by providing a hoist sling with wider straps. This protected the persons skin and made the hoisting experience more comfortable for them. We could also see that people's care plans had been updated if their medicines were change by their GP and that other equipment had been provided like pressure relieving mattresses as recommended by the community nursing team.

The care people received could be monitored to ensure it met their needs. Staff records about the care delivered were up to date and recorded in people's care files.
The provider sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence Nurses and District Nurses. These gave guidance to staff in response to changes in people's health or treatment plans. This meant that there was continuity in the way people's health and wellbeing were managed.

The provider and staff responded quickly to maintain people's health and wellbeing. Staff had arranged appointment's with GP's when people were unwell. We found GP's instructions had been followed, and that district/community nurses had been in to assist the staff to manage people's health. Staff had recorded every visit outcome in the persons care plan notes. This showed that staff were responsive to maintaining people's health and wellbeing.

People had opportunities to take part in activities and mental stimulation. There was a range of activities available for people if they wanted to participate. The activities included, in chair exercises, card making

crafts, cross words, painting and colouring. One person especially enjoyed the pet dog being around as it reminded them of their own dog. Every bedroom overlooked a well-maintained garden, which backed onto open countryside. People liked to watch the wildlife from their windows. Social events were organised and included family and friends. For example, an afternoon tea, BBQ and evening fireworks display had been arranged for the Queen's birthday celebrations. Some activities also took place outside the home and on an individual basis, if this was what was needed by individuals. This included the provider arranging for people to stay in touch with their friends by organising transport and events.

All people spoken with said they were happy to raise any concerns. There was regular contact between people using the service and the management team. People experienced a service that enabled them to openly raise concerns or make suggestions about changes they would like to see. This increased their involvement in the running of the service. There was a policy about dealing with complaints that the staff and the provider followed. Information about how to make complaints was displayed in the service for people to see. There had been no formal complaints recorded so far in 2016.

Good

Is the service well-led?

Our findings

The service was led by a stable and consistent management team. The provider was well known by people and passionate about delivering high quality, person centred care. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them. The provider had continued their professional development and retained their nursing registration.

The aims and objectives of the service were set out and staff followed these when delivering care. For example, staff had a clear understanding of what they could provide to people in the way of care and meeting their needs. Staff told us how their behaviours and attitude were discussed with their manager to ensure they delivered the best care possible. This was an important consideration and demonstrated people were respected by the provider.

The provider was committed to making the service a good place for staff to work and for people to live. The provider had a mission statement, which was followed, that spoke about consistently excellent care being delivered by professional carers in a well maintained environment. Most of the staff team had been working for the provider for many years. Staff told us they enjoyed their jobs. Staff said they were listened to by the providers, they were positive about the management team in the service. Staff spoke about the importance of the support they got from the provider. One member of staff said, "All the staff here are good". And, "We always seem to be on training so that we are updated every year". The provider ensured that staff received consistent training and supervision so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns externally to social services about practice within the service.

Audits within the service were regular and responsive. The provider carried out daily health and safety check walk rounds in the service and these were recorded. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. All of the areas of risk in the service were covered; staff told us they practiced fire evacuations.

People were protected from risk within the environment and from faulty equipment. Staff reported maintenance issues promptly and these were recorded. The provider ensured that repairs were carried out safely and signed off works after these had been completed. Records showed that repairs were carried out soon after the issues had been reported.

Other environmental matters were monitored to protect people's health and wellbeing. These included legionella test and water temperatures checks, ensuring that people were protected from water borne illnesses. Firefighting equipment and systems were tested as were hoist, the lift and gas systems. The maintenance team kept records of checks they made so that these areas could be audited. We noted that further work was required around the management of legionella risk.

We have recommended that the provider checks their policy against published guidance from the health and safety executive or the department of health in relation to the management of waterborne viruses in care homes to ensure all areas of risk are covered.

The provider was proactive in keeping people safe. The provider understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.