

Beech House (Exeter) Limited

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Inspection report

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16 October 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 inspection took place on the 15 and 16 October 2018 and was unannounced.

Beech House is a 'care home.' People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 23 older people including those living with dementia, in one adapted building.

Accommodation is provided over three floors and can be accessed using stair lifts. There is also a large rear garden for people to use.

At the time of our inspection there were 23 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good but in the area of safety, there was room for improvement. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager 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 using the service and their relatives were positive about the care and support provided at Beech House. They said staff treated people respectfully and in a kind and caring manner.

People were safe at the home and appropriate referrals were being made to the safeguarding team where necessary and staff understood their responsibilities in keeping people safe from any harm.

People's healthcare needs were being met and medicines were being stored and managed safely.

The risks of infection and fire safety were not kept to a minimum. So we have made recommendations to the provider on the improvements that are required.

Care and support needs were assessed, documented and reviewed at regular intervals. However, some information about people had not been recorded by the staff.

Staff knew about people's dietary needs and preferences. People told us there was a choice of meals and said the food was good.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome.

People and their relatives or friends felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues.

The views of people, their visitors and health care professionals were regularly collected so that improvements could be made to the service.

The provider had systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements. There were some areas in the way information was being recorded where further development was 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?

Not all aspects of the service were safe.

Safeguarding procedures were in place, to investigate any concerns.

People were supported by a consistent staff team that managed the risks associated with their health, care and support.

We made a recommendation regarding the recording of staff interviews and gaps in employment.

Medicines were managed and administered to people safely.

There were enough staff to support people, and keep them safe.

The control to keep the risk of infection to a minimum need to be improved.

Requires Improvement ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

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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 checked 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 15 and 16 October 2018 and was carried out by an adult social care inspector 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 care service.

The inspection was unannounced. Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts team.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included three people's care records, three staff recruitment files and records relating to the management of the service.

We spoke with nine people who used the service, four relatives, five care workers and the registered

manager.

Is the service safe?

Our findings

We looked at how staff were recruited to ensure this was done safely and reviewed three staff personnel files. These contained application forms, references, photo identification (ID) and evidence that disclosure barring service (DBS) checks had been carried out. We noted there were no record of interview questions in any of the files we looked at. We spoke with the registered manager about this who told us they were not always recorded. We also noted that two of the files did not provide any written explanation for any gaps in employment.

We recommend the home keeps an accurate record of each staff interview to demonstrate the questions asked and responses given by each applicant during the recruitment process and that reasons for gaps in employment are written down.

People were not always protected from the spread of infection. Overall, the premises were visibly clean but we identified concerns in relation to infection control. We found some toilets and bathrooms without soap or paper towels, waste bins without lids, the sluice next to a toilet was without a nearby wash hand basin or soap. We saw that a soiled waste bin was located in a corridor outside a person's bedroom. We requested that the registered manager got professional advice on this arrangement and then carry out a risk assessment because this was public area and anyone could touch it as they walk past. We saw that disposable gloves and aprons were available and staff were using them when supporting people with personal care.

We recommend that the wash areas are assessed to ensure all the equipment and products are in place to keep the risk of cross contamination to a minimum.

People were kept safe from any form of abuse. The registered manager kept us and the local authority's safeguarding team informed of any incidences at the service that could be considered as a safeguarding concern. The staff had received training on protecting people from abuse, there were safeguarding notices on display and staff were clear on the action they would take if they saw any form of abuse. There were notices in people's bedrooms telling them how they could report any abuse they may experience. Staff told us how they would take concerns further and report them to outside agencies if they felt any issue had not been satisfactorily resolved by the service.

Risks to people's safety were assessed, monitored and managed to help people stay safe and well. Written risk assessments included the risk of falls, pressure ulcers and poor nutrition. These were reviewed monthly to help make sure the care and support provided continued to keep people safe.

People were protected from avoidable harm through routine health and safety checks. There was a recent professional fire safety risk assessment of the service. The fire safety record was up-to-date and equipment such as hoists and stair lifts were serviced regularly. Although the fire audit had been carried out we found an external fire door which said "Push bar to open" but there was no bar on the door and two signs showing the nearest fire exit which were just resting on the wall rather than being fixed on the wall.

Personal emergency evacuation plans (PEEPS) were in place for the people who used the service. These gave information about the support people would need should an emergency arise.

The service also had a business continuity plan which informed staff of the action to take and whom to contact in the event of an emergency in the home. We advised that the location of the water stop cock and main electrical switches should be added.

Electrical and Gas safety tests had been carried out. The gas service record advised on improvements to the boiler and the manager informed us that action was being taken. Going round the home we found two wash hand basins releasing very hot water but no warning notices to anyone about the risk of getting scolded. Bathing areas did not have any hot water temperature logs and we found only one thermometer in one of the bathrooms. Staff were no longer recording the temperature of the bathwater before a person used it. We discussed this with the registered manager who will reinstate bath hot water checks for people who require it.

We viewed the accident and incident records which were used when people experienced injury or significant safety risk. These were kept under review, to ensure actions were taken to minimise a similar event happening again.

There were enough suitable staff at the service to keep people safe. People's comments varied between, "There are plenty of staff around" and "They are here when you need them." The duty rotas showed there was a range of staff, which included senior staff, providing care and support throughout the day. The service also allocated additional staff to work in the kitchen, cleaning and supporting people with their activities.

Staff provided care and supported to people when they needed it. People said "The staff are lovely, the same regular faces". Staff told us the team was experienced and worked together well which enabled them to manage their workload. One staff said "It doesn't feel as if I'm coming to work". The registered manager pointed out there were more care staff during the day than at our last inspection due to people's increased needs.

Medicines were securely stored. Checks were kept of appropriate storage temperatures, including those in a designated medicines fridge. However, there were three occasions in the last four weeks when the fridge temperature had not been recorded by the staff. There were systems for reordering medicines and returning excess stock. Only senior staff administered medicines. Staff had been appropriately trained and given updates to ensure their competency to safely support people with their medicines.

The medicines administration records were clear and complete. Any reasons for not giving people their medicines were explained. The registered manager confirmed there were stock checks and a separate running stock balance was kept for the controlled drugs. There was one controlled drug which was not regularly used but the remaining stock balance was not being checked to ensure none was going missing.

Is the service effective?

Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

Before moving into the home people received a full assessment of their needs by one of the managers. The pre-admission assessment looked at how people's needs and wishes could be met. The care records showed that the views of people and their relatives had been considered.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes 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. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed. The registered manager showed us that where people lacked capacity and restrictions could deprive people of their liberty, appropriate DoLS applications had been made. The care records showed that one person's recent change in behaviour led to them to becoming "Tearful, agitated and trying to leave". The registered manager said they were aware of the person's rights and were submitting a DoLS application for them. We noted the service's local authority had yet to respond to applications made by the service over a year ago.

People who used the service received effective care and support from trained and well supported staff. Many of the staff who worked in the service had done so for a number of years and had developed an understanding of the people who used the service and how they liked their needs to be met. Discussions with the registered manager, observations of and conversations with staff showed they had a knowledge and understanding of the needs of the people they were looking after. One person told us "They know what I like" whilst a relative said "they understand his needs very well."

Staff told us they were given induction training before working with people who used the service. The training covered a range of information and gave staff time to get to know the people who lived at the home. Staff were encouraged to start their Care Certificate training which is a set of standards that provided the staff a minimum foundation of skills in care. Previous training and experience was acknowledged and staff told us they had further qualifications in care, such as Qualification and Credit Framework (QCF), formally known as the NVQ.

Staff told us and the records demonstrated that they received supervision on average four times a year. Staff told us their performance and development was discussed and the managers were responsive and

supportive towards the staff's development.

The lunchtime experience for people was positive and we saw that staff knew people, their needs, likes and dislikes. There was a choice of menu and specialist diets were catered for, for example a soft option. We saw people enjoying the social side of eating together, staff made eye contact and gave encouragement to people who needed prompting eating their meal. For two people who had been already been offered a choice of food but were not interested in eating it, staff continued to offer them alternatives.

People had access to healthcare and staff monitored their physical and mental health needs through monthly reviews. The care records we reviewed showed the home liaised with district nurses, other health professionals such as the community mental health team for the elderly.

The manager informed us that improvements to the environment were on-going. We found the home clean and tidy. The redecorated areas had a range of accessories to stimulate people's memories and encourage discussion. We found one staircase where several of the carpet treads had tears which although not a risk to people were unsightly. There was also a stained corridor carpet on the top floor. The registered manager talked us through the next improvements planned for the home and this included the back garden and dining area.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

Beech House had a homely, friendly feel and people spoke positively about the staff. We saw good interactions between staff and people living in the home, they knew each other well and had developed caring relationships. People told us, "I'm very happy here" and "They treat me well here". A relative told us "We're very happy with them; they're excellent."

We observed people being treated with dignity and respect. People were supported to maintain their independence and encouraged to make decisions. We observed that staff were kind and polite to people and had a good understanding of people's needs, likes and dislikes. We observed staff knocking on people's doors and during the day, offering people drinks and snacks.

Staff, interacted well with the people and the atmosphere in the home felt calm and relaxed. Staff gave us examples of how they respected people's individuality and maintain their independence. "One staff said "If we know they can do it, we get things ready and ask if they would like to do it" another said "We encourage them, as it helps keep them going, but we give them the choice because some days they may not want to do it".

People were supported to express their views and make decisions about their care. We saw from the care records that people were making changes to their care. People told us of receiving choices around meals, for example "It's lovely food and I choose it." We saw two lunch choices being offered to people, and when people changed their mind, different meals were provided.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. The registered manager was aware of the need to comply with this legislation and provided us with the example of the service installing additional stair lifts to avoid discriminating against people on the grounds of limited mobility.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

Care records needed to be improved to give staff more information on how to respond to people's needs. At the time of our inspection the care records were in the process of being transferred over to an electronic system. Some of the care records lacked written information. For one person there was no recorded next of kin nor any entry to indicate there was no next of kin. Another person's 'life story' record was not completed. However, staff told us they were kept updated of changes in people's care though the handheld electronic device they carried round with them.

When we spoke with staff we found they had a good understanding of what was important for people. Care plans were regularly reviewed. We saw two examples where updates were made when changes were observed and this was confirmed by the registered manager and staff.

Care plans included assessments, the care and support people needed and how to provide it. This information let staff know how people needed to be supported, however, we found some instances of omission where care details had yet to be completed. The registered manager explained this was because their needs had changed over the last few days. Another record was without any plan on how to manage a person's significant weight gain, which would help them maintain a healthy life style. Several records we looked at, had been reviewed three months ago instead of monthly as planned. On the second day the manager explained that another member of staff had taken over those records and recorded the last three months in a different folder, the records were returned into one folder.

Although staff knew the people's individual needs, it was evident that the service had information relating to people's care in three different places. To ensure people receive consistent care, we recommended that the information is stored onto the new electronic system as soon as possible.

On the first day of inspection there were no activities timetable on display. The registered manager said timetables were normally available and did not know what had happened this week. We asked one person about planned activities who said there was a singer coming to the home. We were provided with an activities planner. So, for September there were five visiting entertainers and nine for October. The service also recorded individual activities for people. For example, one person was supported with baking on Saturday mornings. People spent time on their own or in the communal area watching TV. The home had a staff member who co-ordinated activities in the afternoon. We observed activities on both days and one person told us "I don't like doing the activities and the staff know, so they don't bother me".

The service met the Accessible Information Standard. The Accessible Information Standard is a law that aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they needed. People's sensory loss and communication needs were flagged up in assessments and care plans. The manager explained to us the action they had taken to pass information

on to people with impaired vision.

People had no concerns with the service and felt they could raise matters if needed. One person said, "I would say something if not happy" whilst another said "I don't have any complaints." A visitor told us "If I have anything to say the staff would listen to me."

The service's complaint procedures were on display in the entrance hall and inside most people's bedrooms. There were low levels of complaints formally recorded, but they demonstrated action was taken to address concerns or explain matters.

The registered manager informed us that several staff had attended 'end of life' training. There was very little detailed information surrounding people's preferences at the end of their life in people's care records. Where appropriate, a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) was in place. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac complications. There was a list of people who should be resuscitated or were not for resuscitation but there was no further information in the care plans we viewed.

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

The service had a registered manager who was present during the inspection. The service had appointed a deputy manager who was involved in implementing changes such as the care records going onto an electronic system. We found an open and positive culture. Staff told us the managers were responsive and supportive and there were good relationships with the management team and staff at the home. Staff told us, "The managers are brilliant, if you need something they are straight onto it" another said "The managers are fine, I find them very approachable."

The information sent to us by the provider said the vision and values of the service included an open culture which would ensure the staff team worked in a 'person-centred, open, inclusive way with people. People were positive about the care and staff. One person said "I like it here" another said "It's very good here" and a relative said "We're very happy with them."

The registered manager told us the service tried to create a home as if it were "The residents' own home" and "How we would want our own family members to be treated." Staff told us "The managers are very approachable and always only a phone call away." Referring to the service's values one staff member said "This is a million in one place. We see what people prefer; there is no routine, we work on a day to day basis with people and let them tell us what they want."

We looked at the systems in place to monitor the quality of service being provided to ensure good governance. A number of audits were in place within the home and covered areas such as fire safety, health and safety, medication and building safety. We found the fire safety audit carried out by an outside contractor to be detailed. Most of the audits were completed monthly, however we were shown what appeared to be the summaries of the audits carried out. The registered manager informed us that the details of the audits were observed and but not always written down.

We recommend that the detail of various audits is recorded to verify the quality of what is being audited and can be viewed to ensure that audits are carried out to an acceptable standard. For example, we noted the missing detail from the care records, the fire door with the 'push bar' notice without a push-bar, soap and paper towels missing from some of the wash areas and hot water temperatures not being recorded.

Team meetings were regularly arranged and presented staff with the opportunity to discuss their work and practice within the home. We noted from the meeting minutes that they were held regularly and a range of topics discussed. Staff told us they found the meetings helpful and felt able to express their views.

Two satisfaction questionnaires were carried out this year. There was a good response from people living in the home, their relatives and those returned by health care professionals. The registered manager explained that the responses from people led to changing the menus. The registered manager also summarised the

responses to look at trends.

People's personal information remained safe. Confidential information was stored securely within locked offices. This included staff personnel files, care plans and daily records being placed in cupboards, which only staff had access to. During the inspection we observed that these records were never left unattended in communal areas and were stored away when no longer needed.

We saw the service worked in partnership with other agencies as required. For instance, we saw other health professionals, services such as opticians, podiatrists, dieticians and district nurses all worked with the home to achieve better outcomes for people and their families.

As of April 2015, it is now a requirement to display the ratings from the previous inspection at the home and on any corresponding websites. We saw the ratings from the last inspection were clearly displayed near the front entrance of the home. This meant people living at home, visitors and health care professionals knew about the level of care provided at the home.